

NEWS

VOL 70, NO 1

JANUARY 2005

los angeles pediatric society



FROM THE PRESIDENT

Martha Rivera, M.D.

"Leadership and learning are indispensable to each other."
—John F. Kennedy.

"I expect to pass through this world but once; any good thing therefore that I can do, or any kindness that I can show to any fellow creature, let me do it now; let me not defer or neglect it, for I shall not pass this way again." —Ettiene De Grellet

As the New Year arrives and the holidays are behind us, we can now reflect and give tribute to two outstanding LAPS past presidents who passed away in 2004. Their shoes will be hard to fill as they represented a breed of hardworking, zealous giants in the LAPS. Their contributions to the Society were immense and their enthusiasm for LAPS was infectious.

First, in order of their leadership, was Dr. Shirley Whiteman who served as Past President in 1976-77. Shirley was the person who recommended Abe Thomas many, many years as our audiovisual consultant; she regularly attended the Brenneman Lectures and Palm Springs meetings. She donated a large contribution to the Summer Medical Career

Program. Shirley's legacy to LAPS is now her daughter Paula Whiteman who currently serves as Member-at-Large. Shirley was respected and loved by her colleagues and will be greatly missed. Please refer to the Memorial written by Dr. Paula Whiteman in this newsletter, as I cannot do justice to her memory as can her loving daughter.



Both of these innovative leaders shared compassion, and enthusiasm in the evolution of the present LAPS.

We can only hope to see more of these qualities in future leaders in the years to come.

Dr. Clifford Rubin served as LAPS President in 1988-89. Dr. Rubin was an active member who served as Program Committee Chair for many years. He did his internship and residency in Los Angeles and established a pediatric practice in Beverly Hills. Dr. Rubin was often fondly remembered as being a family man who brought many members to the Brenneman lectures. His son Brett Rubin assisted with Brenneman side trips since his father left office. He was a generous man who donated \$25,000 to support a speaker in his name at the Brenneman Lectures. This year his support brought Dr. Carol Berkowitz as our Keynote Speaker. He is survived by his wife Edythe and his children Scott, Brett, Dana and Tracy. He was innovative in enlisting excellent speakers to make the Brenneman Lectures the success that they continue to be.

Both of these innovative leaders shared compassion, and enthusiasm in the evolution of the present LAPS. We can only hope to see more of these qualities in future leaders in the years to come.

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FUTURE MEETINGS

March 3-6, 2005

*Combined Southern California
Pediatric Postgraduate Meeting Clinical
Pediatrics*

California Chapter 2, AAP
Cosponsored by: LAPS
Hilton Palm Springs Resort,
Palm Springs, CA

(310) 540-6240 or email

bcarr@lapedsoc.org

See page 4

April 14-17, 2005

*16th Annual Las Vegas Postgraduate
Pediatric Meeting*

Sponsored by AAP California
Chapter 2 and the AAP

The Flamingo Hotel, Las Vegas, Nevada

(310) 540-6240 or email

aapcach2@aol.com

May 11, 2005

*LAPS Annual Spring
Meeting and Parmelee
Lecture*

*Celiac Disease: Past,
Present and Future*

Sponsored by: LAPS

Castaway Restaurant & Banquet Center,
Burbank, CA

(310) 540-6240 or email

bcarr@lapedsoc.org

See page 11

November 17-20, 2005

*Pediatric Update, 27th Annual
Las Vegas Seminars*

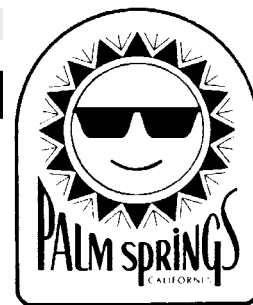
Hosted by American Academy of
Pediatrics,

California Chapters, 1, 2, 3 & 4

Venetian Hotel, Las Vegas Nevada

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IN MEMORIAM

CLIFFORD LOUIS RUBIN, M.D.

It is with deep regret that LAPS announces the death of Dr. Clifford Rubin on October 29, 2004 in Los Angeles. Dr. Rubin, a long-time member of LAPS, was president of the Society from 1988-1989 and Program Chair of the Brennemann Memorial Lectures for many years. The Society is deeply grateful to Dr. Rubin for his generous contribution, which has endowed the Clifford Rubin Lectureship at the Brennemann Lectures.

