Don’t use cold drugs in kids under 4

WASHINGTON (Reuters) - Oral cough and cold medicines sold over the counter should not be used in children younger than 4 years old because of the risk of rare complications linked to inappropriate use, manufacturers have said.

Most problems occurred in children who were given the wrong dose or who took the medicine accidentally, the Consumer Healthcare Products Association (CHPA), which represents Procter & Gamble Co, Novartis AG and other big drug makers, said. "We're doing this out of an abundance of caution," the group's president, Linda Suydam, said.

"Research shows that dosing errors and accidental ingestions -- not the safety of the ingredients themselves when properly dosed -- are the leading causes of rare adverse events in young children," the group said in a statement. The association said it made the decision in consultation with the U.S. Food and Drug Administration, which last week held a public meeting to weigh the controversial use of such products in children.

Manufacturers have maintained that nonprescription cough and cold products are safe when used as directed. But doctors and consumer advocates have called on the agency to reject use of
the medicines in children as old as 12. They argued the products have never been proven safe and effective, making any risk too great to give them to children.

Reported complications have included seizures, stroke and other side effects. FDA officials and the industry have already said the products should not be used in children younger than 2. The FDA was still weighing what action to take in older children but said it supported the industry’s new limits.

“We are continuing to assess the safety and efficacy of these products,” Janet Woodcock, director of the FDA's Center for Drug Evaluation and Research, said.

Some doctors welcomed the move to expand the warning as a way to keep parents of toddlers from buying potentially dangerous products.

“That’s the age group where they grab the bottle and chug it down,” said Dr. Joshua Sharfstein, health commissioner for Baltimore, Maryland, who last week urged the FDA to reject the medicines for those younger than 6. “There's a lot of concern about toddlers ... I think it's a big step forward.”

Still, other advocates said the move did not go far enough and called on Congress to force the FDA to require all children's nonprescription cold products to undergo an agency review to prove they work before allowing them on the market.

Currently, the medicines are available under decades-old FDA rules that allow over-the-counter products to be sold without clinical trials showing their risks and benefits.

“The bottom line remains the same: that these products have never been proven to work in children,” said Diana Zuckerman, president of the National Research Center for Women & Families.

FDA officials have said changing the rules could take years. But Peter Lurie, deputy director of Public Citizen's Health Research Group, said the agency could act sooner if it wanted. "They've taken the slow track to getting these products off the market," he said. The agency has taken too long to act, Sen. Chris Dodd, a senior member of the Senate Health, Education, Labor, and Pensions Committee, wrote in a letter to the FDA.

"Studies to simply determine the proper dosing for these products alone are wholly inadequate," the Connecticut Democrat said in a letter. The industry group said it was conducting a variety of studies to look at proper doses as well as efficacy, something FDA's Woodcock said could take years to complete.

It limited its advisory to those under 4 because data showed most problems occurred in 2-year-olds and 3-year-olds, CHPA's Suydam said.

Companies were rolling out products this week with packaging that cautions parents not to use the medicines in such young children, she added.

Cough and cold medicines aim to treat cold symptoms such as runny noses and congestion. There is no cure for the common cold, which can be caused by various viruses.

Products available without a prescription include Wyeth's Dimetapp, and Procter & Gamble's NyQuil, Novartis AG's Triaminic, and Johnson & Johnson's Tylenol and Pediatric Care, among others.

The CHPA’s move only applies to syrups and pills and does not include products such as nasal sprays and rubs.

Products containing certain antihistamines will also warn parents against using them to help their child sleep, the association said.

Both the industry and the FDA have cautioned parents to carefully measure the amount of cough or cold medicine they give their child and to keep the products out of reach.

Parents may see items with the old advice warning against use in children under 2 until new ones are stocked in stores.
Racial gap in colon cancer
deaths is widening  By MIKE STOBBE AP

ATLANTA -- The racial gap in colon cancer death rates is widening, a new report says, and experts partly blame blacks' lower screening rates and poor access to quality care.

