



Children's Hospital Pediatric Gastroenterology P.C.

Spring 2008

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Volume 1 Issue 1



Greetings to Selected Area Physicians!

We are pleased to share the first edition of our practice's newsletter with you. As a physician who cares for children, I hope you will find each quarterly newsletter to be informational regarding both a specific topic and the relevant services we offer. Please do not hesitate to contact us with any questions, comments, or referrals.

Sincerely,

Youhanna S. Al-Tawil, MD

OBESITY

The percentage of children and teens that are overweight has more than doubled in the past 30 years. Today, about 17 percent of American children ages 2-19 are overweight. Extra pounds can add up to health problems. Type 2 diabetes was once rare in American children—now it accounts for 8 to 45 percent of newly diagnosed diabetes cases in children and adolescents. And, overweight children are more likely to become overweight or obese as adults. Becoming overweight does not happen overnight. It happens over time when the energy we take in by eating is not in balance with the energy we burn from physical activity. However, there are things we can do to prevent overweight and obesity.

Recommended Behaviors to Prevent Obesity

1. Breastfeed
2. Limit sugar-sweetened beverages
3. Avoid excessive fruit juice
4. Limit fast food
5. Consume a diet rich in calcium
6. Increase fiber
7. Limit television and screen time
8. Use appropriate portion size
9. Encourage moderately vigorous physical activity of 60 minutes or more a day
10. Balance, protein, carbohydrate, and fat
11. Eat meals together as a family
12. Eat breakfast daily
13. Consume recommended fruits and vegetables
14. Increase water intake

By helping children and parents modify their lifestyle, you can help change their lives forever. Prevention is the best tool to counteract the growing epidemic of obesity.

Social Effects of Adolescent Obesity

by Gina Hummel, PhD Clinical Psychology



About 25% of children are overweight or obese, according to newly established national criteria. These teens are at significant risk for becoming obese adults, and adolescent obesity predisposes a child to a range of psychosocial problems.

Socially, adolescents want to fit in. The zeal with which they follow trends in clothing styles, overall appearance and musical preference is evidence of this. When obesity prevents children from fitting the idealized prototype of what they believe an adolescent should look like, many experience distress. When frustrated enough, teens resort to many unhealthy ways of managing their weight. Some become bulimic or anorexic in attempt to soothe their feelings of inadequacy. The media has also started to shine the spotlight on surgical procedures that address obesity. These “quick fix” strategies may be effective in the short term but frequently fail to address the underlying cause of the child’s appetite dysregulation.

There are inherent dangers in correcting a child’s weight through surgical means without addressing the underlying cause of their appetite dysregulation. Non-compliance with diet following the surgery can result in serious medical complications. There is also the potential for the child to shift away from food as a means of coping with stress and adopt another equally unhealthy means of stress management. It is common for teens to begin experimenting with alcohol and drugs as a way of dealing with stress and mood problems once a weight issue has been addressed.

Early intervention is the key to catching at risk children before they enter adolescence and experience the negative emotional and social effects of obesity. When a child’s appetite is out of control, this is often a sign that other facets of their life are out of control as well. They or their parents may also be using food as a means to compensate for other stressors in their life. When correctly identified as such and healthier strategies of eating and managing stress are implemented, these children can get their weight back on track. It starts early and parent “buy-in” to this approach is essential. A collaborative approach works best and utilizing the support of behavioral health and nutrition resources can assist you in the process of addressing this issue with a family.

Clinic Overview

by Sandy R. Altizer, RD, LDN



Children's Hospital Pediatric Gastroenterology, P.C. is East Tennessee's premier pediatric gastroenterology group. We are staffed with four of the area's finest board certified pediatric gastroenterologists, and we serve all of east Tennessee and the surrounding areas. Our doctors see over ten thousand outpatient visits, and perform hundreds of endoscopic procedures annually.

Children's Hospital Pediatric Gastroenterology, P.C. has offices in Knoxville and Kingsport, Tennessee. We are affiliated with East Tennessee Children's Hospital in Knoxville, which has a new state-of-the-art Endoscopy Suite equipped with cutting-edge technology. Our Endoscopy Suite is specifically designed to meet the needs of the children it serves, and is staffed with trained pediatric professionals.

Our group is skilled in treating all types of pediatric gastroenterologic disease processes. In caring for our patients, our staff takes into account the unique social, emotional and nutritional needs of each child. Our physicians include Youhanna S. Al-Tawil, MD, Medical Director, Clarisa Cuevas, MD, Adam Noel, MD, and Alexandra Eidelwein, MD. We also have a nurse practitioner that cares for patients, Wendy Taylor, CPNP. In addition, our nutritionist, Sandy R. Altizer, RD, LDN, provides assistance to pediatric patients facing a wide variety of nutritional and dietary issues. Our psychologist, Regina Hummel, PhD, is also on staff to offer support to those families who need assistance.

