



# Optimal Kids

by Dr Anne Zauderer

We are in the midst of a crisis. We have a generation of kids that are disappearing before our eyes. Gone are the days where “arthritis” and “Type II diabetes” are only associated with old age. **We are raising a generation of kids who are anxious, depressed, hyperactive, overweight, in pain, constipated, low energy, and who can’t sleep.** The only answer modern medicine gives us is to medicate their symptoms away. It’s a pretty bleak picture when you are told at the age of 5 that you are bipolar and will be on medication the rest of your life.

Does this sound far-fetched? Unfortunately, it is not. More than 17 million kids worldwide have been prescribed psychiatric medications (10 million of which are in the United States alone). Children age five and under are the fastest non-adult segment of the population being prescribed anti-depressants. Between 1995 and 1999, antidepressant use increased 580% in the age six and under population.

In this same population, we are seeing increases in the use of stimulants for Attention Deficit Hyperactivity Disorder (ADHD) like Ritalin and Adderall. According to the CDC, in 2011, 3.5 million children were being medicated for ADHD. In 2014, the CDC released new data that identified 1 in 68 children (1 in 42 boys and 1 in 189 girls) as having autism spectrum disorder (ASD).

According to the American College of Allergy, Asthma and Immunology, allergic diseases, which include asthma, are the fifth most prevalent chronic diseases in all ages, and the third most common in children. They also report that 8.3 million American Children have respiratory allergies, 9.5 million have skin allergies, and nearly 6 million (8%) of all children in the United States have food allergies. 4 out of 5 Americans are prescribed antibiotics each year.

It appears that we are seeing worsening trends and overmedicating our children is having very little impact, if not compounding the issue. So what do we do about it?

## Getting to the Root Cause

When looking at the conditions children are facing today, the answer is not simple. Every child is different and the solution requires looking at them as an individual. However, there are some common trends we are seeing and effective solutions, without the use of medication. Where do parents start?

### Address the diet.

Children’s diet these days is atrocious. Sorry to be so blunt about it, but there really is no other word for it! Children come out of the womb and are fed formula with the first ingredients being “corn syrup solids” or

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“vegetable oil.” They are then fed baby food from a jar. They are then transitioned into homogenized, pasteurized milk from cows that are injected with antibiotics and steroids. Only to be introduced to convenience snack foods that contain processed wheat, trans fats, preservatives and sugar. Then, as parents, we wonder why we can’t get them to eat their vegetables! The average American eats less than 35% of their diet from whole foods. (A **whole food** is defined as a food that has not been altered or processed in any way. You will find most of your whole foods while shopping the perimeter of a grocery store.)

Shaping our kids’ diet starts early (some would even argue that shaping the tastes of our children starts in utero with the mother’s diet). Breastfeeding is, of course, the best way to start them off on the right foot. Even beyond that, introducing kids to whole foods and keeping them away from processed snack foods from a very early age is so important. How do we do that? Follow these guidelines:

**Cut the sugar.** Unless you are vigilant about keeping kids away from it, chances are it is sneaking into their diet in a big way. In an article entitled, “Sugar Shock” in the magazine, *Parents*, the author gave an example that most parents wouldn’t think twice about packing a lunch for their child consisting of a peanut butter and jelly sandwich on whole wheat bread, a cup of applesauce, and a fruit punch. However, what most parents don’t realize is that meal could contain up to 76 grams of sugar. That is the equivalent of four Twinkies! That is also almost double the daily recommended amount of sugar for an adult on a 2000-calorie daily diet. According to the USDA Economic Research Service, **the average child under age 12 consumes 49 pounds of sugar per year**. For some kids, they are literally eating their body weight in sugar.

**Cut the processed foods.** Processed foods have very little nutritional value and are heavily stacked with additives like food dyes, MSG, preservatives (BHA/BHT, sulfites, nitrates, sodium benzoate...etc). These foods end up replacing the nutrient-dense foods that we should be consuming. Be cautious of anything that comes in a box. Learn to read the ingredients list carefully. If you do, you will be shocked what you are unknowingly putting in your body (and in your child’s body!).