Dr. Rubin is survived by his wife of 49 years, Edythe, two daughters, Dana and Tracy, two sons, Scott and Brett, and four grandchildren.

Dr. Rubin graduated from Grinnell College and received his medical degree from Chicago Medical School before completing his internship and residency in Los Angeles and establishing a pediatric practice in Beverly Hills.

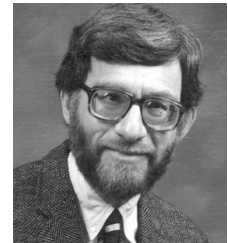
In addition to his service to LAPS, Dr. Rubin served as a member of the Medical Executive Committee at Cedars-Sinai Medical Center and as Associate Clinical Professor of Pediatrics at UCLA.

He was an avid fisherman who once landed a 58-pound lake trout with an eight-pound test line. He was also an enthusiastic world traveler. With his wife, Edythe, he explored such places as the mainland China, Antarctica, and the Galapagos Islands and spent much of his retirement cruising Russia, the Caribbean, the Amazon River, and the Panama Canal.



2005 PARMALEE LECTURE

Marshall G. Goldberg, M.D., FAAP, FAAAA&I, Program Chairman



Great topic! New site! Reserve Wednesday evening, May 11th, 2005 for the Parmalee Lecture. We are indeed fortunate to have Michelle Pietzak, M.D. from Childrens Hospital of Los Angeles address the subject of Celiac Disease: Past, Present and Future. Dr. Pietzak is a nationally recognized authority on Celiac Disease. As we all know, Celiac Disease is one of the most common chronic diseases in medicine and certainly one of the most underappreciated, especially in pediatrics, in spite of the usually young onset of symptoms. The protean manifestations of celiac disease are often confusing and if one considers the many areas of involvement, including abdominal and gastrointestinal symptoms, growth delay, failure to thrive, and joint manifestations, just to name a few, it behooves us all to become familiar with the clinical aspects as well as with diagnosis, treatment and prognosis. We have a golden opportunity to hear and question Dr. Pietzak on this important issue.

The Castaways Restaurant in Burbank will serve as the new site. Better parking and better food.

See page 11 for registration. Hope to see all of you there. Also, lay people with an interest in Celiac Disease are invited.

Pediatric Neonatology – Then and Now

Alvin A. Miller, M.D., FAAP



It has been 50 years since I started caring for newborns as a pediatrician. I was a resident at L.A County Hospital and remember being one of two residents caring for 30 preemies in the "nursery." It was an overwhelming responsibility but a very easy service, because there was not a lot that we could offer these little pediatric patients. The "Time of No" below shows why it was such an easy service.

There has been tremendous progress in the care of newborns and premature babies in the past 50 years. In our crusade towards caring for these smallest patients, however, we have created many new diseases in neonatology. I call these "The Diseases of Progress."

We always need to be aware of the need for evidence of proven management – drugs, machinery, and protocols. As we take care of preemies and newborns, we need to ask ourselves, "Is there enough clear evidence for me to do this?"

1950s Neonatology Time of "NO"	
No Ventilators	No Bonding
No I.V.s	No Gas Machines
No Microlab tests	No Respiratory Techs
No Phototherapy Units	No Vital Sign Monitors
No Breast Milk	No Ultrasound Machines
No Visitors	and Nearly No Survival!

