Keeping Fit in Winter Is Essential to Children’s Overall Good Health

Keeping children physically active during warm-weather months is a breeze. They’re seemingly always outside, riding bikes, playing ball, running, busy at camp, or unconsciously devising their own version of a solid cardiovascular workout. When cold weather sets in, however, that’s when parents need to take a more hands-on role in keeping their child moving and well nourished.

According to Alanna Levine, MD, FAAP, a pediatrician at CWPW’s Orangetown Pediatric Associates in Orangeburg, NY, winter fitness is crucial in keeping children healthy, particularly at a time when families tend to be more sedentary because of inclement weather and cold temperatures outside. As such, Dr. Levine says, parents need to take the lead in making sure that their child remains active, either by engaging in outdoor adventures, or in being creative with indoor activities that are engaging and helpful.

“We’re not like bears; we don’t hibernate in the winter,” Dr. Levine says jokingly. “The recommendations for physical fitness are the same all year round.” The American Heart Association recommends one hour of moderate exercise every day. “This is great for children who are athletes, but for other children who are not real athletes, it’s important to try to set more achievable goals, like an hour of moderate exercise two-to-three times per week,” Dr. Levine says. “Some older children might want to have a gym membership, but for other children who may be more ‘arty’ or less inclined to join a gym, that can be a real challenge; you have to be creative in developing ways to keep them active.”

While many parents are content to rely on the schools to provide sufficient winter physical activity, Dr. Levine stresses that often times it’s just not enough. “My favorite idea is to get the whole family involved,” she says. “Lead by example; make family-time fitness-time. This might involve going on a family hike, climbing through the snow, and going sledding where children race back up the hill — that gets their heart rate going.”

This down-the-hill, up-the-hill repetitive activity becomes an efficient cardiovascular workout, she says. “If children are winded, that’s a good thing.”

Other creative ways that parents can ensure that their child is getting a healthy winter working is the use of video games and X-Box — games that involve strenuous physical activity and healthy competitive fun at home. “Many cable boxes also have on-demand video with scores of 30-minute exercise videos that children can use,” Dr. Levine says. “They can make it part of their daily routine. That goes for the whole family; if children see their parents getting fit, they, in turn, will want to be fit and exercise as well.”

There are a variety of devices that parents can employ to make a physical workout a strenuous but fun, family affair. “Children love a challenge,” Dr. Levine states. As such, Dr. Levine recommends that each member of the family attach a pedometer or exercise-measuring device that calculates distance or number of steps taken. “Everyone in the family wears their own device and, at the end of the day or week, tabulate the steps that everyone has taken. It’s a great motivator. It also gives you awareness and real-time feedback on how active you and your children truly are.”

Staying fit in winter also means proper nutrition. Dr. Levine echoes the adage “anything in moderation,” but cautions that some foods are just empty calories and should be avoided. These include chips and packaged snacks. She favors healthy, nutrient-rich foods like nuts, dairy and eggs that provide protein for energy and overall good health. Adding peanut butter to smoothies is also a smart idea. “All the things that are the quick, easy foods are the grains and carbohydrates; those are what you want to limit,” she says. “It’s all about planning. It’s also important to teach children to take control and to make their own decisions about what to eat as a treat, and what to eat to fill their body.”

Dr. Levine notes that while there are a myriad of ways to keep children active in the winter, it’s crucial to give them some incentive to want to get off the couch or push away from the computer screen and get physically fit. “The most important thing you can do is to make it fun,” she states. “Don’t make it a chore; as early as you can, you want to develop in your children a love and a passion for exercise.”

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NATURE’S BOUNTY
Embraced for Millennia, Then Cast Off, Breastfeeding Is Making a Major Comeback

Among the numerous decisions new mothers make is how to feed their babies. Until relatively recently, breast feeding was the only way. The advent of baby formula gave women and their partners an option. Formula was promoted as the modern and scientific way to feed an infant. Consequently breast feeding rates plummeted. The tradition of mothers teaching their daughters to nurse was lost. Today, breast milk is recognized by the American Academy of Pediatrics and the World Health Organization as the best food for babies.

Patricia Krumholtz-Belkin, MSN, PNP, IBCLC is an internationally certified lactation consultant who offers insight into this conundrum. Ms. Krumholtz-Belkin, who practices at Croton Pediatrics, a division of CWPW, has helped two generations of new mothers nurse their babies. She is called upon by physicians and mothers to help initiate and maintain breast feeding.

She helps mothers nurse comfortably. She also helps these mothers to establish and maintain their milk supply. Finally, she assists mothers to continue nursing while returning to work. In Ms. Krumholtz-Belkin’s observation, “The pendulum has swung back.”

“In the nineteenth century you breastfed, found a wet nurse or your baby did not survive,” she explains. “Initially formula was for babies who could not nurse and otherwise would die. In the middle of the twentieth century formula was widely promoted. We became aware of problems associated with improper preparation of formula and allergies. Later we realized breastfeeding had the advantages of protection from infection, reduced allergies to cow’s milk, and improved IQs. In addition, we learned of health advantages for the mother. At present an increasing proportion of mothers want this natural approach to feeding their babies. Consequently, toward the end of the twentieth century, breastfeeding made a comeback.”

Today more women work outside the home, yet desire to breastfeed. In order to accommodate them, better breast pumps are available. “In the United States companies with 50 or more employees must provide a private place to pump milk. It is no longer acceptable to send a mother to the bathroom to breastfeed or pump. Today we are working toward longer maternity leaves with pay,” Ms. Krumholtz-Belkin says.

Initially, the percentages of new mothers who breastfeed their babies is high. “Hospitals have done a wonderful job in promoting breastfeeding and helping women get started. In the ensuing weeks, the percentages drop off,” she explains. “Once home, the new mother doesn’t have professional breastfeeding support. Many must soon return to work. These are the mothers my colleagues and I help. If problems arise in the breastfeeding process, mothers should always contact their physician or lactation consultant. For example, breastfeeding should not hurt. If a mother is feeling pain or she is concerned that her baby is not getting enough milk, she needs help. If a mother has any concerns she needs to call her pediatrician or lactation consultant. It doesn’t matter if it’s a newborn or an older baby.”

“Today, breast milk is recognized by the American Academy of Pediatrics and the World Health Organization as the best food for babies.”

Mother’s milk is the perfect food, she adds, because it is easily digested and loaded with all the nutrients an infant needs to thrive. She is fascinated by how a mother’s milk changes as her baby grows. The initial milk is called colostrum. Mothers produce only a small amount of colostrum, which fills her newborn’s small stomach. Over the next few days the breast milk changes over to mature milk, continuing to meet all a growing child’s nutritional needs.

Newborns should breastfeed a minimum of eight to twelve times in a 24-hour period. They should wake up, be alert, feed, and have dirty wet diapers. Older babies feed less frequently. As the baby increases to meet her baby’s needs. During growth spurts, babies breastfeed more frequently. In response to this, mothers make more milk. Some mothers have trouble feeling secure that their baby is

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getting enough milk. Formula feeding mothers have the luxury of knowing how many ounces of formula are taken in a day. Often recognizing frequent bowel movements and wet diapers reassure these parents. Breastfeeding mothers learn to take feeding cues from their babies.

Naturally what a woman eats and drinks will ultimately be consumed by their newborn. Mothers are aware that alcohol use, smoking and taking drugs can be dangerous for their baby. In addition, alcohol and drugs can alter our awareness and our ability to safely care for our babies. Smoking affects everyone’s lungs. While most prescription medications are compatible with breastfeeding, a mother should consult with her physician. She advises moms they can eat whatever they want. “Culture often dictates the foods we consume,” Ms. Krumholtz-Belkin says, “and moms have eaten these foods throughout their pregnancy. If a baby reacts negatively to a food, she often suggests moms take the food out of their diet for a few days and see if that makes a difference. They can then slowly reintroduce the food. If it again upsets their baby; they know the baby reacts poorly to the food.”

