



559-592-7360

**FALL 2011**  
NEWSLETTER

## Welcome to Kaweah Q & Tips!

We are pleased to present the first issue of our Kaweah Q & Tips newsletter, made possible by funding from First 5 Tulare County.

In this issue, we provide you with information on the Exeter Pediatric Specialty Clinic, in case you are not familiar with the expertise and services we offer. We also provide you with a look at Attention Deficit Hyperactivity Disorder and lactose intolerance.

In future issues we will tackle a variety of other topics, but we would also appreciate knowing what you are interested in – so please be sure to complete the survey on the reverse and fax it back.

We are emailing this newsletter to our partners in childhood health, education and development and will be able to print only a small quantity. It is our hope that you will find the issues informative and that you will be able to print and distribute them to your staff and families.

We are proud to partner with many agencies in Tulare County, working together to help families raise healthy children.

**Thank you,**  
Dave Garrett  
Director of Rural Health Clinics

**Exeter Pediatric Specialty Clinic**  
1014 San Juan, Exeter, CA 93221  
592-7360, FAX 592-5629

**Hours:**  
Monday through Friday  
8 a.m. to 4:30 p.m.

## Where small people meet big skills

The Exeter Pediatric Specialty Clinic is operated by Kaweah Delta Medical Center, under a \$3 million grant provided by First 5 Tulare County in 2008.

The clinic was formed in response to the ongoing, unmet need for particular specialties for children in Tulare County. Thanks to the significant funding, the Pediatric Specialty Clinic has been able to bring the expertise of specialists that would likely not have been possible otherwise, on a referral basis. Our medical staff is:

**Roberto Gugig**  
**MD, Pediatric Gastroenterology**

Dr. Gugig was a Research Fellow at the UCLA School of Medicine, Department of Pediatrics, Division of Gastroenterology and Assistant Professor UCSF. He is Board certified in Pediatrics and works with families and physicians to help children with issues such as food intolerance and allergies, GERD, IBD, Celiac Disease, liver disease and other health concerns. Nutritional services are also available in the Exeter clinic by a pediatric dietitian.

As a pediatric gastroenterologist, Dr. Gugig also manages and treats children with feeding tubes, intravenous nutrition, and liver disease. He is also trained in endoscopic procedures such as esopha-

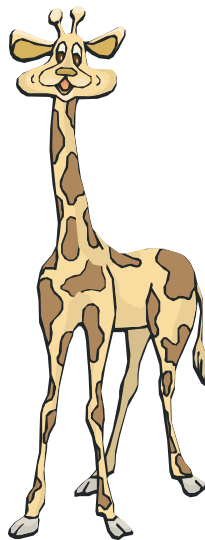
gogastroduodenoscopy and colonoscopy. As part of the grant, a new pediatric endoscopy suite has been added on to the existing endoscopy suite at Kaweah Delta Medical Center, complete with new equipment to perform procedures on children ages 1 through 18.

**Desiree Rodgers**  
**MD, Behavioral & Developmental Pediatrics**

Dr. Rodgers is Board certified in pediatrics and behavioral and developmental pediatrics. She served her internship and residency in pediatrics at Children's Hospital and Research Center in Oakland, followed by a Fellowship at the UCSF School of Medicine. She brings her expertise in behavioral and developmental pediatrics to help families manage disorders such as developmental delays, autism, learning disorders, anxiety and depression and disruptive behavior disorders. She also sees children with a variety of disabling conditions that are the result of genetic disorders, prematurity and prenatal drug and alcohol exposure.

The Exeter Pediatric Specialty Clinic also offers a comprehensive childhood obesity program with nutritional counseling and education. This multi-pronged, family-centered intervention model includes both prevention and treatment goals for children and their parents.

In addition to clinical services, the clinic offers free transportation. Arrangements for transportation should be made when appointments are made, by calling 592-7360.



## Thank you to First 5 Tulare County

The Exeter Pediatric Specialty Clinic exists today because of a very generous grant from First 5 Tulare County.

First 5 Tulare is an independent public agency aimed at promoting, supporting and improving the early development of children during their first five years of life.

First 5 Tulare was created when California voters passed Proposition 10, the Children and Families

Act of 1998, adding a tax of 50 cents per pack on tobacco products.



Since its inception, First 5 Tulare has allocated more than \$70 million to schools, community groups, hospitals and day care centers, all

working together to strengthen Tulare County, one child, one family at a time.

First 5 partnered with Kaweah Delta Medical Center to make the pediatric specialty clinic a reality.