DISEASES OF PROGRESS IN NEONATAL CARE

Disease	Cause
ROP (Retrolental Fibroplasia)	Oxygen
Kernicterus in Preemies	Sulfa Rx
Bronchopulmonary Dysplasia	Ventilation
Necrotizing Enterocolitis	Catheters? Feeding?
Skin Ulceration, Sloughs	Calcium IV? Tape?
Nosocomial Infection	Most Any Invasion
Mediastinal Rupture	Laryngoscopy
Pneumothorax	Ventilators
Lost Extremity, Genital Tissue	Catheter Thrombosis
Child Abuse	No Parental Bonding
Cerebral Palsy	Lack of Early Feeding
Hypertension Second to Renal Clots	Umbilical Catheters
G.I. Bleed	Esophageal Varix)— Exchange Transfusion
Exanguination Mishap	Vessel Catheter
Third Degree Bums	Hyperthermia
Osteopenia, Fractures	Steroids, Diuretics
Cholestasis T.P.N	Total Poisonous Nutrition?
Brain Disease	Antenatal Steroids Bicarb
C. N.S. Bleeding	Overventilation
Gray Syndrome	Chloromycetin
Synkavite (Vitamin K)	Hyperbilirubinemia
Laryngeal Stenosis	Cole Tubes, E.T. Tubes
Soap (Phisohex)	Bubbly Brain Disease
Inhaled Nitric Oxide	Yet to be determined
Surfactant Therapy	Yet to be determined



COMBINED SOUTHERN CALIFORNIA
PEDIATRIC POSTGRADUATE MEETING

CLINICAL PEDIATRICS

Hosted by:
California Chapter 2, AAP, and American Academy of Pediatrics and cosponsored
by Los Angeles Pediatric Society

MARCH 3-6, 2005

At the HILTON PALM SPRINGS RESORT
in Palm Springs, California

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University Medical School; Attending
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Developmental-Behavioral Pediatrician, Center
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Hospital for Children, New England Medical
Center, Boston, Massachusetts.

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Orthopedic surgeon specializing in pediatrics;
private practice, San Ramon, California

This program is CME approved. For more information, call 310/540-6240;
Fax 310/543-2375; or email aapcach2@aol.com.



**MEETING ADVANCE
REGISTRATION**

CLINICAL PEDIATRICS
American Academy of Pediatrics
California Chapter 2
Hilton Palm Springs Resort
March 3-6, 2005

Name _____ Date _____
Street _____
City _____ State _____ Zip _____
Phone () _____
Email address _____ Fax () _____

<i>Tuition Fee:</i>	<i>Before Feb 4</i>	<i>After Feb 4</i>
Physicians: Members of AAP California Chapter 2, LAPS	\$525	\$550 \$ _____
Physician Non-members	\$575	\$600 \$ _____
Pediatric Residents Hospital	\$150	\$175 \$ _____
Allied Health Personnel	\$150	\$175 \$ _____
Physicians Emeritus with AAP Chapter 2, LAPS	\$100	\$125 \$ _____
GOLF FEE: Golf for Men and Women	\$ 70	\$ 95 \$ _____
Starts 12:00 noon Saturday — limited to first 40 registrants		TOTAL \$ _____
Give names in your party _____		

Your check or credit card is acceptable in payment. MasterCard VISA (circle one)
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Please make checks payable to: American Academy of Pediatrics Chapter 2 and return to: PO Box 4218 Torrance,
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REGISTRATION**

CLINICAL PEDIATRICS
American Academy of Pediatrics
California Chapter 2
Hilton Palm Springs Resort
March 3-6, 2005

Name _____
Street _____
City _____ State _____ Zip _____
Phone () _____

Hotel Accommodations Requested: ___ Double ___ Single Number in Party _____
Arrival: Time _____ Date _____ Departure: Time _____ Date _____

Hotel Accommodations: 100 rooms of the Hilton Palm Springs Resort will be available to registrants. Special rates are \$189/night single or double occupancy. Subject to tax. Note: Accommodations can be guaranteed only if reservations are made 30 days prior to the meetings. **Chapter 2 disclaims any responsibility for hotel arrangements.**

IT IS RECOMMENDED THAT YOU MAKE RESERVATIONS FAR IN ADVANCE OF THE MEETING.

Your check or credit card is acceptable in payment. MasterCard VISA Amer. Express (circle one)
_____ Exp. Date _____

Signature _____
Please make checks payable and send to: Hilton Palm Springs Resort, 400 E. Tahquitz Way, Palm Springs, CA 92262.
Phone 800/522-6900, 760/320-6868



OBESITY AND METABOLIC SYNDROME IN YOUTH

Roshanak Monzavi MD



Obesity has been on an epidemic rise both in adults and youth. Between 1975 and 2000 the number of overweight youth, now defined as body mass index (BMI) >95 percentile, has tripled to a prevalence of 15 % in children between 6-19 years. This increase in obesity is paralleled by higher prevalence of insulin resistance, pre-diabetes, type 2 diabetes, and metabolic syndrome.

