

C. F. Spirit

Central Connecticut Cystic Fibrosis Center

Winter 2009

February 2009

Research Coordinator's Column

I hope that this finds you all healthy and active and enjoying some winter activities - skiing, sledding, snowman building and of course UCONN basketball! We have had a busy few months in our research/clinical trials efforts. We completed the Azithromycin study, have enrolled and completed five people for the AZLI/Gilead Aztreonam study, and have been working hard on enrolling in the Mannitol study.

Both of these last two studies are still open to enrollment. If you are interested in either of the studies, please contact me and we can discuss your eligibility.

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We have another study that is coming up. It is non-interventional - meaning that there are no medications involved, blood tests or PFTs required. It is an observational study and will be open to people between the ages of 11 to 20. It is focusing on adherence to treatment and how your CF team helps you to manage your CF. We hope to enroll all of our patients in this age category. The study will be ongoing for two years and it will be conducted during regular clinic visits. It will involve 3 surveys to be filled out - one at the beginning of the study, one 12 months later and one 24 months later. The questions will ask what you know about CF, the skills you use to manage your health and your feelings. The CF team will receive training in new counseling techniques and will use the new skills during your clinic visits.

As you may know, the CF Center's Quality Initiative (QI) focus for this year is adherence to CF care. We have received a grant from the CFF for this project, and the Adherence study discussed above fits very nicely into our new QI goal.

Speaking of grants, our CF Center has also been awarded an \$80,000 grant from the CFF to become part of the CFF Therapeutic Drug Network (TDN). We are thrilled to have received this recognition and funding. It will enable us to continue to be open to new clinical trials and research efforts. We look forward to working with all of you and thank you sincerely for understanding the importance of CF related research efforts, and for your willingness to volunteer to take part in studies.



From Dr. Lapin

Greetings to all. As the Central Connecticut Cystic Fibrosis Center's (CCCFC) director, I invite all of you (aged 16 and over without *B. cepacia*) to join us Saturday, March 7th from 9 a.m. to 1 p.m. (light breakfast, coffee, and lunches provided). For more than a decade the CCCFC has had an education evening that reviews what's new in CF and what the CF team heard or learned at the National CF conference. This year we will be doing something different. In this newsletter you will find the description of "National Meets Local" – what I believe will be a series of exceptional presentations by outstanding people from the Cystic Fibrosis Foundation, from Dartmouth Medical Center, from our own center's CF adults and CF parents, and by our CF team members (adult and pediatric).

Since early in 2005 we've reported the CF Center's results – how we (you and the Center) have been doing at keeping lung disease away (by discussing pulmonary function testing, infections, antibiotics), keeping nutrition good, delivering and receiving care. This year, because of the special "National Meets Local" presentation, we will be doing something different. There will not be a special educational evening about our results; instead, in my role as the Pediatric CF Program director the rest of my column will cover how we did for the year 2007 (the most recent full report). Dr. Knauft, as the Adult CF Program director will write the adult report.

These reports and results are based upon the information that you have kindly consented (permitted) us to send into the national Cystic Fibrosis Registry. The CF Foundation analyzes it and sends back our own specific report. Part of this report has been available for the past two years on the CFF website (www.cff.org) under "Care Center Network" in a section call "Care Center Data". There is also a link to this on the CCCFC website (www.ccmckids.org/programs/cf.asp). As you read about our results below there are four things I wish you to keep in mind:

- I. CF data and statistics can be affected by genetics, geography, center growth, death, transplants, and socio-economics – so the results for people with CF in different centers in different parts of the U.S.A. or the world can be effected not just by medicines;
- II. Healthcare (of CF) is a two-way partnership between the CF team and person/families with CF;
- III. We will do everything we can to make CCCFC better, in every way, and to work toward becoming one of the best all-round centers in the United States. This is why we are dedicated to quality improvement. What that translates to below, when you read the results, are that we are always aiming to be higher than the 'national goal' – average is not good enough. And each year we strive to be better than the year before – we will never believe that we can stop improving, even if we are the best!
- IV. And no matter how good your pulmonary functions, nutrition, and general health are, we will NEVER stop caring for you and fighting CF until CF is cured.

