

CENTER FOR DISABILITIES AND DEVELOPMENT

Iowa's University Center for Excellence on Disabilities

CenterLines

FRONT AND CENTER WITH USEFUL NEWS FOR FAMILIES!

Health Care for Your Lifetime

At each stage of our lives, we all have unique questions about our health. This is particularly true for individuals with spina bifida, Down syndrome, or cerebral palsy. Growing up and growing older can mean different things for them and their families. Disabilities such as cerebral palsy, Down syndrome, or spina bifida can affect a person from birth to old age. Different issues may crop up at different times in their lives.

It is important to be prepared when working with your health care providers. You might have questions like:

- As an infant, how will spina bifida affect my child's kidneys and bladder?
- My child has cerebral palsy, are there braces, surgeries, or medications to help loosen their muscles?
- As a teenager with Down syndrome, how should we plan for my child's future?
- As an adult with spina bifida, what problems might I have with my hips and knees?
- As we grow older with Down syndrome, cerebral palsy, and spina bifida, how will our disability affect us?

We know you have your own questions, but there might be some you haven't thought to ask. At CDD, we make the health and well being of individuals with disabilities our mission. So, we created a list of potential questions for each stage of life for a person has spina bifida, cerebral palsy, or Down syndrome. We believe this will be a helpful tool to talk over with your doctor or other health care provider.

Or better yet - give us a call! We are here to answer any of these questions and many more. We have more than 50 years of service and expertise to get you the right answers. You can talk to us on the phone or make an appointment to see our team of health care professionals. Call them at 877-686-0031.

You can get a copy of these questions by calling us, or by going online at:

www.uihealthcare.com/CDD.
Scroll down and click on "In the News" on the left hand side.

We hope to hear from you soon.



CDD developmental pediatricians from top to bottom:

Don C. Van Dyke, MD
Royann Mraz, MD
Dianne McBrien, MD
Deborah Lin-Dyken, MD



Center for Disabilities
and Development

University of Iowa Health Care

MyPyramid

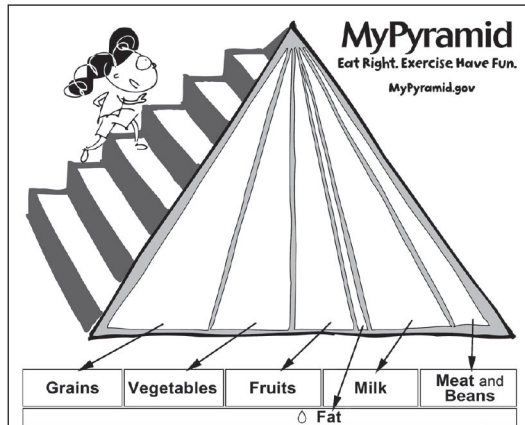
The US government has been looking out for the well being of Americans throughout the 1900s. This includes the way we eat. They pass laws that protect the safety of our food (pasteurized milk). They require labeling on our food so we can learn more about what we eat. They also provide food guidelines through the Food Pyramid.

The first Food Pyramid was introduced to the public in 1992. Since that time it has been a classic visual aid. The Pyramid has been adapted to many different diet plans and some more unusual situations. Here's what I found when I did a search on Food Pyramid on the internet:

- High fiber Food Pyramid www.high-fiber-health.com
- Seniors Food Pyramid http://positiveaging.org/consumer/hl_nutrition2.html
- Vegetarian Diet Food Pyramid www.vpul.upenn.edu/ohe/Health-Links/pyramid.htm
- Tailgating Food Pyramid www.mayforth.com/new_illustration/tailgating_pyramid.htm
- Food Pyramid for Parrots www.holisticbirds.com
- Food Pyramid for Healthy Planet www.forthefuture.org/assets/articles/col_food_pyramid.htm
- A Food Pyramid in the Hot Desert Biome curriculum.calstatela.edu/.../hot-despy.html (which is as far away from human nutrition as we can get.....)

And on, and on – everyone has a Pyramid to help us understand their ideas.

So what happened to our Old Food Pyramid? We knew that Pyramid.



More than 80% of Americans recognize the Food Pyramid. But it appears we weren't using it. One clue is that obesity rates have soared in America. Researchers now know that one diet is not right for everybody. The government also recognized that the Old Food Pyramid didn't reflect the newest research. Since the government puts out new Dietary Guidelines for Americans every five years anyway, it was time to create a new pyramid. The United States Department of Agriculture (USDA) also wanted to bring the dietary guidance system into the technological age, so they placed it at our finger tips – 24/7.

The New Food Pyramid is now online. It is called MyPyramid and can be found at www.mypyramid.gov. MyPyramid gives you your own diet pyramid. All you have to do is add your personal information. There is also MyPyramid for Kids. It has advice for kids 6-11 years of age. Games and worksheets are available for kids to use to learn about nutrition. There are links to "Team Nutrition" to get nutrition-related educational materials for schools.

There still are food groups but they look different on MyPyramid. There are six different color bands representing the food groups:

Kids: Color in the pyramid stripes according to the chart below:

- Orange = Grains
- Green = Vegetables
- Red = Fruits
- Yellow = Fat
- Blue = Milk
- Purple = Meat and Beans

The Old Food Pyramid did not tell us about the different types of starchy food or fat. We now know that whole grains are better than refined foods. We also know that trans and saturated fats lead to heart disease. However, more healthy mono and poly unsaturated fats can be good for us.