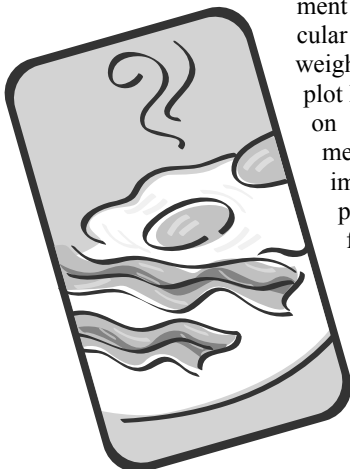
Metabolic syndrome, or syndrome X, is a constellation of metabolic derangements that predict type 2 diabetes and cardiovascular disease.

Its components include obesity, specifically abdominal obesity, high blood pressure, dyslipidemia, and insulin resistance. Though it has been extensively studied in adults, metabolic syndrome is a rather new concept to be investigated in youth. The National Health and Nutrition Examination Survey III (NHANES III) defined metabolic syndrome in youth as having at least three of the following criteria: high blood pressure, low HDL, high triglycerides, high fasting glucose, and abdominal obesity. Eval-

Evaluation of metabolic syndrome in youth is essential in order to identify those at high risk for development of type 2 diabetes and cardiovascular disease.

uation of 2430 adolescents between 12-19 years old by NHANES III, has showed overall prevalence of metabolic syndrome to be 4.2%; however this was up to 28 % in overweight youth. Other recent studies also have found that 30-50% of overweight youth have criteria for metabolic syndrome.

Evaluation of metabolic syndrome in youth is essential in order to identify those at high risk for development of type 2 diabetes and cardiovascular disease. It is essential to measure weight and height, and to calculate and plot BMI in children and adolescents on a yearly basis. Screening for metabolic syndrome is especially important in children with BMI >95 percentile with one of the following risk factors: family history of type 2 diabetes, acanthosis nigricans, abdominal obesity, high risk ethnic group, and/or evidence of hyperandrogenism and polycystic ovary syndrome. Screening should include fasting glucose and lipid panel, blood pressure, and may also include waist circumference, fasting



insulin level, glucose tolerance test, and liver function test.

The mainstay of therapy for obesity and metabolic syndrome is lifestyle intervention, which should include dietary modification, increase in exercise, and decrease in sedentary behavior. Lifestyle changes need to be in small and achievable increments, with both short-term as well as long-term goals. Dietary modification should

The mainstay of therapy for obesity and metabolic syndrome is lifestyle intervention, which should include dietary modification, increase in exercise, and decrease in sedentary behavior.

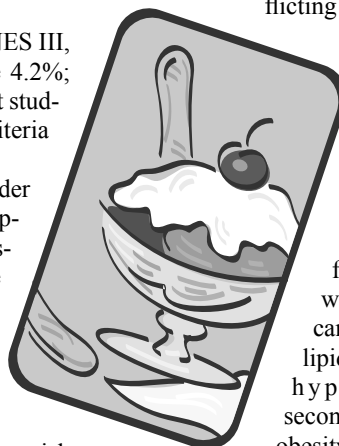
include a decrease in fat and calorie intake and portion control, but food should not be banned. Physical activity should be at least for 30 minutes, five times a week. Most importantly, lifestyle intervention should involve families, as it has been shown that family-centered programs and interventions are much more successful than programs geared only toward the child. Currently, some school-based and small-scale studies have been done to evaluate the effect of lifestyle intervention on weight and metabolic outcomes in youth, but there is a clear and strong need to evaluate the role of lifestyle intervention in large scale, long-term studies in this population.

Pharmacotherapy may play a role in obesity and metabolic syndrome. A few studies have looked at the use of medications such as Sibutramine and Orlistat in very overweight youth, with conflicting results. Also, there are case reports and small studies on bariatric surgery in youth, though

this is to be reserved for very severe cases of obesity. Insulin sensitizers, such as Metformin, may play a beneficial role in decreasing insulin resistance, and this has been shown in small size studies. Also, appropriate lipid lowering agents and anti-hypertensive agents may be useful in children

with significant hyperlipidemia and hypertension secondary to their obesity.