So – the results. I am very pleased to say they are excellent. Pulmonary function tests (measured by average percent of FEV1) for children 6 to 17 year old was 97%. This is 7% higher than the national average for all CF centers for this age range and met the national goal set (by CFF experts). Nutrition (assessed by average BMI or Body Mass Index) for CCCFC patients 2 to 20 years old was 59%. We passed the national average by 11%, and you were over the national goal by more than 9%! This may not sound like a big percentage, but it is very, very hard to even meet any national goal, let alone beat it.

From Dr. Lapin (cont'd)

Hopefully many of you remember that having a BMI over 50% is associated with better lung function. In 2007, more than two-thirds of you had BMIs over 50%; as far as I know, this was the best result for any center in the country!!! The national average was 47%; the national goal was 62%. We were 68%. There's a table below summarizing these results, and as mentioned, they are on the website.

The CF Foundation recommends at least four visits with at least two PFTs, and one sputum culture a year. 79% of you met the CF Foundation recommendations. We at CCCFC also believe frequent visits, frequent PFTs, and frequent sputum cultures are very important; therefore the 21% of you who didn't meet the recommendations, please come see us more often. It's easier to keep well and minimize CF's impact if we see you more often! Our CF care is a partnership. When you qualify for a new therapy, we usually recommend it to you, discuss it, and then it is up to you to decide to do it or not. For those over six years old, 73% use Pulmozyme, 83% of the children with Pseudomonas take azithromycin but only 48% use TOBI regularly (the national average is 67%). On the other hand, 23% of you take high dose ibuprofen and the national average is only 4.6%. 5% of you over six years old nebulize hypertonic saline (the national average was 35%). If you are not taking one of these medicines and have questions about them, please ask us by phone or at your next clinic visit.

More importantly, over the past 5 years lung function for children at our center improved eight percent (from 90 to 98%), the average BMI improved ten percent (from 53 to 63%), and the number of children in good nutrition improved fifteen percent (from 53 to 68%). I remind you of the third point above. Here is the power and the proof of that statement. By the CF team focusing on improved quality of care, making certain to recommend treatments, with the help from our PFAB (Patient Family Advisory Board), and with your adherence to therapy, with your help and determination, we have become a better center. What does that really mean? It means that compared to five years ago, the progression of CF in children at the center is slower. It means that the children at CCCFC are healthier now. And that's very good news.

Summary of CCCFC Pediatric Program Results



Test or Treatment	CCCFC 2007 Avg	National Average	National Goal	CCCFC 5 yrs ago
FEV1 (lung function) 6-17 yr old	97%	90%	98%	90%
BMI (body mass index) 2 -20 yr old	59%	48%	50%	49%
% of 2-20 yr old in good nutrition (BMI equal or more than 50%)	68%	53%	NA	53%
Pulmozyme (patients 6 yr & older)	73%	76%	NA	29%
Azithromycin (Pseudomonas +)	83%	64%	NA	68%
TOBI cycles (Pseudomonas +)	48%	67%	NA	66%
Ibuprofen	23%	5	NA	19%
Hypertonic saline (6 yrs & older)	5%	35%	NA	2% (2006)
4 clinic visits, 2 PFTs, 1 culture	83%	68%	90%	75%



Getting Smart About Cystic Fibrosis

Melanie Collins, MD
Assistant Director, CCCFC

What is the big deal about CF? In fact, how does CF change the way my body works? What does albuterol do? How many enzymes do I need, and by the way, how exactly do they work? When I feel well why do I need to spend all that time doing airway clearance? What is airway clearance anyway? Why do the doctors keep taking up all my free time with more medications when I feel perfectly well? What is preventative care? Do I really need all this stuff????

While CF care has improved a lot over the last decade, we are still asking our patients to spend large amounts of time every day doing therapies to maintain good lung health and good nutritional status. As a doctor, I've had years of training in the human body and specifically in CF. Hours of lecture, and many more hours spent reading and researching so I could understand the disease. Because of all this education, using all the available therapies in CF seem so very important to keeping our patients healthy. However, many of our patients are having difficulty making time for all the recommended therapies, on a regular basis. As care providers, we have begun to think that we need to teach a little bit more about the "science" part of CF. Our hope is that more education about CF will help people understand CF better and become more adherent (aka "stick to") with their CF care. Maybe it will be easier to make time and stick to (adhere to) the recommended therapies if everyone truly understands why they are so important. In turn, our patients and families can help us better understand the barriers to performing the recommended therapies. In this way we can learn a little bit more about the "every day" part of CF.