Ultimately the time comes for a mother to wean her baby. “Our American culture has us weaning pretty early,” she notes. "Babies are often partially weaned when a women goes back to work. At some point a baby will self-wean. Often it starts with the baby reaching for food at the family dinner table. It is said introducing solids is the first step in weaning. Pureed foods are typically introduced between four and six months of age.”

Although Ms. Krumholtz-Belkin is part of the Croton Pediatrics team, she welcomes the opportunity to assist any mother. She is now helping some of the mothers whom she worked with when they were infant themselves being breastfed. She finds this especially rewarding: “It’s one of the greatest joys of working in the same pediatric practice for over 30 years.”

CWPW Begins to Incorporate the Nationally Recognized ImPACT Concussion Management Program throughout its Medical Practices

A s part of its commitment to providing high-quality care and to address the ever-growing concern about concussions in the pediatric and adolescent population, CWPW is pleased to announce that it has negotiated a group contract to bring the ImPACT Concussion Management Program to general pediatric practices throughout the CWPW network. Developed by clinical experts who pioneered the field, ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is the most-widely used and most scientifically validated computerized concussion evaluation system. ImPACT provides trained clinicians with neurocognitive assessment tools and services that have been medically accepted as state-of-the-art best practices as part of determining safe return to play decisions.

“I am very pleased to see this program incorporated into the CWPW family. It is a crucial part of the comprehensive evaluation of head injuries and concussions and our division is highly supportive,” said Ronald Jacobson, M.D., Chief of Pediatric Neurology at CWPW.
NORTH ROCKLAND PEDIATRICS:
A Special Brand of Medicine

North Rockland Pediatrics, located at 171 Ramapo Road in Garnerville, prides itself on tried-and-true pediatric medicine. The practice is equipped with the latest diagnostic and treatment technologies; they are at the forefront of up-to-the-minute information in treating their patients. The “NRP” doctors insist that there is no substitute for personal attention, for making the health of every child their highest priority, and for giving parents and caregivers peace of mind every time they visit the office. It’s an approach that has stood the test of time and made patients feel reassured, and right at home.

“The children who grew up in this community are moving back into the same neighborhoods where they were raised; our practice is part of their extended family,” explains Daniel H. Cohen, MD, who has practiced pediatric medicine there for over 30 years. The physicians at North Rockland Pediatrics are treating many of the children of the parents they treated a generation ago.

“We are always there for our patients when there is a bad flu season, or any new health threat that our kids face,” Dr. Cohen says “we are abreast of all recommendations from the American Academy of Pediatrics regarding the flu as well as other current pediatric issues.”

Some issues, like bacterial meningitis, receive a good deal of media attention if there’s an outbreak in a school or community. “Although it’s rare, it can cause major concern,” says Michele Gorlitsky, MD. “We recommend that all teens receive this vaccine at 11 years old.”

FORWARD HEALING

Eastchester Pediatrics Combines High-Tech Medicine with a Hometown Touch

The physicians at Eastchester Pediatrics pride themselves on providing superior quality medical care to newborns, babies, children and adolescents. They utilize the latest technology for diagnosing and treating patients combined with a caring approach to medical care that the physicians and support staff bring to their patients every day.

Eastchester Pediatrics is also a practice of many firsts. It was among the first practices to join the CWPW family of medical offices; they came on board four years ago. And, it was one of the first practices in the CWPW family to successfully implement Electronic Health Records, or EHR, a great leap forward in practice management and service to families. According to Rajesh Bisnauth, MD, who has been with the practice for about 15 years, the combination of new technologies coupled with excellence in treating patients sets the practice apart, and gives parents a true sense of security in providing the best care for their child.

“I enjoy applying technology to our practice,” Dr. Bisnauth explains. “We’re exploring new ways to make things more efficient. But,” he adds, “I am still grounded in pediatrics.” He adds that, “Eastchester Pediatrics is still among the front-runners in all aspects of implementing EHR.”

Joining Dr. Bisnauth at Eastchester Pediatrics is practice founder Jose Boyer, MD, and Rosemary Calligaris, MD. All doctors are in agreement that their front desk, nursing, billing and managerial staff are also an instrumental element to their success. “They are friendly, caring and efficient with the needs of our patients and parents,” Dr. Bisnauth explains. “Our staff works together as a team, and they are always open to new changes and implementations to our practice.”

“Since joining CWPW, we have been able to take our practice to the next level,” Dr. Calligaris explains. “Pediatrics is not a static field. And there is always new information propelling us ahead. Our goal is to provide our patients the best care possible, and have satisfied parents as well.”

Dr. Calligaris says, “CWPW’s Referral Hotline has been very well received by our patients. Being a part of CWPW gives our patients direct access to our highly qualified sub-specialists in an expedited manner.”

“When not seeing patients, Dr. Bisnauth is busy upgrading and fine-tuning the office technology. “We created a ‘best practice’ email system as well,” he relates. “In discussions with other doctors, we agreed: We’re all working toward the same goal, which is to create the most effective way of doing things.”

The practice is also utilizing the Child Health and Development Interactive System, or CHADIS, a Web-based screening diagnostic and management system that streamlines numerous office functions and pre-visit tasks. Consisting of a variety of questionnaires completed by parents and even older children and adolescents, CHADIS provides doctors with a plethora of information before the office visit even takes place. It’s also a valuable tool in allowing physicians to monitor children’s health, development and behavioral progress as they grow,” Dr. Bisnauth says. “It’s a phenomenal tool.”

Because CHADIS is Web-based, adolescents are more inclined to respond honestly to questions regarding personal aspects of their health and behavior, Dr. Bisnauth explains. “They will answer the questions themselves,” he says. “They’ll be more willing to communicate about sensitive issues using the computer. They’ll talk about issues such as bullying, depression and sexual identity. It can be difficult for us to get that information out in a 15-minute visit. Using computer notebooks, we can have teens answering questions in our waiting room. They’re very technologically savvy.”

Aside from the technology aspect of the practice, Dr. Bisnauth has a particular interest in illnesses from asthma to autism. He is a proponent of disseminating sound information to give parents a better understanding of their child’s health issues. “I try to dissuade parents from misinformation that is frequently found on the Internet,” Dr. Bisnauth says, “as it just takes advantage of parents’ distress. There is so much education that needs to be done, by us, as advocates of our patients.”

As Eastchester’s school physician, Dr. Boyer has always had a special interest in educating patients and parents on the danger of concussion and head injuries. Dr. Bisnauth is currently working to promulgate tangible information regarding these injuries, such as when it would be advisable to return a child to the playing field. “It’s a big area,” Dr. Bisnauth explains. “It’s one of the challenging situations that general pediatricians will be faced with more and more. The technology is there, but there needs to be more education – from the top all the way down. Football, soccer; they’re violent sports. These sports can be played if they’re done right.” Barring any changes in the rules, he is trying to develop a protocol with other CWPW physicians in step with New York State established guidelines. Ultimately, Dr. Bisnauth hopes to adapt it to the Electronic Health Records program at Eastchester Pediatrics.

The practice has been affiliated with CWPW since 2010. In addition to Drs. Cohen and Gorlitsky, the practice includes Drs. Jacqueline Fallon, Michele Newmeyer, and Lisa Troy, as well as nurse practitioner Melissa Schoenfeld.

“In General Pediatrics, every day is full of surprises, which makes our work very medically stimulating and challenging,” explains Dr. Gorlitsky, who has been with the office for 13 years. “Our practice is somewhat like an emergency room, we treat everyday ailments as well as less common illnesses and conditions.”

When a situation arises and a specialist is required, the practice turns to the pediatric experts available through the CWPW network of physicians.

After 32 years as Office Manager, Pamela Ruvolo has experienced the full gamut at North Rockland Pediatrics. “I’ve come to know many people after all this time,” she explains. “Families throughout the community appreciate our care and we have a real following. Grandparents will walk in with their children’s children and say, ‘You’re still here!’”

