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You'll notice something new about *Pediatrics for Parents*—and it's just above and to the left of this sentence. *Pediatrics for Parents* has incorporated *Child Health ALERT*. The two best sources of children's health news are now combined into one publication.

Welcome to all the new readers. In *Pediatrics for Parents* you'll find the latest in children's health. The articles are written by health experts who are leaders in the field. Many are doing cutting-edge research. We also offer more than 100 podcasts of interviews with many of our authors, and a website that contains the hundreds of articles that have appeared in our publication, as well as many that were never published.

Current *Pediatrics for Parents* readers will find a new columnist—Dr. Allen Mitchell. After writing for *Child Health ALERT* for many years, he now will be sharing his insights and knowledge regularly in *Pediatrics for Parents*.

Fainting by Follicle

Many activities can trigger syncope (fainting). Here's one most people, including doctors, probably never heard of: hair grooming.

In this study of 1,525 children with syncope, 111 children fainted as a result of their hair being groomed. Nearly three-quarters of the hair-grooming fainters were girls. According to the researchers, this is the first study of this phenomenon to include boys. Most of the girls that fainted did so when their hair was being brushed, while hair cutting caused most the boys' fainting spells.

Electrocardiograms (to evaluate the electrical conduction of the heart) and echocardiograms (to evaluate the structure of the heart) were performed on all 1,525 children. None of the children with hair-grooming syncope had any heart abnormalities.

The doctors concluded that, "The hair-grooming trigger appears to stimulate a benign form of neurocardiogenic reflex syncope." In other words, the hair grooming causes the heart to slow down and the child to faint, but the entire process doesn't mean there's anything wrong with the child's heart. Unfortunately, the researchers offered no advice on how to keep the child's hair neat and clean.

Clinical Pediatrics, 10/09

Violent Video Games and Other Media Violence, Part II

By Craig A. Anderson, PhD

(The first part of this article appeared in volume 26, numbers 1-2 of *Pediatrics for Parents*.)

Marketing Violence

Clearly, violence sells, at least in the video game market. But it is not clear whether the dominance of violent video games is due to an inherent desire for such games, or whether this is merely the result of the fact that most marketing dollars are spent on promoting violent games instead of nonviolent ones.

One great irony in all of this is that the industry belief that violence is necessary in their product in order to make a profit may be hurting their overall sales by failing to satisfy the market for nonviolent games. Another unfortunate consequence of the extreme marketing emphasis on violence is that the media industries have convinced many people in the U.S. that they like only violent media products. But nonviolent and low-violent products can be exciting, fun, and sell well.

Myst is a good example of an early nonviolent video game that sold extremely well for quite some time. More recent examples include *The Sims*, many sports and racing games, and many simulation games. In some of our studies college students are required to play nonviolent video games. Interestingly, some of these students report that they have never played nonviolent games, and are surprised to learn that they like some of the nonviolent ones as much as their violent games.

Even more intriguing is recent

research on the psychological motivations that underlie judgments about which games are the most fun and worthy of repeat business. Scholars at the University of Rochester conducted six studies on game players' ratings of game enjoyment, value, and desire for future play. They found that games that give the player a lot of autonomy (lots of choices within the game) and feelings of competence (for example, success in overcoming difficulties with practice) were rated much more positively than games without these characteristics, regardless of whether or not the games included violence. In other words, violent games are so popular mainly because such games tend to satisfy both autonomy needs and competence needs, not because they contain violence.

Media Violence "Experts"

The media industries seek out, promote, and support "experts" who make claims that there is no valid scientific evidence that links media violence to aggression. There are several such "experts" who have made their careers by bashing legitimate research. Examining their credentials is quite revealing.

Many do not have any research training in an appropriate discipline. Of those who do have advanced degrees in an appropriate discipline (for example, social psychology), almost none of them have ever conducted and published original media violence research in a top-quality peer-reviewed scientific journal; they have never designed, carried out,

and published a study in which they gathered new data to test scientific hypotheses about potential media violence effects. In other words, they are not truly experts on media violence research. To get at the truth, one must distinguish between actual versus self-proclaimed (and often industry-backed) experts.