This year, in the interest of helping our families and patients truly understand CF, we are introducing a more formal educational program for young patients ranging in age from toddlers to adolescents. This will be at the same time as we begin to introduce methods of monitoring and improving adherence to CF care. We are passionate about CF and hope that our focus on education about CF will be an enjoyable experience for everyone. We strongly believe that understanding leads to action!

In partnership with our patient and family advisory group (PFAB), we will be surveying families and preparing an educational program which addresses CF education in an age appropriate manner. Our hope is that by increasing your knowledge about CF, you will understand why we are so passionate about the preventative therapies we recommend. Whether you are 6 or 66 years old, this is the body you will be living in for a very, very long time. We hope, with our new program of education and tips to improve your adherence to care, we can empower you to make your body its healthy best!

CFF CENTER REPORTS—ADULT PROGRAM FOR 2007

DR. KNAUFT'S PERSPECTIVE

1. 2007 is the second year for which specific adult data from Adult CF Centers is available.
2. Our center's performance continues to be close to or exceeds the national average in nutrition, as assessed by body mass index, pulmonary function, assessed by %FEV-1., exacerbation rates, hospital days and total days of therapy.
3. Our adult team is in the midst of reviewing this data to decide on specific quality improvement projects. Much of our energy during the past two years has been devoted to establishing our new clinic at Hartford Hospital and being responsible for our program's data entry into Port CF.
4. Our center's performance in the number of clinic visits/patient/year is quite below the national average, and needs improvement. The reasons for this are many, ranging from limited clinic times, college years, economic factors such as insurance, distance to travel, and some preference for satellite visits. We have increased the number of clinics per year from 18 to 24, and by patient surveys, we have increased the efficiency of these visits.
5. Our team remains totally committed to improve our center's outcomes—which are your outcomes. You are the center piece of our collaborative efforts. We must continue to work together, to see each other more often, and to do all possible to participate in CFF sponsored clinical research.
6. These data will be discussed with our Adult Advisory Board, which meets monthly by telephone. If interested in learning more about this Board and its function, contact Amy Mueller, our adult social worker at 860 545-4353.



BREAKING NEWS: ADULT ADVISORY BOARD FORMED

In the fall of 2008, the Adult CF Clinic assembled and convened the Adult Advisory Board. The Board was formed to address topics of particular concern to the adult CF community, and to complement the activities of the PFAB (Patient Family Advisory Board). The group holds a monthly telephone conference that is attended by a representative group of enthusiastic CF patients and providers from the Adult CF Clinic – Drs. Knauft and Pope, Dee Rendock, Allison Moreau, Amy Mueller, Tessa Mah, as well as nine adults with CF.

The first few meetings have focused on the topic of communication, specifically telephone communication between patients and office staff (urgent health issues, medication refills, office visits, etc.). Several revisions to the workflow were discussed, with the final vote being to create an option for CF patients to simply press '0' when calling the 860.547.1876. Pressing '0' will immediately transfer a CF patient to the Front Desk, where his or her concern will be addressed according to the urgency of the request.

When calling 860.547.1876 and using the new '0' option for CF patients, the office requests that you immediately identify yourself as a CF patient so that your request can receive the attention it needs.

Additionally, the office staff will maintain Triage Sheets that measure the response times to patient calls. Future work will include improving collaboration between patients and providers for goal-setting in the clinic, further development of the Google Group (<http://groups.google.com/group/ct-cf-network>), and the creation of a CF education blog.

We welcome additions to the AAB, so please e-mail Amy Mueller (amueller@harthosp.org) if you are interested. And you should be interested – it's a great way to shape your experience as a patient and find out just how dedicated your providers are to optimizing your visit to the clinic.

The two things I particularly enjoy about the AAB are getting to talk to other members of the adult CF community and getting to interact with my providers outside of a clinic setting. If you thought they were fun in clinic, you should hear them once a month at 7:30 on a Tuesday evening when they're all punchy from a long day. It really is a lot of fun!