“Our goal is to keep our patients as healthy as possible,” Ms. Ruvolo adds. “We care for each and every patient and we watch them grow. Twenty years or so later, they are here with their own babies!” Now that is rewarding!
While the practice treats a range of pediatric illnesses and sees the gamut in childhood injuries, bumps and bruises, the senior Dr. Winkler has a special interest in working to help diagnose and treat children with Attention Deficit Disorder, or ADD. Seth Winkler has “a passion for sports medicine,” he shares; his brother is deeply involved in preventive pediatric medical care. All in all, it’s a complementary practice that puts the emphasis on wellness while giving parents peace of mind.

The senior Dr. Winkler explains that he first heard of CWPW several years ago when the group was in its nascent stages. “The time became right,” he recalls. “They’ve been helpful for us; it’s a good marriage. We’ve also been very pleased with their range of specialists.” He points out that he has a working history with many of the subspecialists who are now part of the growing CWPW family of offices. And his own practice is adopting many of the technological advancements currently in practice at CWPW. For example, Dr. Winkler, his sons and Dr. Chen will be integrating Electronic Health Records in January. “It will give us the ability to really work more efficiently,” he says.

Seth Winkler, MD, sees myriad benefits to working with his father and brother in the same practice. He and his brother have been working to introduce social media to the senior Dr. Winkler. “People look online and on blogs; that’s the way people get information today,” he points out. They put together a Web site — www.pedsofwestchester.com — with practice information and useful links. The practice also has a Facebook page. “We’ve been fortunate enough so that our father is open to our ideas. All in all, coming here has been a fantastic decision. “I love the concept of preventative medicine, which is the essence of pediatrics,” explains Jason Winkler, MD. “All too often in the adult world, physicians find themselves managing a slew of medical problems, all with their own complications. Here in pediatrics, we get to stop some of those diseases before they have a chance to develop. Essentially, we are the time travelers of medicine. And what better than to be on this endeavor with family.”

“Working here, it’s like it’s home,” Seth Winkler explains. “It feels like home; that’s a good feeling. It gives us a good comfort level as well. My father has been very receptive to everything. We joke around at times, but when we see patients, it’s all serious.”

CWPW

ALL IN THE FAMILY
Drs. Winkler Share a Name, and a Practice

Patients calling Pediatric Associates of Westchester will find no shortage of Dr. Winklers to assist them with their child’s health care issues. At the helm is Alan P. Winkler, MD, FAAP, who has been in private practice for over 27 years and whose group joined CWPW last July. Rounding out the pediatric specialist group are Seth Winkler, MD, and Jason Winkler, MD, both pediatric physicians who happen to be identical twins and sons of Dr. Winkler. They are joined at the practice by Wei Chen, MD, FAAP.

The practice operates two offices: Bedford Hills Pediatrics, located at 701B Bedford Road in Bedford Hills; and Vernon Hills Pediatrics, located at 688 White Plains Road in Scarsdale.

The senior Dr. Winkler is quick to point out that both of his sons graduated summa cum laude from their undergraduate university — Muhlenberg College in Pennsylvania — and shared the distinction as co-valedictorian. Both went on to receive their medical degree from Drexel University College of Medicine. So, it was a natural progression that professionally they would converge to form the family business — the business of healing children.

“It’s really home-grown pediatrics,” the senior Dr. Winkler points out. “We have patients whom I’ve treated as children who are now adults bringing their own children in to see us. Actually we have a few grandparents whom we’ve treated and they’re bringing in their grandchildren. It’s really nice.”

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Dr. Winkler explains that after his sons completed their respective residency programs (Jason at Morgan Stanley Children’s Hospital at of New York-Presbyterian Columbia, and Seth at NYU Langone Medical Center), they didn’t think twice before deciding where to practice pediatric medicine. “They wanted to come back to Westchester and come practice here!”

Specialty Referral Hotline 1-855-4-CWPW-MD www.cwpw.org
Allergic reaction to certain foods and medicines among children has received a copious amount of attention in recent years. Why do some children react negatively to a single peanut butter and jelly sandwich, while other children can eat one every day with no problem whatsoever? And why do some children develop allergic reactions to some medications, while others do not?

These are some of the conundrums that Eric M. Karlin, MD, ponders as he joins the Adult and Pediatric Allergy and Immunology Division of Pediatric Pulmonology, Allergy, and Sleep Medicine at CWPW. Dr. Karlin, who officially joined CWPW this past summer, works under the aegis of Allen J. Dozor, MD, Chief of Children's Environmental Health and Pediatric Pulmonology. He is a specialist in pediatric and adult allergy medicine and immunology. As such, Dr. Karlin is focused on the vexing questions of why certain children are susceptible to food and drug reactions, how they present themselves, and the most efficacious ways to prevent and treat allergic reactions when they occur.

Dr. Karlin principally works out of CWPW’s 19 Bradhurst Avenue location in Hawthorne, but also sees patients at CWPW offices at 1940 Commerce Street in Yorktown, and at 575 Hudson Valley Avenue in New Windsor. He explains that he came to CWPW somewhat serendipitously: His fiancé, Mariel Fosceneanu, MD, has a fellowship in allergy and immunology, treating both adults and children. This dual interest has led him to treat these are two diseases that I think are very interesting,” Dr. Karlin says. While he has conducted some asthma-related research, Dr. Karlin insists that his true passion is to care for patients.

Dr. Karlin is intrigued by why certain children develop an allergy to some foods and why others do not, and how the disease presents itself. For example, for years children were sent off to school with peanut butter for lunch, and no adverse reactions were reported. Suddenly in the 1970s and 1980s, some children began to react to the allergen present in peanuts. The body somehow perceives the protein in peanuts as a threat, and reacts by releasing chemicals that result in physical symptoms.

Dr. Karlin notes that the answer to certain food and drug reactions may lie in the ‘hygiene hypothesis,’ which states that children’s exposure to germs and specific infections is essential in developing a healthy immune system. In developed countries, sanitation has led to decreased viruses and bacteria. As a result, those who are genetically predisposed may develop an allergy in the form of asthma, a food allergy, and allergic rhinitis.

“Our immune system’s primary role is to protect us from infection,” Dr. Karlin explains. “As we promote greater sanitation, our immune system has been shunted out of balance to produce an aberrant immune response known as allergy.”

Some physicians are more reluctant to prescribe antibiotics today than in years past, fearing that bacteria will develop resistance to antibiotics. Organisms can have mutations, Dr. Karlin explains, and over time they build up resistance. “They can produce enzymes that will destroy the antibiotic,” he says. “It’s all about survival; we want to limit the amount of antibiotics provided.” He adds that the antibiotics can also present a range of adverse effects, from anemia and gastrointestinal distress to liver toxicity, colitis, and susceptibility to sunburn.

In light of the controversy over antibiotics, physicians today are not specifically withholding antibiotics, Dr. Karlin notes, but prescribing them more judiciously. “For the appropriate setting, they are still a valuable tool,” he says, adding that the Centers for Disease Control has excellent guidelines on when and when not to resort to antibiotics for children and adults. “It usually depends on the duration of the illness and the severity of the symptoms,” Dr. Karlin says.

Over 90 percent of food allergies fall into one of eight groups: eggs, peanuts, milk, tree nuts, wheat, soy, fish, and shellfish. According to Dr. Karlin, young children are more susceptible to egg and milk allergies, while peanut allergies are more prevalent among older children.

“Then, as people age the allergies they tend to develop are to fish and shellfish,” Dr. Karlin explains, adding that the allergens stem from a protein that’s present in these foods. “It’s always good to talk about how a food allergy presents itself,” he says, in the form of symptoms. The vast majority of food allergy symptoms present themselves within one hour of ingestion, Dr. Karlin explains. These can range from throat or mouth itching to swelling of the tongue or lips, facial swelling, difficulty breathing, wheezing, diffuse hives, vomiting and diarrhea.

Dr. Karlin notes that what some patients might feel is a full-blown food allergy is actually merely intolerance, which can be less severe but still present with symptoms. These can include abdominal pain, bloating, flatulence, or diarrhea. Intolerance results from an enzyme deficiency to break down sugars and proteins in milk. “My first goal when I talk to patients is to describe what a true food allergy is,” he explains, which helps him to diagnose the problem while educating the patient.