In summary, early screening and identification of metabolic syndrome in youth, and appropriate intervention, especially through lifestyle modification, is essential and necessary, to try to avoid long-term morbidity and mortality in our pediatric population.





THE GENE BLACK SUMMER MEDICAL CAREER PROGRAM

The Summer Medical Career Program was established by the Los Angeles Pediatric Society in 1969. The purpose of the program is to stimulate high school students to choose careers in the health professions. This is accomplished by providing first hand experience observing doctors, nurses and allied health professionals at work in hospitals and through career guidance provided by counselors at each participating institution. For a period of four weeks students take part in a variety of activities affording direct contact with both the medical staff and patients. They rotate through the various departments in hospital and observe the role of health-care personnel in providing medical services. The program is different at every location and is usually tailored to meet the interests of the participants.

A weekly stipend of \$75.00 is given each student to cover incidental expenses and a certificate of completion at the end of the program. In addition two \$500 scholarships are awarded each year from the Edward M. Rissman Scholarship Fund.

Funding is provided by contributions from individuals and groups, Medical Careers Unlimited Medical Group Members and our new Circle of Friends and Donors. To show our appreciation, contributions received this year are listed below. All are cordially invited to join. You will help students get started in the right direction just as perhaps someone helped you.

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Eve Black
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By: Alvin Miller, MD
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Steve Nishibayashi, MD
By: Belinda Michell, RN, PNP

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Gene Black
By: Pediatric Associates Medical Group, Inc.
Sanford Ullman, MD & Gene Black
By: Jerome L. Lipin, MD
Richard B. Castle
By Gloria Castle, MD

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Sheldon Lavin, MD
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Lillie M. Williams

2004 Hospitals

Arrowhead Regional Medical Center, Colton
Cedars-Sinai Medical Center, Los Angeles
Childrens Hospital Los Angeles
Harbor-UCLA Medical Center, Torrance

Huntington Memorial Hospital, Pasadena
Kaiser Foundation Hospital, Harbor City
Kaiser Foundation Hospital, Woodland Hills
King/Drew Medical Center, Los Angeles

LAC/USC Medical Center, Los Angeles
Olive View Medical Center, Sylmar
Santa Monica Hospital, Santa Monica
St. Mary Medical Center, Long Beach

Tarzana Medical Center, Tarzana
UCLA Medical Center, Los Angeles
White Memorial Medical Center, Los Angeles



IN MEMORIAM

SHIRLEY WHITEMAN, M.D.

It is with deep regret that we inform you that our dear friend and colleague, Dr. Shirley Whiteman, passed away at home on November 24, 2004.

Dr. Whiteman joined the staff of Orthopaedic Hospital in the early 60s. In addition to general pediatrics, she specialized in treating children with hemophilia and spina bifida, helping to make Orthopaedic Hospital an important center for treating these conditions. She also taught at USC School of Medicine, and was also on the staffs of the California Hospital Medical Center, Children's Hospital Los Angeles, and Los Angeles Shriners Hospital.

Dr. Whiteman knew she wanted to be a physician from age five. She received her bachelor's degree from Trinity College in Washington, D.C., and her medical degree from The Women's Medical College of Pennsylvania. Dr. Whiteman completed her training with an internship at the Albert Einstein Medical Center in Philadelphia and a pediatric residency at the California Hospital Medical Center in Los Angeles.

Dr. Whiteman was a fellow of the American Academy of Pediatrics and was active in the Los Angeles Pediatrics Society, serving as the society's president from 1976-77. She was also a

member of the Los Angeles chapter of the medical fraternity Phi Delta Epsilon.

Dr. Whiteman, with her husband, further served the medical community by raising three physicians: Dr. Neysa Whiteman, a gynecologist in Encinitas, Dr. David Whiteman, a medical examiner for Los Angeles County, and Dr. Paula Whiteman, an emergency physician at Cedars-Sinai Medical Center and Encino-Tarzana Regional Medical Center.

We mourn the loss of a lady who was not only a highly respected pediatrician, teacher and mentor, but who was also a compassionate and delightful person. She devoted her tremendous energy, her humanity, and her medical excellence to her patients. In her retirement she enjoyed traveling with her husband, Irvin.