Colon and rectal cancer death rates are now nearly 50 percent higher in blacks than in whites, according to American Cancer Society research being released Monday. The gap has been growing since the mid-1970s, when colon cancer death rates for the two racial groups were nearly equal. "We have seen this enormous progress in whites. We could be seeing the same progress in blacks, if we could overcome disparities in access to health care," said Elizabeth Ward, who oversees surveillance and health policy at the cancer society.

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Colorectal cancer is the third leading cancer killer in the United States. About 50,000 Americans will die of the disease this year, the cancer society estimates.

Last month, researchers reported the rate of new cancers in general is inching down and death rates continue to decline in the United States -- important good news in the fight against the dreaded disease. But when it comes to colon cancer, progress has been greater for whites than for blacks, the new report says.

The rate of diagnoses in blacks was about 19 percent higher than it was for whites in 2005, the most recent year for which statistics are available. The death rate difference was even more pronounced. Among blacks, there were about 25 deaths per 100,000 people, compared to 17 per 100,000 in whites -- a 48 percent difference.

The two groups' death rates were similar until the 1980s when colon cancer began to kill blacks at a higher rate than whites.

Researchers say it's not clear why black mortality jumped in the 1980s, but it started a gap that continued to widen even after the black rate began to fall again.

Colon cancer deaths can be prevented by early diagnosis through screening and quality care. The screening rate for whites is 50 percent compared to just 40 percent for blacks.

The screening rate for Hispanics is an even-lower 32 percent, but the death rate for Hispanics -- fewer than 13 per 100,000 -- is lower than it is for whites.

That paradox is not unique to colon cancer: Poorly insured Hispanics have fared better than whites and blacks in several measures of cancer and heart disease.

"It's a mystery," said Dr. Daniel Blumenthal, chair of the Morehouse School of Medicine's Department of Community Health and Preventive Medicine.

Smoking ban lowers heart attacks in one U.S. city

WASHINGTON (Reuters) - A smoking ban caused heart attacks to drop by more than 40 percent in one U.S. city and the decrease lasted three years, federal health experts reported Wednesday.

Pueblo, Colorado, passed a municipal law making workplaces and public places smoke-free in 2003 and U.S. Centers for Disease Control and Prevention officials tracked hospitalizations for heart attacks afterward.

They found there were 399 hospital admissions for heart attacks in Pueblo in the 18 months before the ban and 237 heart attack hospitalizations in the next year and a half -- a decline of 41 percent. The effect lasted three years, the team reported in the CDC's weekly report on death and disease.

"We know that exposure to second-hand smoke has immediate harmful effects on people's cardiovascular systems, and that prolonged exposure to it can cause heart disease in nonsmoking adults," said Janet Collins, director of CDC's National Center for Chronic Disease Prevention and Health Promotion.

"This study adds to existing evidence that smoke-free policies can dramatically reduce illness and death from heart disease."

Long-term exposure to secondhand smoke can raise heart disease rates in adult nonsmokers by 25 percent to 30 percent, the CDC says.

Secondhand smoke kills an estimated 46,000 Americans every year from heart disease alone. Smoking also causes a variety of cancers, as well as stroke and emphysema or chronic obstructive pulmonary disease.
Discussing death is good for patients

WASHINGTON (Reuters) - Talking about death may be upsetting but a doctor's frank discussion with a terminally ill person does no harm and provides numerous benefits for patients and those close to them, U.S. researchers said on Tuesday.

Patients who had talks about what type of care they want -- and do not want -- as they near death experienced a better quality of life in their waning days than those who did not, and they were no more apt to experience depression, worry or sadness, the study found.

The patients received fewer aggressive medical interventions, such as being placed on a ventilator to breathe, being resuscitated or being sent to an intensive care unit, the researchers reported in the Journal of the American Medical Association.

And the patients sought hospice care earlier. In addition, their informal caregiver, usually a spouse or adult child, was less likely to experience major depression in the months after the patient's death if aggressive medical interventions were avoided.