Testing does exist for food and drug allergies, “but it’s limited,” Dr. Karlin states. “When we have positive results on skin tests to food, there may be up to a 50% false report.” However, if no food allergy is present, the results will usually come back negative. “The majority of food testing that is negative is accurate,” he says. There are some risks to testing, so Dr. Karlin carefully weighs the severity of the symptoms against the need for tests.

There is a great deal of misinformation regarding food, drug and environmental allergies, Dr. Karlin says, with a great deal of it found on the Internet. He feels it’s important to set the record straight. As such, he is enthusiastic about meeting with community members as well as parents and teachers groups to field questions and provide up-to-the-minute information on food, drug and environmental allergies.

“I’m interested in being involved in the community,” Dr. Karlin explains, by conducting educational sessions on topics ranging from asthma to peanut allergies. “There’s a really large disconnect on the school side when it comes to food allergy,” he says, mainly because teachers depend on the parents, who often get incorrect or incomplete information online. “There should be more direct communication with physicians and school nurses” when it comes to food allergy, he stresses.

Dr. Karlin says he’s eager to correct the preponderance of misinformation about both pediatric and adult allergies. “Allergic diseases affect a large number of people, and as a physician, I have a tremendous opportunity to assist in educating the general public of these diseases.”

Contact CWPW’s specialty referral hotline at 855-4-CWPW-MD for appointments and consultations.
These are heady times for pediatric specialists who focus on environmental diseases and pulmonary conditions. At the extreme is enterovirus D68, the virulent respiratory infection that has stricken several children and garnered headlines nationwide. Health officials are struggling to get a handle on the outbreak, while some schools have even closed as a precautionary measure.

Yehudit Pollack, MD, a specialist in pediatric pulmonology, works under the aegis of Allen J. Doezor, MD, Chief of Children’s Environmental Health and Pediatric Pulmonology, Allergy and Sleep Medicine. Dr. Pollack notes that she has encountered the gamut when it comes to childhood pulmonary and environmental health conditions.

“I see everything,” Dr. Pollack explains, “but of everything I see, asthma is the most prevalent. And it seems to be on the rise.” People are more aware of the condition today than generations past, and they are more attuned to spotting the symptoms, she says. These range from coughing — especially at night — to wheezing, trouble breathing, and tightness in the chest. “Parents now are more inclined to see a physician” if their child exhibits symptoms, Dr. Pollack says. “It’s really prevalent; it’s one of the most common chronic diseases in children, both inpatient and outpatient.”

Asthma is one of the principal reasons for hospitalization, Dr. Pollack explains. “There are some subtle signs that can be missed; among these are the cough or viral illness that lasts for two to three weeks or longer. “Sometimes children running around and wheezing or experiencing a nighttime cough are overlooked; these are signs that should be taken seriously.”

Sometimes environmental factors can trigger pulmonary distress. Dust or mold can exacerbate a child’s condition, as can animal dander and second-hand smoke. Babies born prematurely have a greater risk of developing asthma as they grow, Dr. Pollack says.

Cystic fibrosis, a congenital disease, is another condition that can have a harmful effect on children. The disorder, marked by thick mucus in the lungs, can result in blocked passageways for air to reach the lungs, inhibiting normal breathing. A child can struggle for air and it can develop into a serious health problem. Symptoms may include a persistent cough, wheezing, frequent lung infections and poor growth.

“We’ve made huge advances in the treatment of cystic fibrosis over the years that have dramatically improved outcomes for these children,” Dr. Pollack explains. She adds that there is “definitely a lot of excitement” that has been generated over some new medications that have been introduced to treat the disease. “They have made a solid impact on patients. And research is constantly on-going to find new treatments that will provide a better quality of life for patients and increasing their lifespan.”

With regard to the enterovirus phenomenon, Dr. Pollack says that she and her fellow physicians are keeping a watchful eye on all children who exhibit symptoms related to the malady. “This is the time of year when we see a lot of viral illnesses,” she explains. “Patients with asthma are at greater risk, because they have the potential to get sicker” if they are stricken with a respiratory virus. “We always push infection control, especially by urging people to get a flu vaccine. It’s always important, but it’s particularly important for children with asthma and other lung diseases.

“We focus on family-centered care,” Dr. Pollack says. “We stress having the whole family included in the care of the child. That’s something that is important to all of us, and a focus we all believe in, whether it’s outpatient or inpatient.”

In addition to offices at 19 Bradhurst Avenue in Hawthorne, Dr. Pollack practices in three other locations: The Medical Center of New Windsor at 575 Hudson Valley Avenue; The Riverdale Office at Skyview at 5683A Riverdale Avenue in The Bronx; and at the Woodlawn Medical Arts Building at 4350 Van Cortlandt Park East in The Bronx.

A far as the future is concerned, Dr. Pollack feels that asthma is an area that will continue to command much of her attention. “It’s such a huge problem for children and it affects so many people,” Dr. Pollack says. “A big part of caring for these children is educating the whole family — helping parents to understand what’s causing their child’s symptoms. This alone can alleviate a lot of fear.”

The Take a Breather Foundation, the non-profit organization that fulfills wishes for children with cystic fibrosis, recently presented iPads to the three Sanchez children (pictured at center) who are being treated for cystic fibrosis at Children and Women’s Physicians of Westchester in Valhalla, New York. The Sanchez family were the recipients of the Foundation’s first Peggy Freeman Memorial Wish.

Pictured from Left to Right: Nadav Traeger, MD, CWPW Pediatric Pulmonologist, Andrew McBryan, Take a Breather Foundation, Molly McBryan, Director of Take a Breather Foundation, Charlene Sanchez, Ashley Sanchez, Raul Segundo Sanchez, Beatriz Sanchez, Cystic Fibrosis family, Ellen Loftus, Take a Breather Foundation, James Jay Freeman Jr., Take a Breather Foundation.

TAKE A BREATHER FOUNDATION
Presents iPads to Cystic Fibrosis Children Being Treated at CWPW

The Take a Breather Foundation, the non-profit organization that fulfills wishes for children with cystic fibrosis, recently presented iPads to the three Sanchez children (pictured at center) who are being treated for cystic fibrosis at Children and Women’s Physicians of Westchester in Valhalla, New York. The Sanchez family were the recipients of the Foundation’s first Peggy Freeman Memorial Wish.
CONFRONTING A CRISIS
Physicians Remain Vigilant as Ebola Virus Takes Its Course

By its very nature the term infectious disease conjures alarming images of health care workers donning surgical masks or protective suits, and suspected patients being quarantined. With the emergence of the Ebola virus outbreak this year, health care workers at all levels are being hyper-vigilant in watching out for the disease, and preparing to act should it be detected. The physicians at CWPW are no exception. With the 2014 outbreak of the potentially deadly disease, the largest in recorded history, doctors are paying close attention to patients who are admitted to hospitals, and to those seen at outpatient offices throughout the region. Guided by mandates handed down from federal and state government agencies, awareness is proving the best defense against the Ebola virus, which has claimed several lives since being detected earlier this year in several West African countries.

“We’re taking it very seriously,” insists Sheila Nolan, M.D., Chief of Pediatric Infectious Diseases at CWPW. With the New York State Health Commissioner handing down rigorous guidelines pertaining to hospitals, Dr. Nolan says that at outpatient facilities, the focus is primarily on screening. “When a patient makes an appointment we ask about their recent travel history,” she says, and when they do come in there is a series of questions posed in order to narrow down the patient’s recent history and physical condition. “There are tiers of questions being asked,” Dr. Nolan says, regarding whether any patient may have recently visited Sierra Leone, Guinea or Liberia — all ground zero for the latest outbreak — within the last 30 days, or had close contact with anyone who has been to those areas. “If they have, then we try to ascertain whether they are symptomatic.”

