

State continues testing, screening infants within days of birth

WICHITA (AP) — For 40 years, the Kansas Department of Health and Environment has been screening babies born in Kansas.

At first, KDHE tested only for PKU, an inability to metabolize an amino acid. Now, Kansas newborns — there were 39,353 in 2003, the last year for which figures are available — are tested for three additional congenital (existing at birth) diseases and for hearing.

Some blood is collected from the baby's heel and put on filter paper that is sent to KDHE's laboratory, says Wichita pediatrician Philip Cherven, director of pediatric education and associate director of the Via Christi Family Practice Residency Program.

If screening test results are abnormal, the baby's doctor is called and more tests are performed. If they're normal, they're mailed to the doctor, who probably doesn't routinely report them to parents. You can ask about them during a checkup.

Each state determines what to test for. Physician Howard Rodenberg, director of KDHE's Division of Health, said a group that specializes in neonatal metabolic screening will visit Kansas later this summer to make recommendations on whether the state's program is adequate or should be expanded.

If changes are recommended, they would go to the next legislative session for approval and funding, he said.

A parent who wants more testing can seek out a commercial lab; a handful nationwide will perform additional tests, for \$25 to \$90.

The diseases that Kansas tests for are easily treatable and the most common, Cherven and Rodenberg said. Here's a look at what they are: —PKU

Phenylketonuria, or PKU, is an inability to metabolize phenylalanine, one of the amino acids. Amino acids are found in proteins, and phenylalanine is in most protein foods, especially milk (including breast milk), cheese and meats.

If phenylalanine isn't metabolized, or broken up, it can build up in the blood, leading to mental retardation.

PKU affects an estimated 1 in every 10,000 to 15,000 babies. It is more common in Caucasians and Native Americans.

It's tested for because giving a PKU baby a diet low in phenylalanine can prevent the brain damage and retardation.

In some cases, the diet can be discontinued once the child is about 12, though some experts say it should be followed for life. A woman with PKU who plans to get pregnant should follow the diet, so it doesn't affect her baby's brain.

—Hypothyroidism
Hypothyroidism means a baby doesn't produce enough thyroxine, a hormone, because he doesn't have a thyroid gland or because it doesn't

work properly.

The thyroid hormone controls the body's metabolic rate, and without it, everything slows down. Congenital hypothyroidism can lead to poor growth and mental retardation.

Hypothyroidism occurs in about 1 of every 4,000 births. It is more common in girls and in Hispanic populations.

The treatment is simple: The baby is given the thyroid hormone. It must be taken through life.

—Galactosemia
Galactosemia is another metabolic disorder, in which the baby can't metabolize galactose, a milk sugar.

If galactose builds up in the blood, it can be toxic to the kidneys and liver and can damage the eye. It stunts growth and causes brain damage.

Galactosemia occurs in about 1 of every 50,000 newborns.

The disease is not the same as lac-

tose intolerance, because of the permanent damage that can result. A baby with galactosemia must avoid all milk, including breast milk, and dairy products for life.

—Hemoglobinopathies
Hemoglobinopathies means the presence of abnormal hemoglobin. Hemoglobin is the part of the red blood cells that allows them to carry oxygen to different parts of the body. The most common abnormality is sickle cell disease. It's a disease that affects African Americans almost exclusively.

Sickle cell disease can't be cured, but if a baby tests positive for it, prophylactic antibiotics can be begun. They help prevent infections; children with sickle cell anemia are more likely to develop pneumococcal pneumonia and other infections if they aren't given antibiotics. The children usually get two doses of penicillin a day until they're 5 or 6 years old.

Teen who sowed his oats ends up with quite a crop

DEAR ABBY: My name is "Johnny." I am 18 and currently incarcerated. I was locked up last March and won't be out for another five months. I'm facing a terrible problem when I get out and I need your help.