Jenn Whinnem

CCCFC FIRST ANNUAL EDUCATION DAY
SATURDAY, MARCH 7, 2009 9:00 TO 1:00
CCMC CONFERENCE ROOMS - GARDEN LEVEL

Be sure to save the date so that you can join us for this very important and informative day (Agenda on next page). This event is for parents, family members, and people with CF over the age of 16. All of our CF adults are invited and encouraged to attend as we will be discussing issues that apply to all people with CF. The only restriction on attendance is that if you have a positive culture for *B. cepacia*, you can not join us, due to infection control issues.

Our keynote speaker for the day is Melissa Ashlock, MD, Vice President of Drug Discovery for the Cystic Fibrosis Foundation Therapeutics, Inc. (CFFT). This is the drug discovery and development arm of the Cystic Fibrosis Foundation. Dr. Ashlock has been at the CFF since November 1999 and she is responsible for overseeing projects directed toward:

1. Discovering and developing drugs that treat cystic fibrosis, including those that affect CFTR, the mutant protein that is responsible for CF
2. Using genetics and genomics-based approaches to discover novel cystic fibrosis drug targets and therapeutic strategies

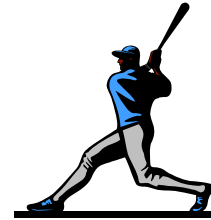
There will be plenty of time for questions and answers after Dr. Ashlock's presentation. Following that, we will have four breakout sessions that will be repeated, so that you will be able to attend two out of the four. We will end the day with a panel discussion focusing on time management. The panel will consist of Tim and Deb Lenihan, parents of two children with CF, Kathy Sabadosa, who is from New Hampshire and is the Quality Coordinator for the CFF and is also the parent of a son with CF, and Tony DiMaio, PhD and Rolland Van Epps, adults with CF.

The CCCFC Care Teams, both adult and pediatric, are really looking forward to seeing all of you at this fact filled event. You can choose to come for the whole event, or just part of it. PLEASE contact the Center at 860-545-9440, by March 2nd, to let us know that you will be attending.

We need an accurate count to arrange for food.

NATIONAL MEETS LOCAL**March 7, 2009****9:00 to 1:00****CCMC Garden Level Conference****Rooms****AGENDA**

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|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9:00 - 9:15 | Continental breakfast and socializing |
| 9:30 - 10:15 | Keynote Address by Dr. Melissa Ashlock
Vice President of Drug Discovery, CFF Therapeutics
<u>"What's in the drug discovery pipeline?"</u> |
| 10:15 - 10:30 | Coffee Break |
| 10:30 - 11:15 | Breakout sessions: <ul style="list-style-type: none"> #1. <u>Preparing high calorie, inexpensive meals quickly</u>
Joann Kosinski, RD, MPH - CCCFC Nutritionist #2. <u>Getting the most "bang for your buck" with airway clearance</u>
R.B. Curtis and Allison Moreau
Pediatric and Adult RRTs #3. <u>Managing conditions secondary to CF</u>
Adult CF Team Member #4. <u>Careers and CF</u>
Amy Mueller, LCSW |
| 11:15 - 12:00 | Repeat of Breakout sessions so you can attend two |
| 12:15 - 1:00 | <u>How to manage your time and treatments</u>
A Panel Discussion led by parents Tim and Deb Lenihan, Kathy Sabadosa, parent and CFF Quality Coordinator, from New Hampshire, and two CF adults - Tony DiMaio, PhD and Rolland Van Epps |
| 1:00 End of day | Box lunches will be available for you to eat in the cafeteria and socialize or to take home with you. |



Eating for Excellence: Tips to Maximize Athletic Performance in Young Athletes with Cystic Fibrosis

Get Ready...

Maximizing athletic performance starts with a good foundation and eating adequate calories. The foundation includes a balanced diet of fruits, vegetables, complex carbohydrates, protein, dairy and fat. A young athlete with cystic fibrosis should aim to have 15 to 20 percent of calories from protein, 50 to 60 percent from carbohydrate and 35 to 40 percent from fat. In addition to eating a balanced diet, athletes must make a BIG effort to keep up with the amount of calories they are burning. Competitors in the Tour de France can burn 7000 – 9000 calories in a day. During the 2008 Olympics, it was reported that Michael Phelps consumed 12000 calories per day. Sure, everyone doesn't need that many calories, but athletes do need to understand how many calories they are using. To obtain a personalized analysis of how many calories used when exercising and how many are eaten visit this website www.mypyramidtracker.com.

Get Set....