Dr. Nolan takes a special interest in such matters. Her primary clinical areas of expertise include viral illnesses, vaccine-preventable diseases, bone and joint infections, tick-borne illnesses, antimicrobial stewardship and infection prevention and control. She explains that as part of the Ebola Preparedness Team at Westchester Medical Center, there is a steering committee that meets to discuss, identifying and responding to emergencies such as a viral outbreak. “We could, if need be, hold, treat and test a potential victim for Ebola,” she says. “We have volunteer physicians running drills and simulations in order to be prepared. It’s all part of the Governor’s mandate.”

She follows the course of action most aptly described as: identify, isolate, and inform. “We do have the capability to test for Ebola,” she adds. It consists of a PCR, or Polymerase Chain Reaction, test. The test looks for the RNA of the virus in order to detect Ebola. It is commercially available.

Airport screening currently serves as the ‘gatekeeper’ intended to prevent those infected from entering the Unites States. Yet a few cases have slipped through. About ten cases have been reported in the United States, with another ten in Europe. A doctor from Manhattan who spent time in West Africa contracted the Ebola virus and responded positively to treatment. However, in mid-November a surgeon who fell ill from Ebola after working in Sierra Leone died at a biomedical unit in Nebraska. Others who have been treated with transfused plasma and experimental antiviral drugs have recovered from the illness.

The Ebola virus has been around since 1976 as far as outbreaks identified, Dr. Nolan explains. There were two outbreaks in central Africa initially, but in the last decade there have been many more frequent outbreaks. “This is the first in West Africa,” she says.

Parents need to realize that children are no more susceptible to the Ebola virus than anyone else. However, Dr. Nolan points out, extremes in age — babies and the elderly — do have higher fatality rates when serious infections do strike.

There is a silver lining through the gloom of Ebola, Dr. Nolan says, “Perhaps one positive result of this is that there are always new issues coming up such as the SARS virus and the Middle Eastern virus sporadically throughout the world, which have responded positively to treatment,” she says. “We’re a very global community, and practitioners always have to be on heightened alert.”

Outbreaks such as the Ebola virus put emphasis on research for new drugs and vaccines and that bodes well for the future.”

NEW CWPW WELLNESS AND SURVIVORSHIP PROGRAM for Pediatric Cancer and Stem Cell Transplant Patients

In an effort to build a stronger support system for pediatric cancer and stem cell transplant survivors, CWPW has recently launched a new Wellness and Survivorship Program for pediatric patients and their families.

“This new Wellness and Survivorship Program is a comprehensive multidisciplinary program with experts throughout multiple specialties committed to providing lifelong preventive care and support for our pediatric cancer, blood and marrow transplantation survivors,” said Mitchell S. Cairo, M.D. CWPW’s Chief of Pediatric Hematology, Oncology and Stem Cell Transplantation.

“Survivorship is a growing area of focus in both pediatric and adult oncology and highlights the importance of lifelong health screening and prevention,” says Jessica Hochberg, M.D., CWPW Pediatric Hematologist/Oncologist. “It has been a long desire of ours to get the Wellness and Survivorship Program off the ground and we are thrilled to be working with such an excellent team of subspecialty physicians, advanced nursing, social work, psychologists and other wellness oriented consultants.” CWPW
We Congratulate our 2014 Top Doctors
and celebrate the outstanding medical care provided by all of our physicians throughout Westchester County and the Metropolitan New York area.

CWPW Top Doctors List NY Metro Area

Pediatric Specialties

• Adolescent Medicine: Martha Arden, Marcia Nackenson • Pediatric Cardiology: Michael Gewitz, Markus Erb, Bernard Fish, Deborah Friedman, Henry Issenberg, Fredrick Blerman • Pediatric Critical Care: Carey Goltzman • Developmental Pediatrics: William Levinson • Pediatric Endocrinology: Richard Noto, Dan Handelsman, Alicia Romano • Pediatric Gastroenterology: Leonard Newman, Stuart Berezin, Mark Glassman, Michael Halata • Medical Genetics: David Kronn
• Pediatric and Adolescent Gynecology: Monique Regard • Pediatric Hematology/Oncology: Mitchell Cairo, Mehmet Ozkanak, Claudio Sandoval, Oya Tugta • Pediatric Infectious Disease: Karl Li, N Nina Arlevsky, Sheila Nolan
• Neonatology: Edmund LaGamma, Heather Brumberg, Sergio Golombek, Jordan Kase, Martin Kalzenstein, Glenn Mendoza
• Pediatric Rheumatology: Chun Chao • Pediatric Surgery: Gustavo Stringel, Whitney McBride, Suvro Sett

Adult Specialties

Adult Gastroenterology: Edward Lebovics, Brad Dworkin • Adult Infectious Disease: Robert Nadelman, Gary Wormser
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We join Westchester Magazine in saluting these superior physicians – and all our medical experts within the CWPW family of health care professionals.

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ENTEROVIRUS D-68
Interview with Sankaran Krishnan, MD

Sankaran Krishnan, MD, MPH pediatric pulmonologist at Children’s and Women’s Physicians of Westchester and the Maria Fareri Children’s Hospital, answered your questions about enterovirus D68, the illness affecting children.

4:10 Comment From Moletos
Should older people, with any health issues that compromise their health, keep a watchful eye?

Dr. Sankaran Krishnan:
Yes, absolutely. In general, older folks may have other medical issues that may lead to some weakening of their immune system. They could additionally have respiratory illnesses over years that may have weakened their respiratory defense mechanisms. So, as with other respiratory viruses, like the flu, they should be watchful.

4:11 Comment From Bridget
My daughter is 15 with a heart condition and has degeorge syndrome is she more susceptible to this virus?

Dr. Sankaran Krishnan:
Your daughter is as susceptible to this virus as she is to other respiratory viruses at this time of the year. This virus does not "target" any specific individuals. It is just that if you have underlying health issues (like your daughter) you could have more symptoms and a more severe course than those with no underlying conditions. If your daughter gets a cold, and she has symptoms that seem more than just a cold, have her see her pediatrician.

4:44 Comment From Amy
What states is the virus affecting? Also is it always so severe that it requires hospitalization?

Dr. Sankaran Krishnan:
As of yesterday 14 states have reported this virus, including NY, NJ, CT. This virus typically causes an illness indistinguishable from the common cold. If someone has underlying respiratory disease or immune defects, it could cause more severe illness.

4:45 Comment From Guest
Hi, I am a certified asthma educator and also severe asthmatic and mom to school age kids with asthma. My question is, I hear all the reports but what exactly is different about this the say the cold or flu. Both those hit asthmatics hard as well. I have many a hospitalization myself due to a bad cold.

Dr. Sankaran Krishnan:
Your comments are spot on. This virus, similar to other viruses that affect the respiratory system can cause exacerbations of asthma. This is more so, if you are not on an appropriate asthma action plan which includes an appropriate controller. Asthmatics should consult their physicians so that they are on the right asthma action plan when schools reopen in the fall season. This would go a long way in mitigating symptoms if they happen to contract any viruses including this specific enterovirus.

4:46 Comment From Guest
Hi Dr. Krishnan the virus seems to be travelling very rapidly. Can you share your thoughts on this? Additionally can you give us an idea in terms of prevention where HANDWASHING comes into play?

Dr. Sankaran Krishnan:
Good question. Not enough is known about how virus outbreaks happen, how do they travel in waves. Possibly something to do with the "immunogenicity" of the virus - i.e. how the virus overcomes routine host defense. Handwashing cannot be over-emphasized. Most respiratory viruses are transmitted by droplets and handwashing is a great way to stay healthy. With specific reference to this virus, hygiene precautions is essential.

5:19 Comment From Guest
Would a flu shot deter this virus if even a little bit?

Dr. Sankaran Krishnan:
The flu shot specifically affords protection against specific strains of the influenza virus (that are contained in the vaccine). It will not protect you against any other viruses (including the strains of influenza that may not be contained in that year’s vaccine). However, this would be an opportunity to take your flu shot this year.

5:21 Comment From Marisol
Is there a cure?