Our staff recognizes the importance of research in order to learn about new ways to prevent, diagnose, and treat gastroenterologic diseases. Our research coordinator, Molly Hansen, MPH oversees our studies, which currently include research on Eosinophilic Esophagitis as well as IBD (Crohn's Disease and Ulcerative Colitis).

Our doctors are on call 24 hours a day, seven days a week to handle emergencies that arise. We accommodate referrals, new patient consultations and second opinions. We follow our patients closely, and always communicate our advice to our patients' primary physicians.

Our office is open from 8:00 a.m. to 5:00 p.m. Monday through Friday, exclusive of holidays. We can be contacted at (865) 546-3998. Also, be sure to visit our website: www.qiforkids.com.

Meet our Staff



Youhanna S. Al-Tawil, M.D.

M.D. — Damascus University of Medical School, Damascus, Syria, 1984

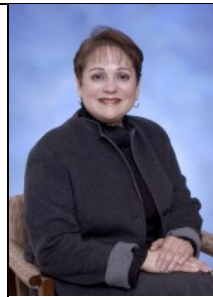
Internship/Residency — Stony Brook University Medical Center, Stony Brook, NY 1990-93

Fellowship (Pediatric Gastroenterology) — Baylor College of Medicine, Houston, TX 1993-96

Experience — Chief of Pediatric Gastroenterology and Nutrition, University of Kentucky Medical Center, Lexington; Acting Chief of Pediatric Gastroenterology and Nutrition, Tulane University School of Medicine, New Orleans (1998-2001)

Board Certifications — Pediatrics, Pediatric Gastroenterology and Nutrition

Societies — American Academy of Pediatrics and American Academy of Pediatric Gastroenterology and Nutrition



Clarisa E. Cuevas, M.D.

B.A. — Manhattanville College, Purchase, New York, 1975

M.D. — University of Puerto Rico medical School, San Juan, Puerto Rico, 1980

Internship/Residency — Beth Israel Medical Center, New York, 1980-81; University Children's Hospital, San Juan, Puerto Rico, 1981-83

Fellowship (Pediatric Gastroenterology) — Baylor College of Medicine, Houston, 1983-89

Experience — Private practice in pediatric gastroenterology, nutrition and hepatology, Memphis, 1991-97; private practice in pediatric gastroenterology, nutrition and hepatology at the Nemours Children's Clinic, Fort Myers, Florida, 1997-98; Pediatric Gastroenterology and Nutrition, Ochsner Clinic and Hospital, New Orleans, 1999-2002

Board Certifications — Pediatrics, Pediatric Gastroenterology

Societies — American Academy of Pediatrics, North American Society for Pediatric Gastroenterology, Hepatology and Nutrition



Alexandra P. Eidelwein, M.D.

M.D. — Federal University of Santa Maria School of Medicine, Rio Grande do Sul, Brazil, 1988-1993

Residency (Pediatrics) — The University of Sao Paulo School of Medicine, Sao Paulo, Brazil, 1994-1996

Fellowship (Pediatric Gastroenterology) — The University of Sao Paulo School of Medicine, Sao Paulo, Brazil, 1996

Transitional year internship, Michigan State University, Lansing, Mich., 1998

Residency (Pediatrics) — Loma Linda University School of Medicine, Loma Linda, Calif., 1999-2002

Fellowship (Pediatric Gastroenterology) — Johns Hopkins School of Medicine, Baltimore, Md., 2002-2005



R. Adam Noel, M.D.

M.D. — Emory University School of Medicine Atlanta, GA, 1985

Internship/Residency — Baylor College of Medicine, Houston, TX, 1985 - 1986/ Baylor College of Medicine, Houston TX, 1985 - 1989; Orlando Regional Medical Center, Orlando, FL, 1989-1990

Fellowship (Pediatric Gastroenterology and Nutrition) — Baylor College of Medicine, Houston, TX 1990-1993

Board Certifications — Pediatrics; Pediatric Gastroenterology

Societies — American Society for Gastroenterology and Endoscopy, American Gastroenterological Association, North American Society of Pediatric Gastroenterology and Nutrition

Celi-act Support Group

Meetings are usually held in the **Menschendorf Conference Room, Koppel Plaza**, on the East Tennessee Children's Hospital campus, at 6:00 p.m. on the third Monday of every other month. Some meetings are held at other locations for special events. Please join us!

Upcoming Meetings:

- **March 10 (Meeting moved to 5th floor, Medical Office Building)**
- **May 19**
- **July 21**

Mark Your Calendars:

- **September 12** Second Annual Golf Tournament to benefit East Tennessee Children's Hospital and the Celiac Support Group
For more information visit www.etpmi.org.

www.celi-act.com Knoxville area celiac patients helping each other



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