Interestingly, a number of professional organizations have asked their own experts to evaluate the media violence research literature. One of the most recent products of such an evaluation was a "Joint Statement on the Impact of Entertainment Violence on Children," issued by six medical and public health professional organizations at a Congressional Public Health Summit on July 26, 2000. This statement noted that "...entertainment violence can lead to increases in aggressive attitudes, values, and behavior, particularly in children." The statement also noted that the research points "...overwhelmingly to a causal connection between media violence and aggressive behavior in some children." The six signatory organizations were: American Academy of Pediatrics, American Academy of Child & Adolescent Psychiatry, American Medical Association, American Psychological Association, American Academy of Family Physicians, and the American Psychiatric Association.

Along the same line, several reports by the U.S. Surgeon General have concluded that exposure to media violence is a significant risk factor for later aggression and

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violence. Both the American Academy of Pediatrics and the American Psychological Association have specifically addressed the violent video game issue; both concluded that playing violent video games is a causal risk factor for later aggression against others, and called for a reduction in exposure of youth to this risk factor.

Public's Perception of Causal Effect

Some people claim the media violence/aggression issue today is very similar to the tobacco/lung cancer issue of 30 years ago. The tobacco industry was quite effective at keeping the public confused regarding the true causal effect of tobacco on lung cancer, and there are still sizable numbers of smokers who don't really believe this scientific fact. Among other tactics, the tobacco lobby promoted "experts" who claimed that the research was badly done, or was inconsistent, or was largely irrelevant to lung cancer in humans. The media industries have been doing much the same thing: seeking out, promoting, and supporting "experts" willing to bash legitimate media violence research.

The tobacco industry successfully defended itself against lawsuits for many years. There have been several lawsuits filed in the U.S. against various video game companies in recent years. As far as I know, none have been successful yet.

One big difference between the tobacco industry cases and the violent media cases is that the main sources of information to the public (e.g., TV news shows, newspapers, magazines) are now largely owned by conglomerates that have a vested interest in denying the validity of any research suggesting

that there might be harmful effects of repeated exposure to media violence.

The tobacco industry certainly had some influence on the media because of their advertising revenues, but the violent media industries are essentially a part of the same companies that own and control the news media. Thus, it is likely to be much more difficult for the general public to get an accurate portrayal of the scientific state of knowledge about media violence effects than it was to get an accurate portrayal of the tobacco/lung cancer state of scientific knowledge.

Given that it took 30-some years for the public to learn and accept the tobacco/lung cancer findings, it seems unlikely that we'll see a major shift in the public's understanding of media violence effects in the near future. Indeed, a study that my colleague Brad Bushman and I published in 2001 suggests that the media violence/aggression link was firmly established scientifically by 1975, and that news reports on this research have become less accurate over time.

Another big difference between the tobacco case and the media violence case is in the proportion of people who were hooked on these risk factors as children. The vast majority of youth repeatedly consume violent media, well before they turn 18; this was never true of tobacco products. This is important in part because of the "third-person effect," a psychological phenomenon in which people tend to think that they personally are immune to risk factors that can affect others.

Current Video Game Research

Since 2000, a large number of new video game studies have been published. One of the most important developments is that now there have been several major longitu-

dinal studies of violent video game effects on youth. In such studies, the research team gathers information about a child's video game habits and his typical level of aggressiveness at two separate points in time. The two time points may be separated by months or years.

Sophisticated statistical techniques are used to answer a simple question: Do those who played lots of violent video games at the first time measurement show larger increases in aggression over time than those who played few violent video games? Such longitudinal studies from North America, Europe, and Japan have all found the same answer: Yes.

In addition, my colleagues and I have done several meta-analyses of all of the video game studies. It is even clearer today than it was in 2000 that violent video games should be of concern to the general public. That is, even stronger statements can now be made on the basis of the scientific literature.

Advice

My colleagues and I are expert media violence researchers, not policy advocates. So, we tell the U.S. Senate (or anyone else who asks) what current scientific research literature shows as plainly and clearly as possible, and generally do not promote specific public policies.

