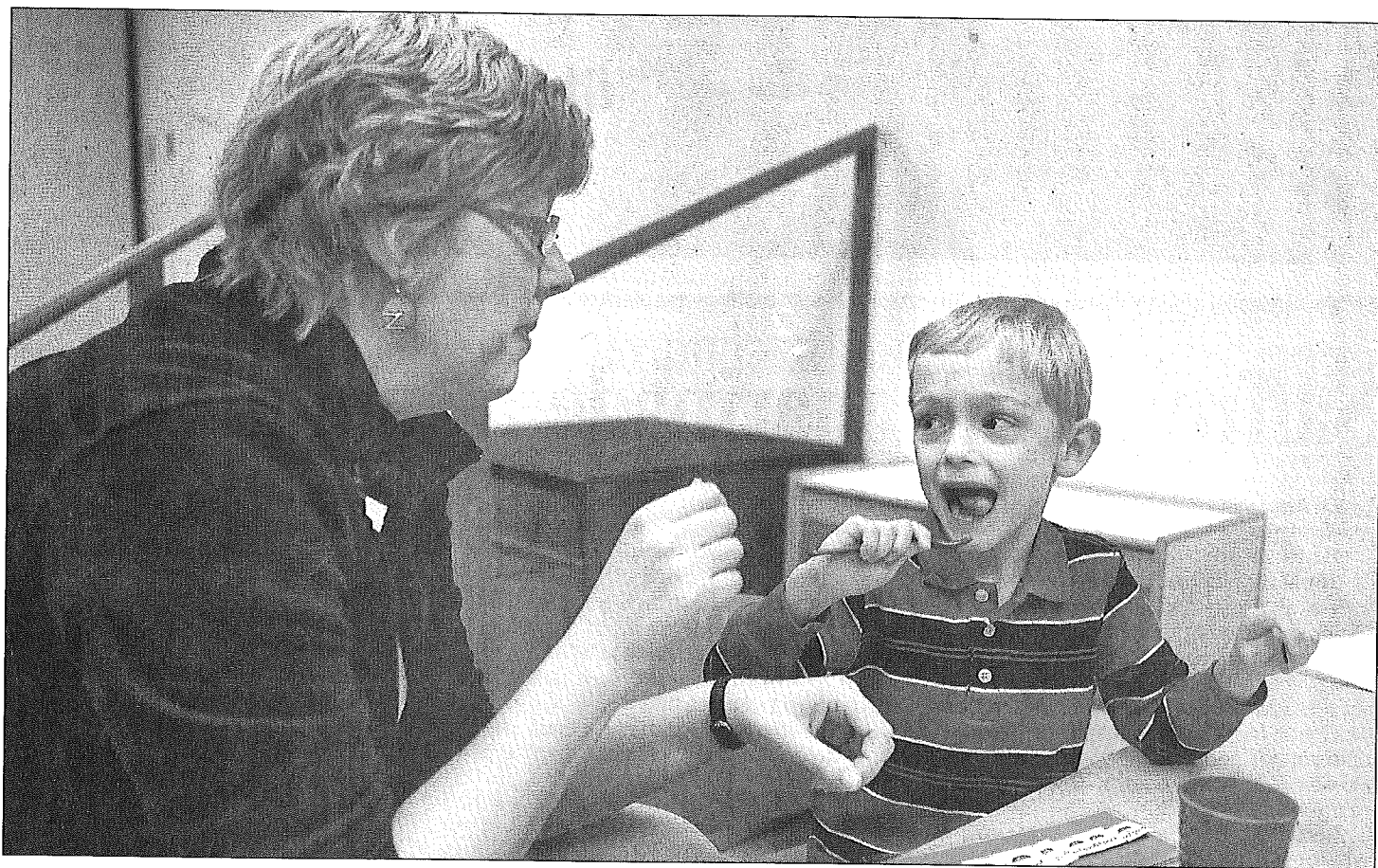




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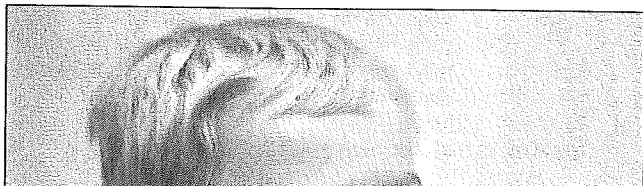


MORE THAN A PICKY EATER



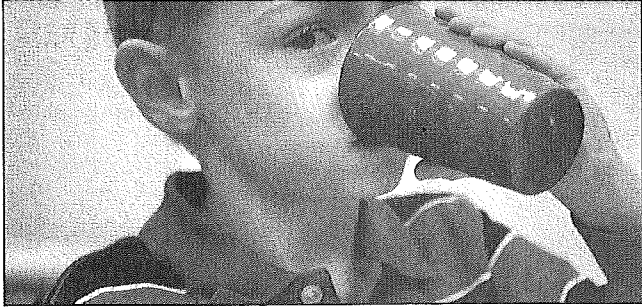
Photos by Bill Luster, The Courier-Journal

Jocelyn Warren, a senior occupational therapist at the University of Louisville Weisskopf Child Evaluation Center, worked last week with Seth Carney, 7, who has autism. She convinced him to try pudding instead of his usual baby food.