A memorial service was held for the family on November 26 at Mount Sinai Hollywood Hills. Those who wish to give a contribution in Dr. Whiteman's name may contact the Celiac Disease Foundation in Studio City, CA (818) 990-2354 (www.celiac.org). The society works to promote awareness and research of this autoimmune disease that affects her granddaughter (a future doctor) and millions of others.

FREE MEMBERSHIP

Free membership in LAPS until June 30, 2005 to all third-year pediatric residents graduating this June, 2004. Our gift to you. Just fill out the application available at www.lapedsoc.org and return to PO Box 4128 Torrance, CA 90510-4198 or fax to (310) 543-2375

DR. JIM SEIDEL MEMORIAL FUND



The Los Angeles Pediatric Society has established the Dr. Jim Seidel Memorial Fund in support of the Gene Black Summer Medical Career Program. Once the goal of \$25,000.00 is reached, we will issue a Dr. Jim Seidel Memorial Scholarship to one student in this program each summer. Selection of the student will be based on Hospital Counselor recommendations and the student's essay about their experience in the program.

Please make donations payable to the Los Angeles Pediatric Society, with "Dr. Jim Seidel Memorial Fund" in the memo section of your check and mail to P.O. Box 4198 Torrance, CA 90510-4198. Tax ID #95-2673275.

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GENE BLACK SUMMER MEDICAL CAREER PROGRAM

Would you like to participate in the Gene Black Summer Medical Career Program? Do so by giving your monetary support to:

MEDICAL CAREERS UNLIMITED 2004/2005 MEMBER

- Individual \$50.00 Donor \$100.00 Medical Group \$100.00

If Medical Group Donation, list name and address of medical group and names to be listed:

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In Honor of In Memory of

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Donors will be recognized publicly in the newsletter. Donations of \$1000.00 or more will be recognized for five years from date of donation. (Make checks payable to the Los Angeles Pediatric Society and mail to P.O. Box 4198 Torrance, CA 90510-4198.)

Same Fees as 2004!

ADVANCES IN PEDIATRICS
 16th Annual Las Vegas Postgraduate Pediatric Meeting
 Jointly sponsored by California Chapter 2, AAP and American Academy of Pediatrics
The Flamingo Hotel, Las Vegas, Nevada
April 14-17, 2005

INFORMATION: 310/540-6240 FAX 310/543-2375
 or write to: AAP, Chapter 2, PO Box 4218 Torrance, CA 90510-4218
 e-mail: aapcach2@aol.com, Web site: http://www.aapca2.org Phone during meeting: 702/733-3111



**Welcome New
LAPS Members!**

Alicia Ann Briggs
Las Vegas, NV

Donné Segall
Los Angeles, CA



Tuition Fee:	Before Mar 15	After Mar 15
Physicians: Members of AAP California Chapter 2	\$550	\$575 \$
Physician Non-members	\$600	\$625 \$
Pediatric Residents Hospital	\$295	\$325 \$
Allied Health Personnel	\$295	\$325 \$
Physicians Emeritus with AAP Chapter 2	\$125	\$150 \$

(tuition does not include luncheon seminar costs)



SHOULD I REALLY HAVE BOUGHT MY KIDS *GRAND THEFT AUTO?* Or Video Games and Violence