Nonetheless, I believe that we need to reduce the exposure of youth to media violence. My preference for action is to somehow convince parents to do a better job of screening inappropriate materials from their children. It is not always an easy task for parents—in part because of poor ratings systems—and perhaps there are appropriate steps that legislative bodies, as well as the media industries, could take to make it easier for parents to control their children's media diet.

As long as the media industries persist in denying the scientific facts and persist in keeping the general public confused about those facts, many parents won't see a need to screen some violent materials from their children. Ironically, the industry's success in keeping parents confused and in making parental control difficult is precisely what makes many citizens and legislators willing to consider legislation designed to reign in what they perceive to be an industry totally lacking in ethical values. My colleagues and I recently published several pieces on the complexity of the public policy issues.

Conclusion

A well-designed video game is an excellent teaching tool. But what it teaches depends upon its content. Some games teach thinking skills. Some teach math. Some teach reading, or puzzle solving, or his-

tory. Some have been designed to teach kids how to manage specific illnesses, such as diabetes, asthma, and cancer.

But all games teach something, and that "something" depends on what they require the player to practice. If the player practices thinking in violent ways, deciding to solve conflicts with violent action, and then physically carrying out violent game actions, then those types of thinking, deciding, and behaving are what is learned and reinforced.

However, there are many nonviolent games that are fun, exciting, and challenging. Children, adolescents and adults like them and can learn positive things from them. Some even get you to exercise muscles other than those in your hands. In moderation, such positive nonviolent games are good for youth. But parents and educators

need to check the content of the games they are considering for the youth in their care. You can't simply use the game ratings, because many games rated by the industry as appropriate for children and for teens contain lots of violence. But with a bit of parental effort, and some household rules about game playing, the youth's gaming experience can be fun and positive.

Craig A. Anderson, PhD, is a Distinguished Professor of Liberal Arts and Sciences in the Department of Psychology at Iowa State University. His pioneering work on video-game violence has led to consultations with educators, government officials, child advocates, and news organizations worldwide. His recent book, Violent Video Game Effects on Children and Adolescents, summarizes what has been learned from past studies on this important social issue.

In the Literature

Two are Better than One

The Question: How many epinephrine self-injecting pens (EpiPens) should a child with a severe food allergy carry?

The Study: From 2001 to 2006 1,255 children were seen in two emergency departments for allergic reactions to foods. Over half the children had had an anaphylactic reaction, which means they had an acute allergic reaction that involved two or more organ systems, or they had hypotension. The treatment and number of epinephrine shots required to stabilize the children with anaphylaxis were evaluated.

The Results: Twelve percent of these children required two or more doses of epinephrine to treat their anaphylaxis. Many required the second dose before they ar-

rived in the emergency department.

Comment: The conclusion is obvious: children with food allergies, particularly those with a history of a severe reaction, should carry two or more EpiPens. Since, according to the study's authors, "there no way... to clearly define the risk factors for the most severe reactions..." every child with severe food allergies should have two EpiPens.

Read More: *Pediatrics*, 04/10

Rotavirus Vaccine Works

The Question: Does immunizing babies against rotavirus lessen hospitalizations for gastroenteritis?

The Study: Starting in July 2007, the Austrian government began paying for the rotavirus vaccine, the easily preventable disease that causes gastroenteritis. In

2008, the immunization rate for children seven weeks to six months of life was 87%. The hospitalization rate due to gastroenteritis of all children up to 15 years old was collected from January 2001 to December 2008.

The Results: The hospitalization rate for gastroenteritis remained stable for older children. However, for children who received the rotavirus vaccine, the hospitalization rate for gastroenteritis fell by 74%.

Comment: It's nice to see real numbers that show a vaccine works. The rotavirus vaccine helped to keep hundreds of children out of the hospital. That's what preventative medicine and vaccinations are all about: preventing illness, hospitalizations and deaths.

Read More: *The Pediatrics Infectious Disease Journal*, 04/10