Beyond eating a healthy, balanced diet, there are additional strategies in the days and hours leading up to the competition to help maximize performance. Carbohydrates are the main source of energy during physical activity. It is stored in the muscle and liver as glycogen. When heading into a competition, it is important that the muscles are loaded with glycogen to use for energy and delay fatigue. This is usually done by starting one to two days before the competition by eating 4.5 to 5.5 grams of carbohydrate per pound of body weight per day. Once the muscles are loaded with glycogen, make sure they stay that way by eating before the competition. Three to four hours before the competition have a meal including 50 to 60 grams of carbohydrate and one to two hours before have a snack with 30 grams of carbohydrate. Hydration is equally important. Stay well hydrated leading up to the competition. Then drink 10 to 14 ounces of fluid one to two hours before the event. Follow this with 10 to 12 ounces 10 to 15 minutes before the event.

Go.....

During the competition the goal is to maximize blood sugar and glycogen stores as well as stay hydrated. In order to do this, eat or drink 30 – 60 grams of carbohydrate for every hour of exercise. Additional fluids are also needed, four to six ounces for every 15 to 20 minutes of activity. If exercising more than an hour, a sports beverage with six to eight percent of the calories from carbohydrate is preferred. Since people with CF have more sodium in their sweat, it is a good idea to add extra sodium to their sports drink. Add 1/8 teaspoon salt (this = 1 salt packet used in restaurants) to every 12 ounces of sports beverages. If there is a break between competitions of two hours or more, go ahead and have a snack with protein and carbohydrate. If it is less than two hours, have a snack of just carbohydrate.

Recovery...

Giving muscles a break is important, however, recovery is more than just kicking back on the couch to watch some television. Muscles need to be repaired, muscle glycogen restored and any fluid loss replaced. Eating a small amount of protein and carbohydrate following activity can stimulate protein synthesis, muscle adaptation, and recovery. It is recommended that athletes eat 0.5 grams of protein for every 10 pounds of body weight. In order to monitor hydration status, use a scale. For every pound lost, drink 16 to 24 ounces of fluid. Eating a balanced diet which provides adequate energy, optimizing energy used by the muscles and maintaining good hydration are all parts of eating for athletic excellence.

References:

Leonard, A & Lingard, C. (2008) Sports Nutrition and CF: Helping Your Patients Succeed. Lecture presented at the North America Cystic Fibrosis Conference.

Spear, B. (updated 2008). Nutrition for the Child Athlete. In Nevin-Folino, N. & Amorde-Spalding, K. & Nieman, L. (2nd Ed) Pediatric Manual of Clinical Dietetics. (113-123). Chicago: Pediatric Nutrition Practice Group, American Dietetic Association.

Frates, S. (2005). Sports Nutrition. In Hendricks & Duggan, Manual of Pediatric Nutrition (177-195). Hamilton: BC Decker Inc.



2009 SPRING/SUMMER CALENDAR OF EVENTS

2009 National GREAT STRIDES Walk Weekend - May 16 & 17, 2009

Join GREAT STRIDES! Help us take one step closer to a cure for cystic fibrosis. Join our national sponsors American Airlines® and Solvay Pharmaceuticals, and others across the country as we put "our best foot forward" to make "CF" stand for "Cure Found."

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|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| May 16th (Sat) | 20th Annual Great Strides Walk-a-Thon: <ul style="list-style-type: none"> • Manchester, Enfield, Westport, Avon, Torrington, Madison |
| May 17 th (Sun) | 20th Annual Great Strides Walk-a-Thon: <ul style="list-style-type: none"> • New London, Granby Wethersfield, Watertown, Danbury, Derby, West Haven |
| June 6 th (Sat) | Great Strides Walk-a-Thon – new site! <ul style="list-style-type: none"> • Northeastern CT - Putnam |
| June 29 th (Mon) | 22nd Annual Gillette Fusion Golf , Wethersfield County Club, Wethersfield, CT
Includes a buffet lunch, a day on the links, as well as an awards dinner with skills competitions, auctions and raffles throughout the day. |
| Aug 1 st (tentative) | 65 Roses, The Summer Soiree , DiNicola Residence, Guilford, CT
Join us on the terrace in Guilford to enjoy friends and fundraising for the Cystic Fibrosis Foundation. Excellent cuisine, libations and music will be offered. |
| Aug 10 th (Mon) | Nell's Golf Challenge, TPC River Highlands , Cromwell, CT
Come and play the prestigious Tournament Players' Club and have fun while raising money to combat Cystic Fibrosis. Lunch, dinner and giveaways included. |

Thank you for your support!

