

**CINCINNATI PEDIATRIC RESEARCH GROUP**  
**Minutes of the Meeting**  
**June 26, 2001**

ATTENDANCE: Steve Daniels, M.D., Ph.D., Manny Doyne, M.D.,  
Anne Marie Fitz, M.D., Michele Kiely, Dr.P.H.,  
Uma Kotagal, M.B.B.S., MSc., Steve Muething, M.D.,  
Karen Munson, R.N. Bob Siegel, M.D.

ITEMS DISCUSSED

1. Update on Otitis Media Study

There have been 145 patients enrolled to date.

2. Dr. Steve Daniels and Karen Munson presented their BMI Rebound Study

They want to recruit 350 healthy 3-year olds to look at diet and physical activity. The focus of the study is on Body Mass Index (BMI). The overall clinical goal is to prevent childhood obesity. There will be a five-year commitment for study subjects with a visit 3 times a year. The subjects will keep a food and physical activity diary.

At birth humans have the highest BMI in mammals. It goes up from there during the first 9 months of life. All previous studies have been retrospective and used BMI as an indicator. Dr. Daniels wants to look at this prospectively using Dual Energy X-ray Absorptometry (DEXA) to define changes in lean mass vs. fat mass.

They have applied for an NIH grant having an equal amount of male/females and white/african-american subjects. They are having trouble recruiting from the African-American community. It is hard for subjects to commit to five years and the use of DEXA will emit small amounts of radiation. This scares a lot of people.

The study will identify a subset of children at the age of 4 that have a higher risk of obesity and can implement preventive strategies on a focused group. At the end of the study they will measure blood pressure, cholesterol and take an electrocardiography risk profile.

They have enrolled 200 subjects with 15% being African-American.

### 3. Uma Kotagal from Clinical Effectiveness

Bob Siegel and Uma Kotagal brought up a point about CPRG working a little bit closer with Clinical Effectiveness. We could develop guidelines that relate to community management. Use background research for guidelines to see how they affect the community.

Manny Doyne brought up that fact that you go to develop a guideline and you start to do the research – you find out that no one really knows what the common practice is. Sometimes there is a gap in knowledge (gik). Guidelines can turn to CPRG to get information. When you identify a GIK there is no mechanism to answer that question.

Do our practices use the guidelines? What is keeping the practices from using them more than they are?

Bob Siegel said we could apply for an AAP grant for implementation of guidelines in community practice.

A non-intervention study would be better. For example, we could test how medical information could be provided to parents.

An area of interest to develop a guideline is Attention Deficit Disorder. There is a lot of enthusiasm from CPRG members to study this.