

The E-cigarette Epidemic: A Summary of E-Cigarettes

By Dr. Rayyan M. Anwer - Several years ago, e-cigarettes were introduced to the marketplace. The general appeal was the possible reduction of cigarette smoking and its negative health impacts. Cigarette smoking is “the number one cause of preventable death in the United States, killing 480,000 people every year.” While e-cigarettes,



do not contain as many carcinogens as traditional cigarettes, they still contain harmful toxins and carcinogens and can be extremely addicting. In a recent meta-analysis, it was discovered that “adolescents and young adults (14–30 years of age) who have used e-cigarettes are 3.6 times more likely to report using traditional cigarettes at follow-up compared with those who had not.” *Soneji S, Barrington-Trimis JL, Wills TA.*

The most concerning aspect about e-cigarettes is the dramatic increase in use over the past decade. E-cigarettes are now the most common tobacco product used among youth. Julie Gorzkowski, Director of the AAP Division of Tobacco Control states “one in five high school students and one in twenty middle school students use e-cigarettes, a 75% increase from 2017. This has increased overall tobacco use and reversed the decline observed in recent years. This is especially problematic because nicotine is a highly addictive drug that can have lasting damaging effects on adolescent brain development. In early adolescence, executive function and neurocognitive processes in the brain have not fully developed or matured. Adolescents are more likely to engage in experimentation with substances such as cigarettes, and they are also physiologically more vulnerable to addiction. The earlier in childhood an individual uses a nicotine-containing product, the stronger the addiction and the more difficult it is to quit. Furthermore, adolescents perceive that e-cigarettes with flavors are less harmful than those with tobacco flavors, creating a potential misperception that e-cigarettes with flavors do not contain nicotine.”



E-cigarette manufacturers target the youth through their ad campaigns that show many enticing candy and fruit flavors. It is no surprise that in 2016, the US Surgeon General’s Report on e-cigarette use among youth and young adults concluded that e-cigarettes are unsafe for children and adolescents.

Knowledge, education, and surveillance are the keys in battling this malignant epidemic. Listed below are some important key points that have been taken from an article published in the February 2019 issue of Pediatrics titled E-Cigarettes and Similar Devices:

- E-cigarettes are handheld devices that produce an aerosol from a solution that typically contains nicotine, flavoring chemicals, and other additives for inhalation through a mouthpiece by the user.
- More recent e-cigarette products are diverse in their design. They sometimes resemble common items such as a pen, flashlight, or computer flash drive.
- Currently, there are no federal quality standards to ensure the accuracy of e-cigarette constituents as advertised or labeled.
- There are often wide discrepancies between the labeled amount and actual nicotine content within the solution. Reported nicotine concentration in e-cigarette solutions range widely, and depending on how the

product is used, can be comparable to or exceed the amount of nicotine in a single conventional cigarette.

- Refillable cartridges allow the user to deliver other psychoactive substances like marijuana.
- Numerous toxicants and carcinogens have been found in e-cigarette solutions. This can include aldehydes, tobacco-specific nitrosamines, metals, tobacco alkaloids, and polycyclic aromatic hydrocarbons. E-cigarette solutions have also been shown to be cytotoxic to human embryonic stem cells.
- Homes, cars, and places where children and adolescents live, learn, play, work, and visit should have comprehensive tobacco-free bans that include e-cigarettes as well as combustible tobacco products.

Lead Screening: Many Fruit Juices May Include Lead, Other Metals, Consumer Reports Finds.

According to USA Today (1/30), many commercially available fruit juices for kids and adults may include lead and other metals. Consumer Reports tested 45 fruit juices (apple, grape, pear, and fruit blends) sold across the US. After taking samples from 24 national, store, and private-label brands, their research team found elevated levels of those heavy metals in nearly half of them. Of particular concern was that many of the juices were marketed to children. Jennifer Lowry, Chairperson of the American Academy of Pediatrics’ Council on Environmental Health said, “Exposure to these metals early on can affect children’s whole life trajectory. There is so much development happening in their first years of life.” USA Today added, “The U.S. Food and Drug Administration has a guideline for lead in juice of 50 parts per billion.” Consumer Reports believes the FDA should have an even tougher guideline for lead levels in drinks.