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 E-mail: conn@cff.org Chapter Website: <http://www.cff.org/chapters/connecticut>
 National Website: <http://www.cff.org/>

Please note: 2007 Event Calendar is subject to change



To All Patients and Family Members of the Cystic Fibrosis Care Center at CCMC:

Dear Friends:

I have recently been elected President of the Board of Directors of the Cystic Fibrosis Foundation, Connecticut Chapter. In that capacity I'm writing to keep all of you abreast of the CF Foundation's initiatives and needs for 2009. Our current calendar of events can be found at www.CFF.org/Chapters/Connecticut. In addition, there are a few initiatives that we at the CF Foundation would love to have you participate in. Please feel free to include your families, friends and co-workers also – anyone you know who would like to help make CF stand for “Cure Found.”

Cure Finders is a program in which children are able to raise money and awareness within the school setting. It is a wonderful opportunity for children of all ages to make a difference in their community.

Great Strides Walks are held May 16th and 17th throughout Connecticut (our newest walk, Northeastern CT/Putnam will be held June 6th). You can find a Great Strides walk near you by clicking on the following link: http://www.cff.org/great_strides/find_a_walk_site/index.cfm. This nationwide event is a good opportunity to do a letter writing or e-mail campaign to ask friends, family, colleagues, and service organizations to support your team. The walks are usually between 2 and 5 miles long, and lots of fun!

Our Volunteer Leadership Initiative is the process of recruiting volunteers for various positions throughout the state. We are always looking for corporations to support Great Strides by building a team and/or providing sponsorship. We also need assistance in our Wethersfield office before and after Great Strides, and with clerical tasks and events throughout the year.

The Milestones Campaign is a philanthropic campaign with donations of \$10,000 and up. There are certain people who have the capacity and desire to fund the CF Foundation's scientific endeavors, which will someday lead to a cure. If you know people who may fall into this category, I would be happy to explain the process to you and discuss the science pipeline with your prospective donor. My contact information can be found below.

I hope all of the families at CCMC are experiencing a healthy winter full of love and laughter. I look forward to hearing from many of you in the coming months and we'll figure out together how and when you would like to volunteer and support the CF Foundation.

Sincerely,

Bean Corcoran
President, Board of Directors
Cystic Fibrosis Foundation, Connecticut Chapter
Bc3girl1boy@yahoo.com
203-226-7209

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COORDINATOR'S COLUMN

Debby Potticary, BSN, RN
Clinical Coordinator

Howdy from your transplanted Texas Nurse Coordinator! I have truly enjoyed meeting all of you over the past 8 months. Also, I have enjoyed watching the leaves turn colors, and the recent snow falls.

I have also enjoyed being part of conversations with the PFAB group and discussing patient education. Your doctors invest a lot of time and know what is happening in the CF world with current research and new medication regimens. Yet, we see adherence issues, people not sticking to their care plans, which I am sure is often related to finding the time! Another component to it might be lack of knowledge. How many times has your 8 year old asked why they have to do a nebulized medication and as a parent you say, "Because Dr. Lapin says you need it for your lungs." Can we as providers do a better job explaining things to our patients and families so that the yellow gowns have purpose, and the sputum cultures have reason. Will it seem more important if we actually show you a picture of what Pulmozyme is doing in your lungs? The PFAB group is looking at different forms of literature to help educate, and we are looking at age level education.

In my experience with pediatric nursing, many times parents only tell what they think their child can understand/or handle. Yet, literature shows that children need the truth in its entirety. This avoids confusion when they hear conflicting information and also helps them to develop trust in their families and their care team. Kids who have a strong knowledge of their disease tend to participate in treatments, and in turn may become more adherent to their therapy.

Feed back about education from all of our parents is important. Here in our office we have more written material then you could imagine. I think we tend to forget about it and say at the end of a visit, do you have any questions? The last thing that you want to do, after being here for 2 hours is ask a question. So, next time bring your question in at the start of your visit, or call me and ask. If your child has a question, please let them know that they can call us, too.

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