"The major findings are that end-of-life discussions have cascading benefits for patients and their loved ones," Dr. Alexi Wright of the Dana-Farber Cancer Institute in Boston, one of the researchers, said in a telephone interview.

Wright's team said previous studies indicated that doctors and patients are ambivalent about talking about death and frequently avoid the discussions.

A doctor or a patient can initiate a discussion, which gives people the chance to define their goals and expectations for medical care as they approach death, Wright said.

"Talking about death is difficult. And the reason we started the study was we wanted to see if the conversations were worth it," Wright said. "We expected to find more evidence of psychological harm associated with the conversations but didn't find any."

The study involved 332 terminally ill cancer patients in Connecticut, Massachusetts, New Hampshire and Texas, of whom 123 reported having had such a conversation with their doctor.

These patients were more likely to accept that their cancer would kill them and expressed desire for comfort care near death over life-extending therapies, the researchers found.

On average, the patients were followed for the final 4-1/2 months of life. The researchers then assessed the emotional health of the caregiver an average of 6-1/2 months later. Wright said the way a patient died influenced the way their loved ones lived on. People whose loved ones died in an intensive care unit were three times more likely to have major depression than those whose loved ones did not die in an ICU.

If you are 50 and over, you may qualify for a FREE or low-cost colon cancer screening test. Call the Nebraska Colon Cancer Program at:

1-800-532-2227
Make Your Life Smoke-Free.

Celebrate the refreshing difference of air free from secondhand smoke!
Smoke-free air benefits everyone.
It’s good at home, at work, and at play.

Breathe it. Love it. Live it.

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This project is supported in part by Region 6 Behavioral Healthcare through funding provided by the Nebraska Department of Health and Human Services/Tobacco Free Nebraska program as a result of the Tobacco Master Settlement Agreement.
Four Veteran North Omaha Community Health Activists Named Recipients of 2008 NOAH Awards—by Walter V. Brooks

Ira Combs, RN BS, Community Liaison Nurse Coordinator, University of Nebraska Medical Center, College of Public Health Center for Reducing Health Disparities, announced the recipients of the 2008 NOAH Community Service Awards.

This year’s recipients include:
Jacqueline Cook, Prevention Project Coordinator, STD/HIV/AIDS Program, Charles Drew Health Center
Wayne R. Houston MPA, North Omaha Community Liaison, University of Nebraska Medical Center, College of Public Health Center for Reducing Health Disparities
Sherri Nared-Brooks MLDR, HIV Prevention Specialist, Douglas County Health Department
Frank T. Peak, PhD, MPA, Community Outreach Administrator, Creighton University Medical Center Partnership In Health

NOAH (North Omaha Area Health) was created by Combs to actively encourage and assist collaborative efforts to provide better health education and health outcomes for the people living in North Omaha. NOAH is most commonly identified by its free monthly newsletter distributed throughout North Omaha community businesses, churches, health and social service agencies, as well as individual mailings.

“This honor highlights individuals who continue to do the work at ground zero in the North Omaha community,” Combs said. “When all is said and done, when you go through North Omaha and ask about the people most identified for always showing up at health fairs, going to the churches, screening and testing, talking to any and all groups, providing sponsorships for numerous community-based projects and events – no matter how small or where – you will routinely hear the names of Frank Peak, Sherri Nared-Brooks, Wayne Houston and Jackie Cook.

“Each of these individuals work professionally in health care, but that is not the focus of the award. It is their long-standing reputations for doing way more than the call of duty and their job requirements. They not only love doing what they do, but they love this community. That’s the extra special nature of who we seek to honor with the NOAH Community Service Award.”

Jacqueline L. Cook has been employed at Charles Drew Health Center for 14 years. She has worked in HIV Coordination and Outreach education with the North Omaha community for much of this time. Outreach Education includes HIV and STD testing, risk assessments, condom demonstration/distribution, community presentation, HIV Advocate and a referrals source for other Community Base Organization.

