

GRAND ROUNDS

Feb. 6

Transfusional Iron Overload: A Success Story and A Morality Play

Alan R. Cohen, M.D., Professor and Chair, Department of Pediatrics, University of Pennsylvania School of Medicine, Physician-in-Chief, Leonard & Madlyn Abramson Endowed Chair in Pediatrics, The Children's Hospital of Philadelphia.

Feb. 13

Expanding lungs in preterm infants with respiratory distress syndrome: Why? When? How? How Much?

Luc Brion, M.D., FAAP, FACOG, Professor of Pediatrics, Division of Neonatal-Perinatal Medicine, UT Southwestern.

Feb. 20

Urinary Tract Infection: Is it time to rethink?

Duncan Wilcox, MBBS, M.D., Associate Professor Urology, Children's Medical Center.

Feb. 27

RSV in Congenital Heart Disease: The Perfect Storm

Timothy F. Feltes, M.D., FACC, FAHA, Andy Paxton Endowed Chair in Cardiology, Chief, Pediatric Cardiology and Co-Director of the Heart Center at Nationwide Children's Hospital, Professor of Pediatrics, The Ohio State University.

Also available via videoconference at selected area hospitals, call 214-345-2330 for locations.

**CHILDREN'S
MEDICAL CENTER**

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MEDICAL UPDATE: Treatments for children and adolescents with depression

What is the best treatment for children and adolescents with depression? Research has demonstrated that both antidepressants (e.g. fluoxetine, sertraline, citalopram) and some therapies (e.g. cognitive behavioral therapy [CBT]) are effective. In addition, recently, a large national study funded by the National Institute of Mental Health, and conducted in part at Children's Medical Center, compared fluoxetine alone, cognitive behavioral therapy (CBT) alone, combination fluoxetine plus CBT, and placebo medication in the treatment of depression in adolescents. The combination treatment of fluoxetine and CBT was the most effective treatment (71% of patients significantly improved), followed by fluoxetine treatment alone (61%), CBT treatment alone (43%), and placebo medication (35%). (TADS Team, 2004).

While a combination of medication and therapy appears to be the best treatment for youth with depression,

the best time to implement psychotherapy is unknown. Some adult studies have suggested that delaying therapy until after initial improvements with medication may enhance the person's response and reduce the chances of relapse of their depressive symptoms. A recently completed study at Children's Medical Center showed support for this sequential treatment strategy in teens with depression.

Starting Jan. 2008, Drs. Graham J. Emslie and Betsy Kennard are teaming up to conduct a large study to determine if adding therapy following initial improvement with medication will enhance treatment response and prevent relapse in children and adolescents with depression.

For more information about treatment for pediatric depression at Children's Medical Center, contact Jaime Murphy at jaimie.murphy@childrens.com or 214-456-8918.

SERVICE UPDATE: Enhanced personalized service through the new Children's portal

With one click, physicians can easily view patient information, lab results and receive the latest updates about Children's Medical Center through the new Children's portal.

The portal is an easy to use Internet-based system that enables physicians to access information 24 hours a day, seven days a week. Designed to improve communication, the portal is a customizable site built for our users.

To register for the portal, visit www.childrens.com and click login. New users will be prompted to register. Allow five business days for account setup. For more information about the Children's portal, call 1-800-CHILD-RX (244-5379).