I have a girlfriend, "Brianna," who I love with all my heart and will do anything for. We have been together since I was 14. She has been with me through everything. She's now pregnant with my baby. Her cousin and her best friend are also pregnant. They all know each other is pregnant, but the cousin and friend haven't told Brianna that I'm the father. She has been asking questions, but they tell her they're "not sure." They insist that it's my place to tell her.

My mother secretly pays for each of the girls' doctor visits and everything they need, but she says she can't keep sneaking around doing this.

It's killing me knowing I'll have to hurt my girlfriend. I don't want her to leave me because I love her, and she has both of my cars, my motorcycle and the house I bought. I'm afraid she will destroy them when she finds out. I'm so worried I can't sleep. Please tell me what to do.

— JOHNNY-IN-A-SPOT

DEAR JOHNNY: As I see it, you have three choices: ask to join a witness protection program, beg for an extended sentence — or start acting like a man and take responsibility for your actions. Count on your girlfriend being upset when you tell her. That's a normal reaction to finding out the person she loved and trusted cheated on her with two other women — her best friend and her cousin.

While you're talking, suggest that she do nothing rash, because you may have to sell the cars, the motorcycle and the house to live up to your financial obligations to all three of your children.

DEAR ABBY: I am the mother of three children. I'm having a problem with my 4-year-old child, "Josh," who has an attitude problem.

Josh beats up on his two siblings. When his little sister plays with him, he often hits and kicks her. When she gets up and walks away, he starts screaming her name — then walks over and hits and kicks her some more. When his big brother comes home from school, Josh starts beating on him, too. He's just a mean kid.

I have tried everything I know to steer him away from this kind of bullying. I have put him in time-out, during which he screams at the top of his lungs and then proceeds to get



Abigail Van Buren

• Dear Abby

up and start trying to hit ME. I have spanked him, for which he has also hit me. (He was spanked again.) I have taken away things he likes to play with, his allowance, his TV time, and I have grounded him. None of it seems to work.

I have told his father when he comes home from work, but he doesn't believe me. Any advice you can offer would be appreciated because I've reached the end of my rope.

— MOTHER AT THE END IN GEORGIA

DEAR MOTHER: Because you have done everything you can do to discourage your son's violent behavior, it's time to take him to his pediatrician for a medical evaluation. If everything checks out, ask for a referral to a child psychologist. Do it now, before he's big enough to seriously hurt someone.

DEAR ABBY: My parents divorced when I was 5, after my father was sent to prison on drug charges. He was released a couple of years ago. When we were little, Mom never talked about him. She never told us what he did that landed him in jail. After his release, my sister and I didn't want to see him.

Eventually, I met a wonderful guy I'll call "Mike." Mike's aunt is a loving woman and we have a warm relationship. Then she met and fell in love with my father.

Now that I have spent time with them, I have heard the whole story. Mom was my father's partner in dealing the drugs. My father didn't implicate her in any of the charges because he wanted her free to raise me and my sisters. I was shocked,

because Mom never told us any of this.

My mother refuses to be anywhere near my father, or at any gathering where he is present. Because of this, Mike and I have postponed having a wedding, baptizing our son or giving him a first birthday party. My father doesn't understand why, since he and Mom are both remarried, she can't just move on with her life.

We want our son to enjoy both of his grandparents. I have considered holding these events and inviting both of them, and letting them know I want both of them to be part of my life. Please tell me what to do.

— IN THE MIDDLE IN INDIANA

DEAR IN THE MIDDLE: The first thing you should do is have a talk with your mother and tell her exactly what your father told you. She may not want to be around him because she doesn't want to face her past, or he may have abused her — but give her a chance to explain.

You should not put your life on hold trying to please your par-

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ents. You are all adults now. So have your wedding, baptize your son and celebrate his special events. If they can't be in the same room together, then invite them to alternate events.

Dear Abby is written by Abigail Van Buren, also known as Jeanne Phillips, and was founded by her mother, Pauline Phillips. Write Dear Abby at www.DearAbby.com or P.O. Box 69440, Los Angeles, Calif. 90069.

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