By Darla Carter
dcarter@courier-journal.com
The Courier-Journal

It isn't unusual for parents to have an occasional battle with their children over food.



"A typical child usually will go through a phase at about 2 years of age where they don't want new foods," said Jocelyn Warren, a senior occupational therapist at the University of Louisville. "Some picky eating is normal, but really, if a child is eating under 20 foods, that's really a pretty good indication" of a problem.

Warren works at the feeding disorders clinic at U of L's Weisskopf Child Evaluation Center on Floyd Street. The clinic, which sees about 50 kids a year, introduces youngsters to new foods and

A U of L clinic's team approach helps kids with feeding disorders

Seth, of Bullitt County, tried a drink at the session. He also ate some chicken on crackers, to his mother's astonishment.

gives parents strategies to make mealtime more tolerable.

"We've had many families that they're just so stressed out by mealtime, or they can't go out to eat because mealtime is so stressful they can't possibly deal with that in a public setting, or there's not a single restaurant where their child would eat any of the foods," Warren said.

The children, who are usually referred to the clinic by pediatricians, range from kids with autism, Down syndrome or other special needs to more typical tykes.

See **FEED**, D2, col. 1

DOES YOUR CHILD HAVE A FEEDING DISORDER? WHAT TO LOOK FOR, PAGE D2

STAY WELL

Don't ignore a 'mini-stroke'

By Darla Carter
dcarter@courier-journal.com
The Courier-Journal

It seems logical to assume that if your symptoms go away, there must not be anything serious going on with your body.

But that's the wrong idea when it comes to transient ischemic attacks, or TIAs, which are sometimes called "mini-strokes."

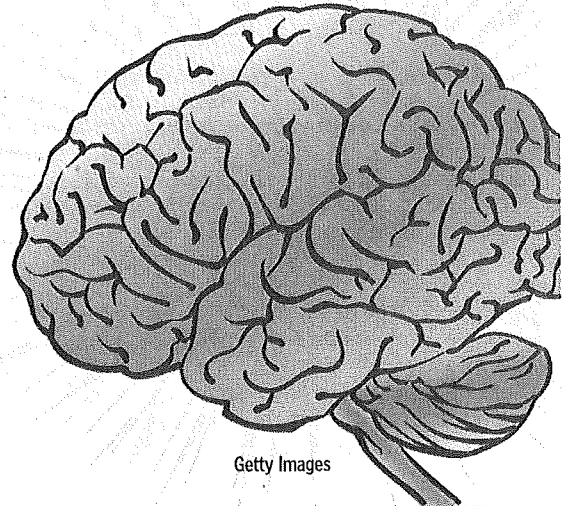
These brief attacks aren't true strokes but have the same symptoms — such as sudden numbness on one side of the body — and can be a warning sign of a devastating stroke to come.

"TIA is a medical emergency," said Dr. Kerri S. Remmel, director of the University Hospital Stroke Center in Louisville. People who experience "stroke symptoms that resolve on their own still are at high risk for having a stroke."

So if symptoms occur, "please don't ignore" them, said Dr. Nadeem Talpur of Louisville Neurology Associates. "Come to the ER. You need to be (getting) a complete evaluation for that," including imaging tests, such as an MRI (magnetic resonance imaging scan).

That way doctors can determine the cause of the TIA and prescribe treatment, which may include blood thinners, in hopes of preventing a full-blown stroke.

See **TIA**, D2, col. 4



Getty Images

POSSIBLE SIGNS OF A 'MINI-STROKE'

Transient ischemic attacks, sometimes referred to as "mini-strokes," have the same symptoms as a stroke. Though TIA symptoms are short-lived, it's important to seek emergency medical attention because such attacks can be warning signs of a future stroke. Call 911 if you experience:

- ▶ Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- ▶ Sudden confusion, trouble speaking or understanding.
- ▶ Sudden trouble seeing in one or both eyes.
- ▶ Sudden trouble walking, dizziness, or loss of balance or coordination.
- ▶ Sudden, severe headache with no known cause.