Cook is known for her exemplary service to the Charles Drew Health Center and to the local community, having served as the Chair for the Black Church Week of Prayer for the Healing of AIDS, and African American Awareness Day. She is a member of the Community Planning Group (CFG), the Nebraska HIV Care and Prevention Consortium (NHCPC), the Supporting Networks of HIV Care, Blacks Working with AIDS (BWA), NAACP Health Committee, and the North Branch Health Coalition.

Wayne R. Houston is a native of Omaha, Nebraska and a graduate of Omaha North High School. Wayne received Bachelors of Arts degree from California State University Long Beach and Masters of Arts degree from the
Houston has actively served in the field of post-secondary education for over twenty-eight years in various capacities such as: Faculty instructor for the Black Studies Department, University of Nebraska at Omaha; Program Director, Educational Talent Search, Creighton University; and Director of Minority Student Services, presently known as the Office of Multicultural Affairs for UNO.

In his current position, Wayne is responsible for developing and implementing community health outreach activities in north Omaha. Houston also serves as President of the Black Family Health & Wellness Association Inc. Vice President of the City of Omaha, Human Rights & Relations Board, and Civil Rights Board. Wayne is also serving on the Secretary of State, Election State Plan Commission, and the boards of Planned Parenthood and American Heart Association.

Sherri Nared-Brooks has been with the Health Department for over 10 years and in the medical field for over 20 years. She is currently the Counselor Testing Referral (CTR) Trainer and an Instructor Trainer (IT) for “Sister Informing Sisters about Topics on AIDS” for the Centers of Disease and Control and Prevention. She also has taught a 12-hour course on HIV/AIDS, human sexuality, relationships and self-esteem to hundreds of incarcerated and work release women of the Douglas County Correctional Facility.

Nared-Brooks is active in many community activities including Black Families Health and Wellness Association, North Omaha Care Council, Nebraska HIV Care and Prevention Consortium and Regional Community Planning Group. She is a board member of the Butler-Gast YMCA, and board member of Compassion in Action, Inc. She provides workshops, community presentation, and individual consultation in such topics as HIV/AIDS, sexually transmitted infections, healthy relationships, abstinence, and many other issues. She holds a bachelor’s of science degree in Healthcare Management and a Masters of Arts in Leadership degree in Leadership.

Dr. Frank Peak has a long history in community/political activism and social justice leadership. In addition to his current position at Creighton, he is co-founder and President/CEO of Nebraska Ethnics Together Working On Reaching Kids, Inc. He presently serves as a member of the Statewide Minority Health Advisory Committee of the Nebraska Health and Human Services System Office of Minority Health; Douglas County Board of Health; and Executive Committee of the Nebraska Partners In Prevention State Incentive Grant Project by appointment from the Governor of the State of Nebraska.

Dr. Peak has developed and coordinated health fairs/screenings to address health disparities and the healthcare needs for underserved and minority populations. He has been involved in research projects; community needs assessments, and other information gathering activities for various organizations and institutions in the field of health and human services. He has presented on cultural competency at local, regional, and national conferences. He received membership in Madison’s Who’s Who, the American Society of Public Administrators Lifetime Achievement Award in Social Justice, the Martin Luther King Jr. Humanitarian Award from the State of Nebraska, the Recognition of Excellence Award from the Nebraska Minority Public Health Association, and the Whitney M. Young Jr. Biennial Community Service Award from the Urban League of Nebraska, Inc. Dr. Peak received his doctorate in Health Education & Promotion in 2008 from Chelsea University and Master’s in Public Administration in 2000 from UNO CPACS.
Normal controls and diabetes patients eligible for a study of heart disease risk

Healthy, nonsmoking adults without chronic disease and healthy individuals with diabetes may be eligible to participate in a two-year study to evaluate heart disease risk over time. The study includes three visits: baseline, one and two years, all of which include weight, blood pressure and history relative to vascular disease risk (for example, family history of heart disease, smoking, alcohol use, and medications). Blood and urine will be collected for fasting lipids, homocysteine, blood count, Vitamin D level, parathyroid hormone, highly sensitive C reactive protein, fasting glucose and fasting insulin if not on insulin, hemoglobin A1C, and urine albumin/creatinine ratio. A carotid ultrasound will be used to calculate the thickness of the blood vessel wall as a marker of vascular disease and determine if it is changing over time. The results of the testing can be sent to you or your doctor if desired. Normal controls should have no history of diabetes or kidney disease, and may not take blood pressure or cholesterol medications. Individuals with diabetes can be on cholesterol and blood pressure medications, in addition to diabetes medications, but have no significant kidney disease. There is no cost to participants. If you are interested or have additional questions, please contact Terica at 402-559-5077.

