

ASK AHSC

ANSWERS TO HEALTH QUESTIONS

From the University of Arizona Health Sciences Center (AHSC) in Tucson

(EDITORS NOTE: May is Ultraviolet Awareness Month)

Q There are so many kinds of sunglasses. How can I pick the pair that's right for me?

A Picking the right sunglasses is very important, because the wrong kind actually can increase the damage that ultraviolet (UV) radiation from the sun does to your eyes.

The most important consideration when buying sunglasses is UV protection.

Price is not a good indicator of the quality of UV protection afforded by a pair of sunglasses. An expensive pair of frames may have dark lenses but inadequate UV protection and allow more UV into your eyes than inexpensive sunglasses labeled for full UV protection.

Lens tint also isn't a good indicator of how much UV protection you're getting. In fact, lenses that are very dark cause your pupils to open to let in more light, and therefore more UV radiation.

More important than tint is the UV protection information on the label. Sunglasses should block 99 to 100 percent of the full UV spectrum up to 400 nanometers. Look for the "UV-400 Protection" label.

Wearing the right sunglasses is especially important when

visiting the beach. Water or light-colored sand can double or triple your UV exposure because they reflect the sun's rays. Even if you go to the beach only a few times a year, your risk for eye problems associated with UV radiation increases because UV radiation has a cumulative effect over your lifetime. These problems include cataracts, retina degeneration such as macular degeneration, and cancers of the eye.



Make sure your children also wear sunglasses with UV-protection and a wide-brim hat at the beach. Children too young for sunglasses should stay under a beach umbrella. Sunglasses and a hat provide eye protection from blowing sand, as well.

—Rand Siekert, OD, optometrist and clinical instructor, Department of Ophthalmology, UA College of Medicine, Tucson

(EDITORS NOTE: May is Asthma and Allergy Awareness Month)

Q Are inhaled corticosteroids safe for my child with asthma? I hear they can stunt growth, cause osteoporosis and slow the body's production of its own natural steroids.

A Steroids, whether man-made or natural, are powerful compounds with tremendous potential for both benefit and harm.

All the side effects you mentioned are possible and have been seen in children who use inhaled steroids. However, there are some important factors to consider, and many reasons to be reassured, about the proper use of inhaled corticosteroids in children with asthma.

Two large published studies showed normal growth in children with asthma who are taking inhaled corticosteroids, with proper use.

The first studied 1,041 children ages 5 to 12 in the U.S. who received either an inhaled steroid (311 children), an inhaled non-steroid asthma drug (312 children) or a placebo (418 children) for 4 to 6 years. They were evaluated very frequently for side effects and asthma symptoms. While there was a brief period of slower growth in the children receiving the steroid, children in all three groups grew at the same rate over the entire study period. (*New England Journal of Medicine*, Oct. 12, 2000; Vol. 343:1054-1063.)

The other study, in Denmark, compared 142 young adults with asthma who received inhaled corticosteroids for three to 13 years (average, 9.2 years) with 51 of their non-asthmatic siblings and 18 young adults with asthma who

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had not received inhaled steroids. All had completed their growth. There was no difference in height among the groups. (*New England Journal of Medicine*, Oct. 12, 2000; Vol. 343:1064-1069.)

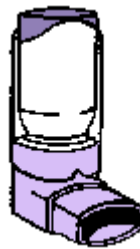
The U.S. study monitored bone density in addition to growth, and the children taking inhaled corticosteroids showed no evidence of osteoporosis.

Recently, there have been reports that suppression of natural steroid production, which occurs frequently in children and adults taking oral corticosteroids, is happening more frequently than previously thought with the use of inhaled corticosteroids.

Close review of these reports actually has been somewhat reassuring in that this problem has been occurring only in individuals on very high doses and, in several cases, in children who received both inhaled and oral corticosteroids. Still, children on higher-than-average doses

should be watched closely for this problem.

The risk for potential side effects is directly related both to dosage and failure to take steps to reduce unwanted absorption of the medicine through the gastrointestinal tract by swallowing rather than inhaling. It is important to keep



the dose at the lowest level that controls symptoms, use a spacer or holding chamber device, and rinse the mouth or brush the teeth immediately after taking inhaled corticosteroids.

Keep in mind that inhaled corticosteroids are the most effective treatment for asthma currently available. With proper use, they not only restore a child's ability to play, attend school and be active, but also prevent serious illness and even death from asthma.

So, even if these medicines did impact growth, the alternative would be unacceptable. As a recent medical journal editorial stated, "No one ever died from being short."

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