Dr. Sankaran Krishnan:
There are no direct "cures" for this virus as with most other viruses. General health measures, good hand hygiene are key.
KIDS VIRUS MAY HAVE HIT LOWER HUDSON

Children who have fits of coughing, labored breathing, shortness of breath or are wheezing should go straight to the doctor’s office, or, after hours, the urgent care center or emergency room.

A handful of young asthma patients admitted to Maria Fareri Children’s Hospital at Westchester Medical Center may have the same serious respiratory illness that has sickened children across the country, said Dr. Allen J. Dozor, the hospital’s chief of pediatric pulmonology.

Tests done at the hospital have identified the presence of a virus in the enterovirus/rhinovirus family, but neither the state nor the Centers for Disease Control and Prevention have confirmed enterovirus D68, said Dozor, also a pediatric pulmonologist with Children’s and Women’s Physicians of Westchester.

Tests at the hospital lab were done on children sick enough to be admitted, not those who were seen in the emergency room. Still, Dozor suspects the virus has hit our area.

Midwest virus: Fears of children’s illness hit N.Y.

“We know there were positive cases in Albany, and I also know there were a lot of children who came to the emergency room in the last 24 hours in Poughkeepsie, so I think it’s likely a lot of these patients have enterovirus D68,” he said. The children hospitalized in Westchester, all of whom are doing well, range in age from 6 months to 6 years.

Any child who has fits of coughing, labored breathing, shortness of breath or is wheezing should go straight to the doctor’s office, or, after hours, the urgent care center or emergency room, said Dozor.

Children who already have asthma are particularly vulnerable to the effects of EV-D68, and it’s vital that parents have adequate supplies of their rescue inhaler on hand, said Dr. Jim Dwyer, chief of emergency services at Northern Westchester Hospital in Mount Kisco. But those who’ve never had asthma can also develop difficulty breathing if infected.

Late last week, the state Department of Health reported that New York had confirmed cases of the virus. The CDC has confirmed cases of the virus in 11 additional states since mid-August: Alabama, Colorado, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Missouri, Oklahoma and Pennsylvania.

The Connecticut Health Department is awaiting results on samples sent to the CDC, said spokesman Bill Gerrish.

The virus can be found in saliva, mucus and stool, said epidemiologist Dr. Jennifer Calder, associate professor of public health practice at New York Medical College in Valhalla. The germs can also permeate mucus membranes, including those in the eyes and nose, she said.

It spreads from person to person when they cough, sneeze or touch surfaces, said Mary Beth Guyett, a nurse at Lakeland’s Thomas Jefferson Elementary School. That means hand washing is extra important, particularly among those who take care of children.

Mild symptoms may include a fever, a runny nose, sneezing, coughing, and body and muscle aches. Most of the children who got very ill with EV-D68 had trouble breathing, and some were wheezing.

The virus can take anywhere from two days to two weeks to appear, and can be spread even by people who have no symptoms, said Calder.

Diana Musich, director of human resources at the Pearl River school district, said the district was using the protocols used for flu prevention.

“These prevention efforts include reminding staff and students to wash hands frequently with soap and water, avoid touching eyes, nose and mouth with unwashed hands, and covering coughs and sneezes with a tissue or upper sleeve,” she said. Children should also avoid sharing utensils.

The rare respiratory virus hospitalizing hundreds of kids across the country could now be in Texas. However one doctor there said no one from her normal lab, state health department or the CDC could tell her how to test for enterovirus 68.

Guyett, of Lakeland, said the district received an advisory from the state Education Department on Monday about preventing the spread of the virus, including hand washing. Pat Pollock, a nurse at Chappaqua’s Robert E. Bell Middle School, said personal hygiene would go a long way in combating the virus.

“We remind children to wash their hands often, and to cough and sneeze into their elbows,” she said.

Hospital treatment of asthma symptoms produced by viruses like EV-D68 usually consists of inhaled medications, along with oxygen, if necessary, and sometimes a short course of steroids, said Dr. Kevin McSherry, who works in the pediatric emergency room at Nyack Hospital. No cases of the virus have been reported there.

Enterovirus D68 was discovered in California in 1962, and there have been occasional outbreaks in the United States over the years, said Stephen Morse, professor of epidemiology at Columbia University’s Mailman School of Public Health. But the reasons for the rapid spread of the virus in recent months isn’t quite clear, he said.

“Schools are often where many of these infections have the opportunity to spread rapidly, just because the density is so high,” he said.

A system is in place that tracks school absences tied to illnesses, and will allow for monitoring of the disease if it arrives in Rockland, said Dr. E. Oscar Alleyne, director of epidemiology and public health planning for the county Health Department.

“I really wish parents had the luxury, or the option, of not sending their sick kids to school,” said Dozor. “It would really help decrease the spread of this stuff.”
CHILDREN’S FLU VACCINE
Subject to 'Spot Shortages'

Area pediatricians are reporting spot shortages of a favored type of flu vaccine that protects against four strains of influenza.

Dr. Vicki Iannotti, a pediatrician with Children’s & Women’s Physicians of Westchester in Hawthorne, said her practice received 250 doses of the vaccine in August but still hasn’t gotten the September delivery.

“We’re still waiting,” she said. The manufacturer has said the vaccines will be shipped sometime this month.

Other vaccines are available, including one that protects against three strains of influenza. And there’s plenty of a nasal spray vaccine.

But some youngsters, including those with asthma and with chronic conditions that impair the immune system, can’t take the nasal vaccine.

Pediatricians prefer to give the dose that protects against four strains rather than three. “We want the best for our patients,” Iannotti said.

The Westchester Department of Health has plenty of the flu vaccine that protects against three strains of influenza. The vaccine will be available at no charge to Westchester residents over the age of three from 10 a.m. to 6 p.m. Oct. 15 at the Westchester County Center.

Residents can sign up in advance at www.health.ny.gov/Go2Clinic or by calling 914-995-7425.

The Rockland Department of Health also has the three-strain vaccine, which will be available free to residents over 60 and for $30 for those between the ages of 9-59. The next clinic will be held Friday from 1 to 4 p.m. at the Department of Health, 50 Sanatorium Road, Ramapo.

Dr. Vicki Iannotti states, “A shortage of the injectable flu vaccine makes us concerned as pediatricians and doctors; we want to protect our patients.”

ALANNA LEVINE, MD – Orangetown Pediatric Associates

Pediatrician Alanna Levine, MD, of Orangetown Pediatric Associates, was interviewed on the TODAY Show three separate times; the topics were: vaccines, Enterovirus D-68 and sleep issues. She was also interviewed by CBS Evening News about the flu vaccine shipment delay, as well as on Fox & Friends on the subject of parenting.
Amanda Kanowitz was a healthy 4-year-old when she came down with a cough and a fever. Two days later she didn't wake up.

For Alissa and Richard Kanowitz of Scarsdale, Amanda's death in 2004 marked the beginning of a fight to raise awareness of the dangers of influenza — and to save other families from going through the pain of losing a child.

"The flu is a serious respiratory illness that can kill you, and the only way to prevent it is to get vaccinated each and every year," said Richard Kanowitz, the president and founding member of Families Fighting Flu, a national nonprofit advocacy organization.

But even with flu season fast approaching, some parents are still reluctant to have their children vaccinated, said Dr. Theresa Hetzler, a pediatrician with Children's & Women's Physicians of Westchester. Many say they've never had the flu, so they're not worried about anybody in their household getting sick. Others are concerned their kids may get the flu from the flu vaccine.

But once Hetzler explains that's not going to happen, they often change their minds. "That one day of not feeling 100 percent after the vaccine is much better than 10 days of feeling horrible," she said.

"What I usually say to people when they say the vaccine is not fully effective is you don’t want to be playing Russian roulette with your child," said Richard Kanowitz.

According to the U.S. Centers for Disease Control and Prevention, about 20,000 children under the age of 5 are hospitalized every year due to complications from influenza. During the 2013-2014 flu season, more than 100 pediatric deaths were reported.

But the flu vaccine wasn't always recommended for all children.