**Give your child water with each meal.** Cutting out the milk, juice, soda, and sports drinks will significantly decrease the amount of sugar your child is ingesting. If you are concerned about calcium intake, there are plenty of calcium-rich foods (that also provide a lot of other great nutrients!) such as kale, broccoli, turnip greens, almonds, and sunflower seeds.

**Reduce the most common food sensitivities.** There are certain foods that tend to trigger food sensitivities. Food sensitivities are not as easily identified as full-blown food allergies. Yet, these food sensitivities can be creeping in and affecting your child in many ways. In children they can trigger hyperactivity, problems focusing, headaches, digestive pain, constipation, joint pain, mood swings, and sleep. The most common food sensitivities we see are: wheat, corn, soy, dairy, sugar, rice, oats, and white potatoes. Identifying and reducing these food sensitivities can have a significant impact on your child’s overall well-being.

### **Treat the Underlying Cause.**

Beyond the diet, there are other factors that are having an impact on our children’s health. Addressing these concerns with a knowledgeable practitioner is vital to treating the underlying cause rather than just chasing symptoms.

**Protect the gut flora.** It is no question that antibiotics have been a marvel of modern medicine and have increased our lifespan. However, research has started to identify that the alteration of our gut flora can have serious consequences. This starts from birth when infants are born via cesarean section and are not exposed to their mother’s flora. This can impact the diversity and populations of friendly gut flora. It

continues with the routine administration of antibiotics for minor colds and ear infections. Research has shown that one round of Amoxicillin can alter gut flora in children for up to two years after the administration of it. Modern research even suggests that the changes from a single course of antibiotics could **permanently** alter gut flora.

There are definitely circumstances where antibiotics are necessary and life-saving. However, a study published in the journal, *Pediatrics*, looked at prescribing practices of antibiotics for children. The study suggested that doctors could be prescribing unnecessary antibiotics in about **11 million visits for children each year**. These practices are impacting the development of our children's digestive health and most parents are not aware of the long-term consequences. This is also significant because an imbalance in the population of bacteria in the digestive system has been linked to a number of different conditions including obesity, autoimmunity, inflammation of the intestinal mucosa, and intestinal permeability (leaky gut).

**Heal the gut.** The increasing imbalance in our gut flora, Candida overgrowth, and inflammation of the intestinal mucosa are all contributing to the prevalence of a condition known as leaky gut syndrome. This is where the cells that line our small intestine become more permeable and allow molecules into the bloodstream that should not be able to get through. Since the digestive system contains about 60-80% of our immune system, this breach in the system can have far-reaching consequences including: digestive issues (IBS, bloating, gas), seasonal allergies and asthma, food sensitivities, hormonal imbalances, skin issues (eczema, acne), mood changes (depression, anxiety), and chronic fatigue. **Until the root cause of healing the gut is addressed, most people end up just chasing symptoms.**

**Address underlying nutrient deficiencies.** Nutrients are vital building blocks that the body needs to heal and repair. There are many reasons why people might be deficient in certain nutrients: key nutrients are not supplied in the diet, people lack proper absorption of nutrients, and/or people have a genetic predisposition for a higher need for certain nutrients. If any of these is the case, key biochemical reactions could be affected. Getting your nutrient levels assessed through lab testing, along with addressing the root causes, could provide valuable missing information.

It's difficult in today's world for parents to know what the best method to address the complex illnesses that their children face. Most parents are not comfortable putting their child on medications, especially if there is not a plan in place to ever take their child of those medications. However, what are their alternative options?

The Riordan Clinic is launching the *Optimal Kids Program* to give parents the opportunity to work closely with providers who understand the complex nature of these pediatric conditions and who will help parents address the root causes rather than just treating symptoms. If you or someone you know is interested please call **316.531.6242**, or visit: [riordanclinic.org/optimal-kids](http://riordanclinic.org/optimal-kids).

Fight for Kids. <http://www.fightforkids.org/facts.php>

Centers for Disease Control (CDC). <http://www.cdc.gov/>

American College of Allergy, Asthma and Immunology. <http://acaai.org/news/facts-statistics/allergies>

Hersh AL, Shapiro DJ, Pavia AT, Shah SS. Antibiotic prescribing in ambulatory pediatrics in the United States. *Pediatrics*. 2011 Dec;128(6):1053-61.