Howard Reinstein, MD

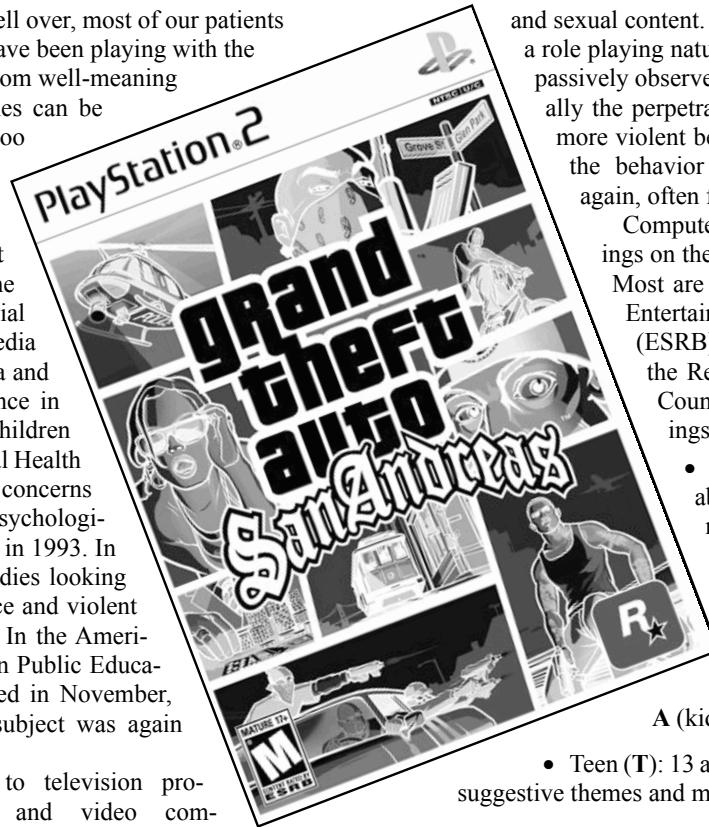
(Past President LAPS and member of the AAP Media Resource Team)

Since the holiday season is well over, most of our patients and many of our own kids have been playing with the new video games they received as gifts from well-meaning friends and family. Although these games can be quite entertaining and challenging, far too many may contain enough violence or mature themes to be inappropriate for most children.

Television violence has been the most extensively media violence studied. The US Surgeon General first issued a special report on the public health effects of media violence in 1972. There is increasing data and evidence showing a link between violence in the media and aggressive behaviors in children and teens. The National Institute of Mental Health issued a review in 1982 which included concerns for children's health, and the American Psychological Association produced a similar report in 1993. In fact, of the more than 3500 research studies looking at the association between media violence and violent behavior, only 18 failed to show a link. In the American Academy of Pediatrics Committee on Public Education statement, *Media Violence*, published in November, 2001, (available at www.aap.org) the subject was again addressed.

Evidence shows that in addition to television programming, music videos, movies, and video computer games that contain violent or mature themes also impact children. The committee reported that children in fourth through eighth grades preferred video games that awarded points for violent behaviors, and that of the 33 most popular video games, 21% featured misogynistic violence. According to expert testimony in 2000 at a Senate Commerce Committee hearing on *The Impact of Interactive Violence on Children*, playing violent video games may account for an up to 22% increase in adolescents' violent behaviors.

The negative effects of exposure to media violence are significant. Children may learn to behave aggressively toward others and to use violence to deal with conflicts or problems. The sheer amount of violent behaviors to which they are exposed (200,000 violent acts on TV by age 18) may lead children to be more accepting and tolerant of violence in the real world, and to be less sympathetic to victims of violence or the pain of others. The Senate Commerce Committee hearing testimony from 2000 also reviewed experiments demonstrating decreases in prosocial and helping behaviors and increases in aggressive thoughts and violent acts after young people played video games. The context in which the violence is portrayed is also important. Some video games are notorious for portraying extreme violence not resulting in suffering, loss, harm or sorrow. Since the AAP report in 2001, there are new more powerful computers and game systems, and many newer games now available have far more realistic graphics and sophisticated special effects and contain a great deal of violent



and sexual content. Also, these games are often of a role playing nature. The violence is not merely passively observed, but the game player is actually the perpetrator and will get rewarded for more violent behavior. Adding to the impact, the behavior is practiced over and over again, often for hours at a time.

Computer game companies put ratings on their games on a voluntary basis. Most are using ratings assigned by the Entertainment Software Rating Board (ESRB). Some games are rated by the Recreational Software Advisory Council (RSAC). The ESRB ratings are:

- Early Childhood (EC): suitable for 3 years and over with no inappropriate material
- Everyone (E): 6 years and up with minimal violence, comic mischief (slapstick) or some crude language. Older games may carry a K-A (kids to adults) rating.
- Teen (T): 13 and over, may contain violence, suggestive themes and mild or strong language
- Mature (M): suitable for 17 and older, may contain more intense violence, language or sexual themes
- Adults (A): adults only because of graphic sex or violence not intended for minors
- Rating Pending (RP): not yet rate

The RSAC scores are on a scale of 0 to 4 in the categories of violence, sex, nudity and language. More information on the ratings can be obtained from www.esrb.org. Again, the ratings are voluntary; it is fine to use them and warning labels as guides to help make decisions about which games may be appropriate, but it would be wise to actually watch and/or actually play the games to verify their content before allowing a child access. Interestingly, there is data showing that only 10% of parents check the ratings on games that their adolescents play.