Some experts recommend getting treated at stroke centers certified by the Joint Commission, a health care accrediting agency. You can look up facilities online at this site:

- ▶ www.qualitycheck.org/consumer/searchQCR.aspx

Source: American Heart Association

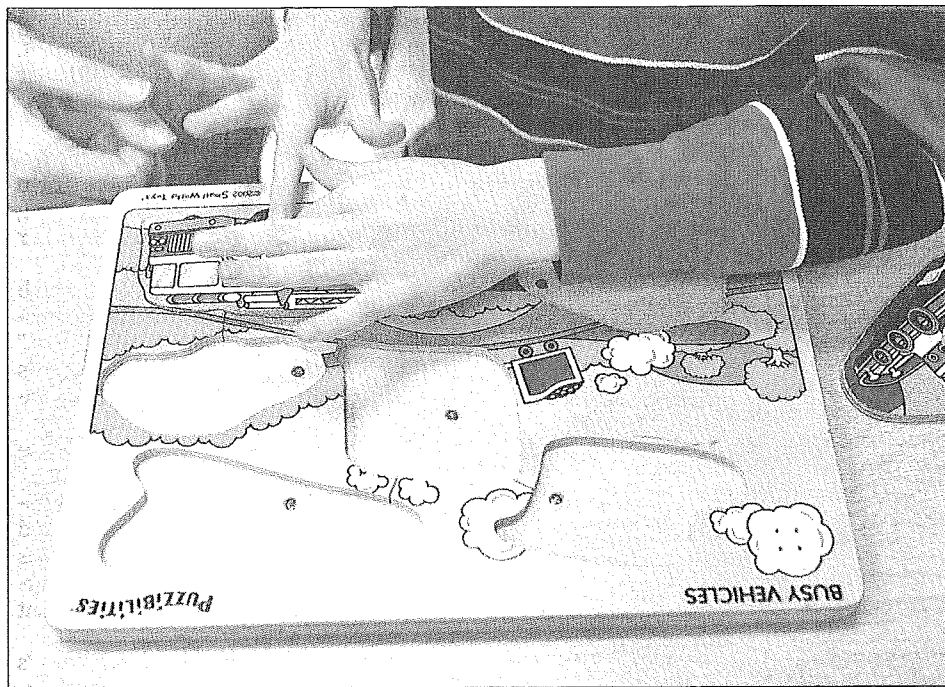
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By Bill Luster, The Courier-Journal

Seth Carney plays with a puzzle, one of his rewards for cooperating during a therapy session at U of L's Weisskopf Child Evaluation Center during which he was encouraged to eat more foods.

FEED | U of L clinic helps children

Continued from D1

Each child is evaluated by an interdisciplinary team that includes Warren, a speech-language pathologist, dietitian and psychologist. Then recommendations are made, such as weekly therapy at the clinic that may or may not be covered by insurance.

Sometimes children have problems that require them to be referred to a specialist, such as a gastroenterologist, or they may be referred to a therapist in another community, since some of the kids come from outside Louisville.

During the initial evaluation at U of L, Warren said, "we look at the child and make sure they're doing an OK job with chewing, if they're swallowing, if their nutritional needs are being met and if there's any behavioral issues that may be impacting their feeding, then right then and there we do make recommendations to the family."

Registered dietitian Diana Pantalos, who's part of the interdisciplinary team, helps to identify the children's nu-

trient needs and how to meet them. She suggested, for example, that Seth Carney, a Bullitt County boy who has autism and an extremely limited diet, start getting a calorie booster in the form of a powdered nutritional supplement.

Once therapy begins, new foods are slowly introduced in a nonthreatening manner, so the children can start to get comfortable with them, Warren said.

"Sometimes, we'll take peas and we'll shoot them at targets with our mouths," she said. "So we do fun things like that to try to introduce the new foods."

Early on, kids may be asked to sort vegetables by color and to literally kiss their vegetables goodbye before throwing them away.

Eventually, the children progress from touching to smelling to tasting the food and finally to eating it, she said.

Along the way, there's a lot of positive reinforcement.

"Great job, Seth! One more sip," Warren said, as she worked with the 7-year-old during a therapy

session last week.

Warren had mixed a bit of milk into some grape cranberry juice to try to increase his calcium intake.

Seth not only accepted the juice but also ate some pudding and some thinly sliced chicken on crackers, astounding his mom, Marge Van Gilder, who watched from across the room.

"I am just amazed," said Van Gilder, whose son usually eats baby food and a few other items.

One of the ways Warren has been able to get Seth to try new foods since he started visiting the clinic in November is by offering him rewards.

They include being able to take a ride on an indoor swing and playing with a puzzle that makes kid-friendly sounds, such as the roar of a racecar. But Seth must earn a certain number of "good job" tickets first for eating right during his therapy sessions.

"Sometimes, we have to be really creative," Warren said.

Reporter Darla Carter can be reached at (502) 582-7068.

SPOTTING PROBLEMS

If your child has several of these issues, he or she could have a feeding disorder. Consider talking with your child's pediatrician about your concerns.

- ▶ The child's diet isn't developmentally appropriate.
- ▶ The child's diet is very limited (he or she eats fewer than 20 different foods).
- ▶ The child's diet doesn't include items from each food group.
- ▶ The child's weight is below normal (or in some cases, above normal.)
- ▶ Mealtime is unpleasant.
- ▶ It's difficult or impossible to dine out.

Source: Jocelyn Warren, an occupational therapist with the feeding disorders clinic at U of L's Weisskopf Child Evaluation Center.

Learn more

For more on University of Louisville's feeding disorders clinic or to ask a question, call (502) 852-0819.

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