MyPyramid encourages us to:

- Take vitamins, minerals, and dietary fiber
- Lower the amount of saturated fats, *trans* fats, and cholesterol
- Eat more fruits, vegetables, and whole grains to decrease the risk for some chronic diseases
- Balance our eating with exercise to stay healthy and prevent weight gain

MyPyramid looks different than the old pyramid. The levels run bottom to top and they've added stairs to one side with a person running! This shows us how important it is to be physically active every day for a healthier lifestyle. However, it makes it awful hard to draw for families in clinic.

OK, so it's 2:35 in the afternoon and I have a minute to sit at the computer. What else can I do with MyPyramid? I log on; add my age, gender, and activity level, and MY personal information pops up. It tells me how many calories and how many cups/ servings from each food group I need to eat each day. Recommendations are now given in cups – not an unknown

“serving size.” It also tells you how to get more vitamins from changing the types of vegetables I usually eat. The site offers tips to help you make diet or physical activity changes - all this with just a click of the mouse.

I decide I want to know how those “extras” I’ve eaten today will affect my total. I click on “Assess Your Food Intake” where I can enter all the foods and drinks I have had today. The program breaks it all down for me and even gives me smiley or sad faces to tell me how I’m doing. I click on a sad face – yes, I know I need to have more calcium! Then it gives me a complete list of foods with calcium along with the amount. Since I only have 1600 calories a day, I am still wondering about that darn candy drawer. Well, I *have* exceeded my flexible calories for today (one cookie, 2 chocolate kisses from the candy drawer). However, I am within my suggested level. I should plan some lean protein and high calcium food for supper, but overall I have eaten fairly healthy today.

Now that I know what supper is going to be I wonder, “should I still meet my buddy at the gym tonight?” On MyPyramid my physical activity tracker lets me estimate time spent in all daily activities and then gives me a grade (score). Most of my day is considered light. So walking the treadmill tonight would be my way to add moderate to high activity to my day. I guess I better get on my gym shoes.

The more I work with MyPyramid, the more I can see how useful it will be. So maybe instead of drawing on scrap paper and having kids – “name the food groups.” I can log on to **www.MyPyramid.gov** and share this great resource with families in clinic.

Anne Tabor, MPH, RD/LD
Nutritionist, CDD

Common Sleep Problems in Toddlers and Children

He just won't sleep...

I remember the first night my son slept in a bed instead of a crib. He got up 22 times...after I started counting.

What do you do with a child who won't sleep or who keeps waking up? Good sleep hygiene may help.

First, start a bedtime routine. Children like routines. A snack and a bath a half an hour before bed can help calm a child down. TV tends to wind kids up. Do not let your child have a TV in their bedroom or watch TV right before bed. Your child should go to sleep in their own room, in their own bed, in the dark or with only a nightlight. Don't let them have toys in bed with them either. Children still using a bottle should finish it before lying down. Don't let them fall asleep in your arms, your bed, the couch, or any place other than where they will spend the night.

This will actually help them go back to sleep if they wake up at night, and we all wake up at times during the night. If you get used to falling asleep with the TV on or on the couch or with a bottle or in mom's arms, then you think you *need* to have them to go to sleep. When you wake up at night without your usual sleep things, it is harder to go back to sleep.

Some kids don't want to go to bed. They want a drink, then a kiss, and then they have to go to the bathroom. They are playing a game called “let's drive mom and dad nuts and stay up past my bedtime.” You don't have to play this game. Include the drink and the bathroom

and the kiss in the bedtime routine. After that, it is time to be firm.

Dr. Richard Ferber has a book called “Solve Your Child's Sleep Problems.” He has a very specific plan in his book for keeping your child in bed. You may need to stand outside the door for a few hours the first couple nights until your child learns that you will not let him push you around just because he has a tantrum. This is a very effective method, but many parents find it to hard to listen to their child cry.

Dr. Jodi Mindell has a book called “Sleeping Through the Night: How Infants, Toddlers, and their Parents Can Get a Good Night's Sleep.” She also helps parents keep their child in bed, but has some ideas that may be easier on the parents. She may have you start out sitting beside the bed keeping your child in bed, and then gradually have you move the chair farther from the bed and closer to the door as she gets used to the fact that you really are not going to let her get up.

Both ways need to have the parents spend some time at first working to keep the child in bed. You may check on the child, but you should not talk to them beyond telling them it is bedtime. Be boring and dull. Don't let them have fun making you mad. Remember the most important thing is that you are the parent. Your child needs to learn that you are serious about bedtime and that you will stick to it. Also remember that little babies may still need feedings during the night.

Joni Bosch, PhD, ARNP
CDD Family Nurse Practitioner

Best Practices in Brain Injury Service Delivery: XIV

March 16-17, 2006

Hotel Fort Des Moines
10th and Walnut
Des Moines, Iowa

For more information and a copy of their flier and the brochure, go to www.biausa.org/iowa then click on Calendar of Events on the left, then scroll down to March 16-17. There you will find a link to the PDF of the conference flier, brochure and schedule.

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In this issue

Health Care for your Lifetime	1
MyPyramid.....	2
Common Sleep Problems in Toddlers and Children.....	3
Best Practices in Brain Injury Service Delivery Conference	4

The role of the information in this newsletter is not to provide diagnosis or treatment of any illness or condition. We strongly encourage you to discuss the information you find here with your health care and other service providers.

CenterLines for families, the newsletter of the Center for Disabilities and Development at the University of Iowa Hospitals and Clinics, is published three times a year. It provides families with current information on child and adult development, issues affecting people with disabilities, and CDD resources available to them and their families. The newsletter is available in print, and also online at www.uihealthcare.com/cdd. Click on Centerlines for Families.

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