Pediatricians enjoy caring for children through their various developmental stages and helping families with care of their children with a wide range of medical problems. The severity of some disease entities may present on a continuum ranging from short clinic visits and home-based care to hospitalization and intensive care.

A condition like enuresis in children causes significant emotional distress in the child and parents. When parents seek medical care from their child’s primary care provider, they are looking for relief from the disruption in the family routine. Although the physician approaches the problem with a lot of sensitivity to the child, it is important to sift out children in whom enuresis may be a presenting symptom of a serious renal disease. A good history and physical examination with the aim of delineating monosymptomatic enuresis from all other problems is key in selecting children who may be appropriate for treatment in their primary care medical home. Drs. Linda S. Nield, Emily K. Nease, and Oulimata K. Grossman in their article, “Enuresis Management in the Primary Care Pediatrics Clinic,” provide clear and concise guidance on the management of children with enuresis. It is important to limit the evaluation to a urinalysis in monosymptomatic enuresis and if further testing is considered, then a nephrologist’s involvement should be sought. A family centered approach to decision-making in choosing treatment modalities would be essential since it may take weeks for the relief from symptoms.

Upper respiratory tract infections (URI) frequently bring children to the attention of their primary care providers. In view of the continuum and overlap of symptoms between URI and acute bacterial sinusitis (ABS), Dr. Harbir Singh Arora has laid out clinical scenarios per the American Academy of Pediatrics’ Clinical Practice Guideline for easier decision-making in the article “Sinusitis in Children.” He highlights the lack of utility of tests, especially imaging studies with their attendant radiation, in the diagnosis of uncomplicated ABS. Antibiotic stewardship is also an important factor in considering initiation of treatment for an individual patient who may undergo spontaneous resolution over the course of time. Close follow-up and monitoring at short intervals would be important if the decision is made to observe without antibiotics, because the complications of bacterial sinusitis may be serious. It is also important to diagnose underlying predisposing factors to recurrent bacterial sinusitis.

Pediatricians are increasingly being tasked to manage children with behavioral and psychiatric problems. Dr. Sara Haidar-Elatrache and colleagues in their two-part article, “Approach to Children with Aggressive Behavior for General Pediatricians and Hospitalists,” provide a window into the problem at its most challenging stage. Perhaps preceding many of these behavioral crises may have been opportunities for contact with child psychiatrists and therapists. There is a lack of ready access to such professionals due to a shortage of psychiatrists. There is also a reduction of beds for inpatient psychiatric treatment of children and adolescents and it places stress on other acute care facilities like emergency departments and pediatric inpatient facilities. Although as pediatricians it is important to consider other organic causes of a psychiatric crisis, it is becoming increasingly critical to be knowledgeable of medication protocols when in consultation with child psychiatrists.

A significant proportion of pediatric care involves prevention of diseases and child advocacy at various government agencies and organizations. In the article, “Advocating for Automatic Eligibility for Early Intervention Services for Children Exposed to Lead,” Dr. Nicole Hamp, Amy Zimmerman, and Jessica Hoffen spotlight the ongoing problems associated with lead exposure in children. Recognizing that no blood lead level is safe, a service guideline document for children with blood level equal to or greater than 5 mcg/dL to become automatically eligible for early intervention services should help with secondary prevention of the ripple effects of lead poisoning.

The four topics covered in this issue will provide primary care physicians useful information to manage children with these problems in their clinical practice and enhance advocacy efforts. We thank all of the authors for helping us bring to light the latest details on these particular common pediatric issues.

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