Four and 5 year olds sought for ADHD study

Is your child unable to sit still? Does he or she have trouble following directions or paying attention? If your son or daughter is 4 or 5 years old and exhibits these behaviors, call to learn more about a research study and how your child may be eligible for an evaluation and study medication at no charge. For information, call 552-6239.

Adults needed for problem gambling study

Are you preoccupied with gambling and need to gamble with increasing amounts of money? Are you unsuccessful in your efforts to cut back or stop your gambling? Have others criticized you for your gambling? If so, you may suffer from pathological gambling, a disorder which affects more than 2 million adults. The UNMC Department of Psychiatry is looking for research volunteers, 19 years-of-age and older to evaluate an investigational treatment for pathological gambling. Study evaluation and medication are provided at no cost to those that meet eligibility requirements. For information call 552-6005 or e-mail unmcprc@unmc.edu. With your help we can learn more about the treatment of pathological gambling.

Teen depression study

Is your 12 to 17 year-old often sad, unhappy or in a bad mood? Do these symptoms sound like your teenager: trouble sleeping or staying asleep, change in appetite, loss of interest or motivation, decreased energy, feelings of emptiness or worthlessness? If so, the UNMC Department of Psychiatry is conducting a study of an investigational medication for adolescent depression. Study evaluation and medication are provided at no cost to those that meet eligibility requirements. Call 402-552-6240 or 402-552-6241 to learn more about this clinical research study.

Free Screening Clinic
Wednesday 5:00-7:00 PM
5050 Ames Ave.
Call 559-3813 for Quick and Confidential Screening for:
- Prostate Exam
- Clinical Breast Exam
- Pap Smear
- Hypertension
- Diabetes
- Cholesterol
- HIV

Research Projects in Our Community
PHAT (Physically Healthy And Toned) and Fabulous

is a research program of the University of Nebraska Medical Center. It is a culturally relevant, physical activity and nutrition program developed to assist adult women in making healthy lifestyle choices. It is hoped the end result will be improved health and better quality of life.

For More Information Contact:
Tamicka Bradley 402-559-5327
University Nebraska Medical Center
984040 Nebraska Medical Center Annex 12
Omaha, NE 68198-4040

Supported by the Nebraska Department of Health and Human Services Office of Women’s and Men’s Health

Save This Date

Save This Date

Black Family Health and Wellness Association, Inc
A Healthy Family Is
The Heart Of Our Community
Eleventh Annual FREE HEALTH FAIR AND SCREENINGS Saturday, March 28, 2009 8 am – 1 pm NORTH HIGH SCHOOL VIKING CENTER Call 422-9351

February 2009 Issue #139
THE INFORMATIVE ADVENTURES OF PREVENTION MAN

THELMA'S DILEMMA

HURRY PREVENTION MAN!

PREVENTION MAN HAS BEEN SUMMONED BY DR. JESSE TO HIS HOUSE. ON THE PHONE, HE SOUNDED FRANTIC. WHAT'S UP?

LIKE, REAL SOON.

I GOT HERE AS FAST AS I COULD.
Well in Nebraska, according to Jackie Cooke African-Americans account for 4% of the population, but 25% of all the new HIV infections. Blacks account for 31% of all AIDS cases statewide. And sadly African-American women account for 72% of all new HIV infection, and black Children (under 13) represent 65% of all pediatric HIV cases in the US.

 Illustrated by: John Borgenson
 Written By: Ira Gambs RN

For more information go to website.
www.stdomaha.com Or call Jackie Cooke

457-1208