As pediatricians we need to be aware of media influences upon our patients. In addition to television programming and movies, we need to be knowledgeable about the effects other entertainment media such as music videos, computer video games and the Internet may cause. The currently available computer video games run the gamut from innocent to pornographic, from joyously playful to graphically violent. As child health experts and advocates, we need to help educate our patients and their families about how significant the impact of these "games" can be.



THE ANNUAL SPRING MEETING AND PARMELEE LECTURE

**NEW
SITE!**



Wednesday, May 11, 2005
Castaway Restaurant & Banquet Center
1250 Havard Road, Burbank CA 91501

Reception: 6:30 pm — Banquet: 7:00 pm — Lecture: 8:00 pm

PROGRAM SPEAKER

MICHELLE PIETZAK, M.D.

Assistant Professor of Pediatrics, Childrens Hospital Los Angeles, Division of
Gastroenterology and Nutrition, Los Angeles, CA

TOPIC

CELIAC DISEASE: PAST, PRESENT AND FUTURE

Celiac Disease is now thought to be one of the most common chronic diseases and it continues to be underappreciated. Dr. Pietzak promises to provide up-to-date information on the diagnosis, treatment, and prognosis of children with the disease.

REGISTRATION

ANNUAL SPRING MEETING AND PARMELEE LECTURE

ADVANCE REGISTRATION — LAPS ANNUAL SPRING MEETING AND PARMELEE LECTURE

Wednesday, May 11, 2005

Name
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State / City / Zip.....

Tuition Fee before 4/11/05 — BANQUET AND LECTURE

Physician, Member LAPS — \$50.00\$ _____
Physician, Non-Member — \$75.00.....\$ _____
Allied Health Professionals — \$50.00\$ _____
Pediatric Residents (hospital _____) \$30.00.....\$ _____
Non-member Pediatrician new to area in 2004/2005 — \$30.00.....\$ _____

Banquet Choice: Beef Chicken Vegetarian

Tuition Fee before 4/11/05 — LECTURE ONLY

Must be registered in advance to insure seating

Physician Member LAPS — \$20.00\$ _____
Physician, Non-member — \$25.00.....\$ _____
Allied Health Professionals — \$20.00\$ _____
Pediatric Residents (hospital _____) — \$10.00\$ _____
Non-member Pediatrician new to area in 2004/2005 — \$10.00.....\$ _____

Tuition Fees for Banquet and Lecture and Lecture Only after 4/11/05, add \$10 to each category

Checks payable to: LAPS and return to: PO Box 4198, Torrance CA 90510-4198
For additional information: 310/540-6240, bcarr@lapedsoc.org



IF YOU ARE NOT ON OUR MAILING LIST:

Complete the following and return to Los Angeles Pediatric Society, PO Box 4198, Torrance, CA 90510-4198.

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Street

City

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Email

Specialty

Certified Eligible

Check if interested in membership.

All pediatricians, as well as other specialists with a professional interest in the health and welfare of children are eligible. There are no geographical limits. Annual dues of \$100, includes partial fees to the Annual Brenemann Lectures and Spring/Parmelee meeting.

CLASSIFIED ADS

POSITION WANTED

Board certified, licensed pediatrician with two years full-time private practice experience seeking long-term part-time or full-time position in the greater Los Angeles area. Practices in beach communities or westside preferred. Recently relocated to Los Angeles after two years working at a busy practice in Lo Jolla, California, Graduate of Childrens Hospital Los Angeles Residency Program. CV upon request. Contact Donné Segall M.D. FAAP at segalldonne@yahoo.com or (323) 253-0130.

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Well-established Ped BC/BE may start as partner. Medium-size high dessert city, 60 miles north of Los Angeles. Call (681) 948-7602. Fax (661) 940-0602.



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