Bloomberg News (1/30) stated “The FDA, in an emailed statement, said it welcomed the Consumer Reports data and would review it as part of its efforts to reduce toxic element exposure.”



Celebration Pediatrics recommends an initial lead screening at the 9-month exam. Our office can also provide screening on request. Call our office if you are interested in scheduling a screening for your child!

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Cervical Cancer Screenings and Well Women's Examinations

By: Robert F. Lemert, MD, FACOG



Over the past few years, the recommendations for Cervical Cancer Screenings (Pap Smears) have changed. We now understand more about the virus that causes cervical cancer, and the technology to improve screenings has improved. A Pap Smear is just part of a Well Woman's Examination. A Well Woman's Examination also usually covers the following topics: birth control counseling, vaccinations, health screenings, preconception care, and the latest information about your reproductive health.

A cervical cancer screening is when your ob-gyn or other health care professional takes cells from the cervix and sends them to a lab for testing. A Pap test looks for abnormal cells. An HPV test looks for the human papillomavirus (HPV), which can be linked to cervical cancer. Due to improvements in the screenings for cervical cancer, the recommendations have changed for certain patient populations and age groups. If you are under the age of 21, you do not need a Pap test. If you are ages 21–29, you may have a Pap test every three years. If you are ages 30–65, you choose one of three options. You can have a Pap test and an HPV test (co-testing) every 5 years. You can have a Pap test alone every 3 years. You can have an HPV test alone every 5 years. If you are 65 years or older, you do not need screening as long as you have no history of cervical changes or have had three negative Pap test results in a row or two negative co-test results in a row within the past 10 years. The most recent test needs to have been performed within the past 5 years.

It is important to remember that even if you have been vaccinated against HPV, you still need to have screenings. Women also need to have screenings after a hysterectomy if they still have a cervix. Exceptions to the above recommendations include:

- You have human immunodeficiency virus (HIV)
- You have a weakened immune system
- You have a history of cervical cancer
- You were exposed to diethylstilbestrol before birth

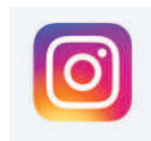
You may need more frequent screenings if any of the above applies to



you. If you have had a hysterectomy in which your cervix was removed and you have a history of cervical cancer or moderate to severe cervical changes, you should continue to have screenings for 20 years after your

surgery. If you have had a hysterectomy in which your cervix was removed and you have no history of cervical cancer or cervical changes, you do not need screening.

These recommendations are for the Pap Screening test. Your Well Women's visit is important for several other reasons. You can learn about choosing the right birth control method for you. Some examples include the birth control pill, an intrauterine device (IUD), the patch, condoms, or an implant. You can learn more about breast cancer, colon cancer, and other types of cancer. You can get vaccinations against the flu, human papillomavirus (HPV), and more. You can be screened for high blood pressure, diabetes, bone density for osteoporosis, and more. You can also talk about your mental health at these visits. Depression is a common but serious illness. Depression can be mild, moderate, or severe. To diagnose depression, your obstetrician–gynecologist or other health care provider will discuss your symptoms, how often they occur, and how severe they are. You can also be screened for sexually transmitted infections (STIs) such as chlamydia, gonorrhea, and genital herpes. You can discuss what happens during intercourse, pain during sex, hormonal changes related to sex, or different forms of sex. You can learn about body mass index (BMI), exercise, obesity, diet, surgery, and health problems associated with being overweight. You can discuss premenstrual syndrome (PMS), painful periods, your first period, heavy bleeding, or irregular periods. If you are planning to become pregnant, it is a good idea to have preconception counseling. Your obstetrician–gynecologist or health care provider will ask about your diet and lifestyle, your medical and family history, medications you take, and any past pregnancies. Your Well Women's examination is also a good time to begin getting help with menopause symptoms, urinary incontinence, getting pregnant, or relationship problems.



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