## Understanding lactose intolerance

Lactose intolerance is the inability to digest or break down lactose, which is the naturally occurring sugar found in milk and milk products. Symptoms may include bloating, gassiness, nausea, cramping and diarrhea after eating a lactose-containing food.

After diagnosis of lactose intolerance, a low lactose diet or lactose free diet should be followed temporarily. Typically milk and dairy are omitted from the diet. Because these foods are excellent sources of important nutrients such as calcium, protein and other vitamins and minerals, it is best not to eliminate these foods permanently unless necessary. Generally, a milk substitute is utilized such as soy, rice, or almond milk. It may be necessary to take supplemental calcium to meet nutritional requirements.

Most children and adolescents can tolerate some amount of lactose because they will have lactase activity, the enzyme that helps break down lactose. Some lactose foods are better tolerated than others based on the fat content, amount consumed and whether the food is taken alone or with a meal.

Higher fat, lactose-containing foods sometimes are better tolerated than low or fat free products. When reintroducing a new product, it is recommended to wait 48 hours before each new food to check whether it is tolerated. Lactose-reduced products are also available as well as commercial enzymes that can be taken with a lactose-containing food.

Ingredients that should be looked for and avoided, depending on the severity of intolerance, include curd, lactose, skim milk powder, dry milk solids, casein and galactose.

Lactate, lactic acid and lactalbumin DO NOT contain lactose and do not have to be eliminated. Read the label when purchasing a product because ingredients can change.

**Tammy Petrossian**  
RD, CSP, CNSD  
Pediatric Registered Dietician

# Evaluating a child for ADHD

**Desiree Rodgers, MD**  
*Pediatric Behavioral & Developmental Disorders*

Attention deficit disorder (ADD) or attention deficit-hyperactivity disorder (ADHD) is a common neurobehavioral disorder that presents in childhood.

ADD or ADHD should be considered in a child who displays difficulty concentrating, poor academic performance and behavior problems in school. There are nine symptoms of inattention and nine symptoms of impulsivity/hyperactivity.

A child must have six out of nine symptoms of inattention to meet the diagnostic criteria for ADD; likewise the child must have six out of nine symptoms of impulsivity/hyperactivity in order to meet the diagnostic criteria for ADHD.

If the child has six out of nine symptoms in both categories, he/she meets the diagnostic criteria for ADHD, combined.

The onset of the symptoms should occur prior to 7 years of age and the symptoms should occur in two or more settings. The symptoms should cause impairment in the child's school performance and at home.

In order to properly evaluate a child for ADD or ADHD, the physician must take a detailed history (including birth history, developmental history, and family history) and perform a physical examination (including a neurological examination). Rating scales for parents and teachers are administered to gather more information about the child's symptoms in various settings; however, the diagnosis

should not be made solely on the scores of the rating scales.

Several rating scales such as the Conner's Rating Scales-Revised (CRS-R), Vanderbilt Diagnostic ADHD Parent/Teacher Rating Scales, and the Achenbach Child Behavior Checklist can be used to assess a child for ADD or ADHD.

The assessment requires at least two office visits with the child's primary care physician. The diagnosis of either disorder is clinical – that is, the diagnosis is made based on the information obtained in the history, physical examination, and rating scales. There are no laboratory tests or radiological tests to make the diagnosis of ADD or ADHD.

The treatment for either disorder is multimodal and involves parent education, behavior modification techniques for the child, educational accommodations, and medication management. Health care professionals and parents can find more information on the evaluation, diagnosis, and treatment of children for ADD or ADHD at:

- The American Academy of Pediatrics ([www.aap.org](http://www.aap.org))
- Children and Adults with Attention Deficit Disorder ([www.chadd.org](http://www.chadd.org))
- The American Academy of Child and Adolescent Psychiatry ([www.aacap.org](http://www.aacap.org)).



**Desiree Rodgers**



**Patients and their families can take advantage of free transportation.**

## SURVEY

**We want to hear from you ...**

Please let us know what topics you want to learn more about:

- |   |   |
|---|---|
| <input type="checkbox"/> Childhood obesity        | <input type="checkbox"/> Food allergies             |
| <input type="checkbox"/> Irritable bowel syndrome | <input type="checkbox"/> Fructose intolerance       |
| <input type="checkbox"/> Toileting                | <input type="checkbox"/> Aggressive behaviors       |
| <input type="checkbox"/> Lactose intolerance      | <input type="checkbox"/> Setting limits in the home |

Others:

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**Thank you for your feedback! Please fax the completed form to 735-3077.**