When Amanda got the flu 10 years ago, she hadn't gotten a flu shot. At the time, the vaccine was advised for children ages 6 to 23 months, and Amanda wasn't in that age group. Until she got sick, Richard and Alissa Kanowitz had no idea how serious the flu could become in a child — and how quickly things could go bad.

"Her body couldn't fight the virus and didn't know how to regulate itself," said Richard Kanowitz. "It was her body's immune system and the reaction to the virus that killed it.'

The Kanowitz family have two other children, both of whom get flu shots every year. Dr. Lewis Kass, a pediatric pulmonologist in Mount Kisco, said that healthy children and those with chronic medical conditions can die from the flu if they're not protected. "If you can do anything to stack the odds in your favor, I would do it," he said. "It's just a one-two punch that some kids can't handle."

"The scary thing is that almost half of the children who died of the flu in the past were healthy children," said Hetzler.

The CDC started tracking pediatric flu-related deaths after the 2003-2004 flu season, when Amanda got the virus. That season, 153 pediatric deaths were reported to the CDC from 40 states. During the 2009 H1N1 influenza pandemic, 348 children died of the flu.
Dr. Gewitz is physician-in-chief and chief of pediatric cardiology at Maria Fareri Children’s Hospital at Westchester Medical Center. He is also professor and vice chairman of pediatrics for New York Medical College and vice president of Children’s and Women’s Physicians of Westchester L.L.P.

“Through his continued support of our efforts, including the National American Heart Association’s pediatric cardiology committees and local support in our Westchester region, Dr. Gewitz has demonstrated his commitment to improving the lives of people in his community,” said Michael Weamer, AHA Founders Affiliate executive vice president. “Now, as a member of our board, he will leverage his expertise to help make a significant impact on heart health and wellness across our eight-state region.”

American Health magazine named Gewitz one of the “Best Doctors in America” and he has been included in almost every issue of the “America’s Best Doctors” publications, as well as New York magazine’s “Best Doctors in New York.” He was also a driving force behind the campaign to build the Maria Fareri Children’s Hospital at Westchester Medical Center.

Dr. Gewitz is past chairman of the executive committee of the American Heart Association’s Council of Cardiovascular Disease in the Young and past chairman of its committee on rheumatic fever, endocarditis and Kawasaki disease.

Prior to coming to Westchester in 1983, he was the founding director of the echocardiography program at the University of Pennsylvania’s Children’s Hospital of Philadelphia, which followed completion of pediatric residencies at the hospital and at the Hospital for Sick Children in London and a pediatric cardiology fellowship at Yale University.

“It is an honor to contribute to the mission of the American Heart Association, particularly through their initiatives to improve the cardiovascular health of children,” Dr. Gewitz said.

“The American Heart Association is committed to building a healthier generation of children and I look forward to being an integral part of that effort.”
CAN'T EAT BREAD?  
Maybe You're Gluten Intolerant

Non-celiac gluten intolerance causes symptoms that can include digestive problems, foggy thinking, numbness and fatigue. It is important to rule out celiac disease before going on a gluten-free diet.

If you get an upset stomach every time you eat bread, pasta or other foods containing gluten — and your doctor has already ruled out celiac disease — it's possible you have non-celiac gluten intolerance.

Gluten is a protein found in grains, including wheat, barley, rye and triticale (a cross between wheat and rye). Celiac disease is an autoimmune disorder that can damage the lining of the small intestine. People who have celiac disease must avoid eating all foods with gluten.

Dr. Edward Lebovics, director of gastroenterology and hepatobiliary diseases at New York Medical College and Westchester Medical Center, answered a few questions about gluten sensitivity and intolerance. He is affiliated with CWPW in Hawthorne.

What are the symptoms of non-celiac gluten intolerance?
Aside from bloating, abdominal discomfort and diarrhea, you can also have some non-GI symptoms, which include headache, numbness and tingling, so-called "foggy thinking" and fatigue. There are people who have symptoms that overlap with celiac disease, but when you test them — by doing blood tests, or with an endoscopy and biopsy — there's no evidence of celiac disease. And they respond to a gluten-free diet. So it's gluten intolerance but it's not celiac disease.

How do you find out if you really can't tolerate gluten?
There is no diagnostic test for non-celiac gluten intolerance. You can't diagnose it with a biopsy, you can't diagnose it with a blood test, so you're basically relying on exclusion (ruling out other diagnoses) and the patient's report of symptoms and response.

Are more people sensitive to gluten than ever before?
It's certainly recognized more commonly. A generation ago, before this was recognized, these patients may have been dismissed as having either irritable bowel syndrome or just some neuroses. Famously, Novak Djokovic went from being maybe a Top 5 player to being the unequivocal number one in the world two years ago, when he had this amazing season. And he attributed that to assuming a gluten-free diet.

Is a gluten-free diet the only way to resolve symptoms from non-celiac gluten intolerance?
There's some recent literature on the low-FODMAP (fermentable oligo-, di-, and monosaccharides and polyols) diet. This was actually developed to manage symptoms of bloating, flatulence and diarrhea that can be attributed to poorly digested carbohydrates, namely FODMAPs. And lo and behold, studies done in patients who were categorized as non-celiac gluten sensitive — and they randomized them to either a gluten-free diet or a low-FODMAP diet — I wouldn't say it's an open-shut case, but in some the low-FODMAP diet was more effective.

Also important, a low-FODMAP diet includes avoiding wheat, barley and rye, so there is overlap between the low-FODMAP diet and the gluten-free diet. But it may be the FODMAPs that are causing the symptoms rather than the gluten.

Should you work with a dietitian to figure out what has FODMAPs?
It is always helpful to consult a dietitian. In the office I have a low-FODMAP diet sheet, which I give patients. And if that works, sometimes it's very dramatic. It's a somewhat restrictive diet, so I tell them to try to be careful about it for three, four weeks. And if they say, "Gee, this was very successful," we try to relax it a little bit and see how much they can "cheat" and still feel well.

Can someone with celiac disease follow a low-FODMAP diet?
We strongly recommend they adhere to a gluten-free diet. Because if they eat gluten, they have small bowel inflammation and pathologic changes that may lead to more serious consequences down the line.

Is it OK to put yourself on a gluten-free or low-FODMAP diet if you have persistent stomach problems?
The best thing is to be evaluated by a gastroenterologist rather than self-manage, because this is not so straightforward. And it's preferable to make a definitive diagnosis of celiac if it's there. Going on a gluten-free diet can complicate that. These symptoms are very non-specific, and there's a plethora of other considerations that have to be evaluated.
**Westchester County**

**Pediatric Associates of Westchester**
1. 701 Bedford Road, Suite B
   - General Pediatrics – (914) 723-7444

**Bronxville Women's Care**
2. 1 Pondfield Rd #302
   - Obstetrics/Gynecology – (914) 337-3715

**Polly Kangania, MD**
3. 4 Studio Arcade
   - Obstetrics/Gynecology – (914) 771-9441

**Douglas Savino, MD**
4. 1 Pondfield Road West, Suite 7
   - General Pediatrics – (914) 771-8900

**Chappaqua Pediatrics**
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**NWH at Chappaqua Crossing**
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**Croton Pediatrics**
7. 130 Grand Street
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   - Endocrinology – (914) 366-5402
   - Gastroenterology – (914) 367-0000
   - Medical Genetics/Metabolic – (914) 304-5240
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**Eastchester Pediatric Medical Group**
8. 266 White Plains Road, Suite A3
   - General Pediatrics – (914) 337-3960

**Hartsdale Pediatrics**
9. 280 North Central Avenue, Suite 303
   - General Pediatrics – (914) 472-2010

**Children’s and Women’s Physicians of Westchester LLP at Croton**
10. 19 Bradhurst Ave, Ste 2500
    - General Pediatrics – (914) 225-7337

**Nephrology Associates of Westchester**
11. 19 Bradhurst, Suite #200
    - General Pediatrics – (914) 475-5571

**Briarcliff Pediatric Associates**
12. 755 North Broadway, Suite 500
    - General Pediatrics – (914) 366-0015

**Medical Service Building at Phelps Memorial Hospital**
13. 755 North Broadway, Suites 40 & 540
    - General Pediatrics – (914) 366-0015

