

We're at the end of the cold and flu season, and having just gone through another winter's experience, perhaps this is a good time to talk about minor illness and when to get worried. We've all had colds; they are annoying but not especially serious. We know ourselves pretty well, and when something doesn't fit a pattern we are used to, we may trundle off to our primary care provider in the hope of a treatable diagnosis and a good fix. With children it's different. We have to act for someone dependant on us—someone who can't act for themselves, and who may not even be able to express what they are feeling. And because our children are so precious, we get even more worried. So how do we approach it? If we can figure out what to do with them, our strategy may apply equally to ourselves and to other adults.

Are there some recognizable patterns?

Pattern 1 is a viral "cold." It begins with a feeling that something is coming on, a tickle in the back of the throat or sneezing, and then it gets worse over the first few days. The nose is blocked; nasal mucous is clear and watery. There may be a cough as the mucous drips backwards into the throat. The throat may be sore, and there may be, especially in children, a fever. After this initial phase, things start getting better slowly so that the whole process is done within 7 to 10 days. In this phase, the nasal mucous becomes yellow and thicker, as infection fighters rush in to kill the invading virus. This is the most common pattern by far.

Pattern 2 is a pattern of secondary infection. In the first phase, after the virus invades, the nasal, sinus, and middle ear passages are inflamed, producing mucous. If there is enough swelling, secretions can't drain properly. Any accumulation of fluid that isn't draining is likely to lead to a secondary bacterial infection in an analogous way to how moving water in a river is clear, but stagnant water grows algae. So 3 to 6 days later, instead of starting and continuing to get better, things get WORSE again. Fever returns, the ears hurt, or sinuses may become acutely painful, or the cough may get much worse. These are the symptoms of a bacterial invader. Initially, the course of illness is a typical cold, but with a second "peak." This is a pattern that indicates that a trip to your family doc is needed. We can treat bacterial infections, but we can't do anything other than offer tea and sympathy to the virally afflicted.

Pattern 3 is when your child gets "hit by a truck," so to speak, on day one, suffering high fever, lethargy, being "out of it," not eating or drinking, or having difficulty breathing, not just due to a blocked nose. These symptoms indicate something more serious—strep throat, influenza, and meningitis are just some of the possibilities. If a child is this sick, he or she needs medical attention pronto.

Pattern 4 is what is known around Riverdale as "permacold"—one cold after another, often only a week apart. The average child in Canada gets a cold every two weeks, mostly in winter. That's AVERAGE. Some normal kids are sick literally all winter! Hard to tell the difference between "permacold" and secondary infection, but after a while, you figure out the pattern. Look at it as building immunity. Breastfed children are protected against infection, to a large extent. Once children are no longer breast-fed, their own immune systems must develop. At the outset, they have little ability to resist any virus. When they are in contact with other children, they catch everything in sight. Over time they develop immunity to most of the viruses out there and start to have better years.

You, as a parent, may catch everything as well. In fact, one of the hallmarks of viral illnesses is contagion. Ear infections are not contagious, but the virus that blocks the eustachian tubes is. Sinusitis is not contagious, but the virus that swells the nasal passages and stops the sinuses from draining is. If something is going around in the family, chances are pretty good it's a virus. Parents will go through a year where they feel as if they have an immune disease because of all the colds they get, but they don't. What is happening is that the natural immunity to the viruses you've been exposed to wanes over time, and the viruses out there in the community mutate (change slowly) over

time too. At some point, you have poor immunity to older viruses, and so you are set up to catch everything your children bring home, and everything your co-workers bring to the office. Then your immune system is stimulated, and you become immune to these new viruses, and you'll have a better year next year. Every 4 or 5 years the cycle repeats.

Every child is sick when they get a viral illness. How do you tell if they are just sick, or REALLY SICK?

First, infants under a year old are hard to gauge, so we recommend that you bring them to the office whenever they get a fever.

What we look at is behaviour. If the child gets a dose of acetaminophen and starts running around an hour later, chances are he or she is not REALLY SICK. In your own experience, you know that when you have a fever and a cold, you don't feel well, and if you take some acetaminophen or ibuprofen, you feel better. Same with children. They clearly aren't well, but it is in proportion—they are sick, but still themselves. When the medication wears off, they feel sick again, but when it's in their system they feel better. Not well, but better, and it's noticeable. I often see very worried parents, expressing their concerns that something serious is going on, as their children climb on the chairs and tables. Kids who are REALLY SICK look terrible. They don't play. They certainly don't climb. They are floppy, dull, non-responsive, can't be jollied out of it. Not themselves. Sometimes it is subtle, but there is an adage in pediatric care that says that you can recognize whether a child needs to be admitted to hospital from across the room.

Here's a story, just to show that it's not always simple. I had a child who was about eight months old in my practice. She came to the office on day one of having a fever. Her temperature was 41C (almost 106 F). THAT is a high fever. The child was floppy, not responding to my examination the way kids usually do, and looked awful—REALLY SICK! There was nothing I could spot to account for this, upon examining her. Even if I had found something like an ear infection, with a child looking that bad, I would still be worried. I called an ambulance and had her rushed to the emergency room of the local children's hospital, where they promptly did a series of tests including a lumbar puncture, looking for meningitis. All negative. She just had a cold. A few months later, she presented in exactly the same way—REALLY SICK. Same high fever, same ambulance dash to the hospital, same tests, again negative. All she had was a cold. By now her parents and I and the emerg. docs were beginning to discern a pattern. And throughout her childhood, she had an exaggerated temperature response to minor illnesses. A happy ending, but all our worry and concern were completely justified.

#### **Bottom Line**

You cannot avoid all visits to the doctor for minor things because sometimes minor things present in a dramatic way, and our job is to err on the side of caution. Sometimes you, as a parent, just don't have the experience or confidence to be sure. What we want to avoid are visits to the doc for kids who obviously have nothing more than a cold. The trick is to be suspicious without being paranoid, and some of that judgement comes from experience. You get to know and understand your child's patterns of illness, and we as family docs get to be the referees and teachers. Usually, new parents bring their kids in more often than parents of two children, but it is all grist for the learning mill. And over time, we help to allay the worry, improve the "spidey sense," and avoid unnecessary visits to the office where you and your children are as likely to catch something as to be cured. Trust yourself. If your "spidey" sense goes off, and you think your child is seriously ill, then no matter what I, or anyone else says about how to recognize minor illness, call your family doc or go to the ER. But if after a week your child still has a drippy nose and a cough at night, but is running about as playful as can be, then you don't have to worry. Fortunately most things get better with a tincture of time.