**Pediatrics of Sleepy Hollow**
14. 150 White Plains Road, Suite #101
   - General Pediatrics – (914) 332-4141

**Village Pediatric Group**
15. 115 Main Street, Suite #301
   - General Pediatrics – (914) 771-7070

**Children’s and Women’s Physicians of Westchester LLP at Grasslands Road**
16. 503 Grasslands Road, Suites 200 & 201
   - Adolescent Medicine – (914) 304-5288
   - Developmental – (914) 304-5230
   - Gastroenterology – (914) 367-0000
   - Medical Genetics/Metabolic – (914) 304-5240
   - Pediatric & Adolescent Gynecology – (914) 304-5254

**Gastrointestinal & Hepatobiliary Consultants**
17. 19 Bradhurst Ave, Ste 2500
    - General Pediatrics – (914) 475-5571

**Children’s and Women’s Physicians of Westchester LLP at Bedford Hills**
18. 701 Bedford Road, Suite 402 & 404
    - General Pediatrics – (914) 472-4100

**Pediatric Associates of Westchester**
19. 688 Post Road, Suite 232
    - General Pediatrics – (914) 725-5252

**Rockland County**

**Bardonia Pediatrics**
20. 446 Route 304
    - Bardonia, NY 10994
    - General Pediatrics – (845) 623-8031

**North Rockland Pediatric Associates**
21. 171 Ramapo Road
    - Ramapo, NY 10996
    - General Pediatrics – (845) 947-1772

**Pediatrics and Adolescent Medicine of New City**
22. 337 North Main Street, Suite 4
    - New City, NY 10956
    - General Pediatrics – (845) 634-7900

**Orangotown Pediatrics**
23. 30 Ramlund Road - Suite 200A
    - Orangeburg, NY 10962
    - General Pediatrics – (845) 359-0010

**Pomona Pediatrics**
24. 48 Medical Park Drive, Suite C
    - Pomona, NY 10970
    - General Pediatrics – (845) 362-0202

**Suffern Medical Pavilion at Good Samaritan Hospital**
25. 255 Lafayette Avenue, Suites 370 & 390
    - Suffern, NY 10577
    - General Pediatrics – (845) 359-0010

**Putnam County**

**Virginio Monteleone, MD**
26. 263 North Brewster Road
    - Brewster, NY 10509
    - General Pediatrics – (845) 279-5616

**Carmel Pediatrics**
27. 1 Fair Street
    - Carmel, NY 10512
    - General Pediatrics – (845) 225-7337

**Putnam Pediatrics**
28. 10 Weatherwane Drive
    - Washingtonville, New York 10992
    - General Pediatrics – (845) 496-5477

**Dutchess County**

**Kathleen Ennahl, MD**
29. 2529 Route 52, Suite #3
    - Hopewell Junction, NY 12533
    - General Pediatrics – (845) 227-0123

**Children’s and Women’s Physicians of Westchester LLP at Poughkeepsie**
30. 104 Fulton Ave
    - Poughkeepsie, NY 12601
    - Cardiology – (845) 994-2222
    - Endocrinology – (845) 366-5402
    - Gastroenterology – (845) 367-0000
    - Medical Genetics/Metabolic – (845) 304-5280
    - Pediatric Surgery – (845) 761-5437
    - Pulmonology – (845) 473-7585

**Orange County**

**Children’s and Women’s Physicians of Westchester at Middletown**
31. 100 Crystal Run Road, Suite 108
    - Middletown, NY 10941
    - Cardiology – (914) 594-2222
    - Developmental – (914) 304-5230
    - Gastroenterology – (914) 366-5402
    - Gastroenterology – (914) 367-0000
    - Hematology/Oncology – (914) 493-7997
    - Infectious Disease – (914) 594-2222
    - Endocrinology – (914) 366-5402
    - Gastroenterology – (914) 367-0000
    - Medical Genetics/Metabolic – (914) 304-5280
    - Pediatric Surgery – (914) 761-5437
    - Pulmonology – (914) 473-7585

**Pediatric Sub-Specialty Center at Vassar Brothers Medical Center**
32. 45 Reade Place
    - Poughkeepsie, NY 12601
    - Cardiology – (845) 994-2222
    - Endocrinology – (845) 366-5402
    - Gastroenterology – (845) 367-0000
    - Hematology/Oncology – (845) 493-7997
    - Infectious Disease – (845) 994-2222
    - Endocrinology – (845) 366-5402
    - Gastroenterology – (845) 367-0000
    - Medical Genetics/Metabolic – (845) 304-5280
    - Pediatric Surgery – (845) 761-5437
    - Pulmonology – (845) 473-7585

**Medical Center of New Windsor**
33. 575 Hudson Valley Avenue, Suite 203
    - New Windsor, NY 12553
    - Cardiology – (914) 594-2222
    - Gastroenterology – (914) 367-0000
    - Pulmonology – (914) 493-7585

**Herbert Kania Pediatric Group**
34. 16 Ronald Reagan Blvd.
    - Warwick, NY 10990
    - General Pediatrics – (845) 986-2058

**Washingtonville Pediatrics**
35. 70 Weatherwane Drive
    - Washingtonville, New York 10992
    - General Pediatrics – (845) 496-5477
Bronx County
Children’s and Women’s Physicians of Westchester, LLP at Riverdale
45 Skyview Shopping Mall
5683 A Riverdale Avenue, Bronx, New York 10471
• Cardiology – (914) 594-2222
• Endocrinology – (914) 366-3400
• Gastroenterology – (914) 367-0001
• General Pediatrics – (347) 843-6136
• Pulmonology – (914) 493-7585

Children’s and Women’s Physicians of Westchester, LLP at Woodlawn
46 4330 Von Cortlandt Park East
Bronx, NY 10470
• Allergy – (347) 226-6437
• Adolescent Gynecology – (914) 304-5254
• Cardiology – (914) 594-2222
• Developmental – (914) 304-5250
• Endocrinology – (347) 226-6437
• Gastroenterology – (914) 367-0000
• General Pediatrics – (718) 231-6565
• Hematology/Oncology – (914) 493-7997
• Medical Genetics/Metabolic – (914) 304-5280

Kings County
Wyckoff Heights Medical Center
Family Health Center
47 75-54 Metropolitan Avenue
Middle Village, NY 11379
• Pediatric Gastroenterology – (718) 894-4202

Southern Connecticut
Children’s and Women’s Physicians of Westchester, LLP at Danbury
48 67 Sandpit Road, Suite 204
Danbury, CT 06810
• Adolescent Gynecology – (914) 304-5254
• Cardiology – (914) 594-2222
• Gastroenterology – (914) 367-0000
• Hematology/Oncology – (914) 493-7997
• Medical Genetics/Metabolic – (914) 304-5280

New Jersey
Herbert Kania Pediatric Group
49 179 Caball Cruz Road, Suite 210
West Milford, NJ 07480
• General Pediatrics – (973) 728-4480

Specialty Referral Hotline
Please contact our one-call concierge service for specialty appointment scheduling!
1-855-4-CWPW-MD
(1-855-429-7963)
CWPW wishes you and your family an enjoyable holiday season and a very happy and healthy New Year 2015!

CWPW to Open New Multispecialty Center in Hawthorne

CWPW is pleased to announce that it is planning to open a new multispecialty center at 40 Saw Mill River Road in Hawthorne in February 2015. The almost 5,000 square feet of space is intended to help meet the expansion needs and significant demand for medical services currently provided at CWPW’s 19 Bradhurst Avenue and 503 Grasslands Road medical practice locations.

“CWPW’s subspecialty divisions continue to grow at a rapid pace as demand for our highly skilled physicians continues to grow at our current offices. This exciting project will allow us to provide for more physicians and patients in a new, state-of-art setting, while at the same time expanding our current medical services at our other sites,” says Robert Shaw, Chief Operating Officer. The new office building is located off exit 25 on the Saw Mill River Parkway. The exact services to be provided at the new location are currently being finalized.