



# OCTOBER UPDATES

## OCTOBER IS MENTAL HEALTH AWARENESS MONTH

This is a time to shine a light on the importance of mental health for people of all ages — especially children and adolescents. This month encourages us to talk more openly about emotional well-being, reduce stigma, and recognize the vital role that early understanding plays in lifelong health.

### **WHY MENTAL HEALTH AWARENESS MATTERS FOR CHILDREN:**

Children experience stress, sadness, and anxiety too — but they often show it differently than adults. Mental health challenges in young people may appear as:

- Changes in mood, energy, or motivation
- Irritability or emotional outbursts
- Difficulty focusing or completing schoolwork
- Withdrawal from friends or family
- Frequent physical complaints, such as headaches or stomachaches

Recognizing these signs early allows parents, educators, and professionals to step in with compassion, understanding, and the right resources before problems become overwhelming.

# ENCOURAGING CONVERSATION AND REDUCING STIGMA

Mental health awareness begins with conversation. Children benefit when adults create safe, nonjudgmental spaces to talk about feelings, stress, and coping. By normalizing these discussions, we teach that **mental health is just as important as physical health** — and that seeking help is a sign of strength. This October, let's commit to listening, learning, and supporting the emotional well-being of every child in our community.



## A Message to Families

Emily Moran, M.Ed., LPA

At Direct Pediatrics, our goal is to support children and families with understanding, compassion, and clarity. Through comprehensive psychological evaluations, **we help identify the root causes** of emotional, behavioral, or learning challenges and develop personalized recommendations **to help children thrive** — at home, in school, and in their communities.

If your child has experienced changes in mood, focus, or motivation, now may be the right time to explore what's beneath the surface. Early understanding can make all the difference.

**We offer free 15-minute phone consultations** to discuss whether testing may be helpful for your child. Call Direct Pediatrics at 502-515-6601 to learn more.

**Every child deserves to feel understood and supported.** This month and every month, let's keep working together to nurture children's mental and emotional well-being

## COUGHS: HERO OR VILLIAN?

It's the middle of the night, and your child's coughing won't stop—maybe even to the point of vomiting. As frustrating as it is, **the cough might actually be more of a hero than a villain...**

- The real villain is the virus (80% of the time) or allergies (15% of the time) creating excess mucus. What you see from the nose is just a small part—most drains down the throat.
- While upright, mucus drains into the stomach and is passed in poop (which is why stool may be loose or green during a cold).
- When lying down, mucus can flow into the airway (trachea) instead of the stomach.
- To protect the lungs, the body coughs to clear the mucus—whether it's spit out or swallowed.
- So should I give cough medicine? No! Coughing is protective. Suppressing it can trap mucus in the lungs and increase the risk of infections like pneumonia.
- Oral cough/cold meds don't work and can cause scary side effects.
- Studies show these medicines are no better than placebo. In 2023, the FDA declared phenylephrine ineffective, yet it remains on shelves. The American Academy of Pediatrics advises against cough/cold meds for kids under 6, but pharmacies still sell them.



## What can you do?

Dr. Steve Johnson

**These won't stop the cough completely —because coughing is needed to clear mucus—but they can make it more comfortable:**

- **Honey (for kids over 1):** 5–10 ml every 4–6 hours, and double at bedtime. It soothes the throat and reduces inflammation. Only plain honey works — not “cough syrup with honey.”
- **Nasal saline rinse:** Helps flush out mucus. Less mucus = less coughing. Best done before bed and before school.
- **Eucalyptus, menthol, or camphor rub (like Vicks, for kids over 2):** Studies show it reduces cough and congestion. Recommended by the AAP.
- **Sleep more upright:** Propping up helps mucus drain into the stomach instead of the lungs, reducing coughing at night.

## **TYLENOL & AUTISM: A QUICK SUMMARY** (BECAUSE I FOLLOW THE RESEARCH SO YOU DON'T HAVE TO):

A large European study found an association between frequent Tylenol use during pregnancy and autism in children—but only in mothers who used it regularly throughout pregnancy. Most other studies have not found this link.



Remember, associations do not mean that one thing caused the other thing. For example, there is an association between rising ice cream sales and shark attacks. This does not mean that ice cream sales cause shark attacks. In this case, warm weather is what causes more people to be at the beach, resulting in both the increase in ice cream sales and shark attacks.

In the same way, we do know that infections during pregnancy can impact a baby's brain development. If a mom had an infection and took Tylenol for the fever or pain, it's more likely that the infection—not the Tylenol—affected brain development. In fact, Tylenol may have helped by reducing fever.

Bottom line: If you're pregnant and have pain or fever, talk to your doctor. They'll likely recommend Tylenol if needed. As with all medications, use the lowest effective dose for the shortest time.



## Type 1: “Swimmer’s Ear”

Dr. Kyle Stewart

One type of ear infection is called “Swimmer’s Ear” (or the fancy word for it is “Otitis Externa” AKA External ear infection. You can think of it as an infection of the outer ear canal. This is way more common in older children (often due to water that gets stuck in their ear after swimming). The ear hurts to any external pressure, so pushing on the jaw, moving the ear, putting an otoscope into the ear canal, etc. The infection is just in the canal, so we can treat these with antibiotic drops sometimes associated with steroid ear drops to help calm it down over a day or two. Does your kid get this a lot? You can try to help prevent it with alcohol drops after swimming or having them wear ear plugs.

## Ear infections: What to know

The second ear infection category is called an “Inner Ear infection” (or Otitis Media if you’re a Latin scholar). These are more common in association with viral respiratory infections as mucus finds it’s way behind the ear drum and sets up shop there, serving as a nidus for bacteria to move in and cause issues. This creates lots of pressure on the inner ear, which can be painful, cause disrupted sleep, and can lead to fevers. Typically it’s well-relieved with motrin while it’s in the system. We treat these with an oral antibiotic because drops won’t get to the infection as it’s sealed off by the ear drum. That being said, over half of ear infections are actually viral in nature, so it can be appropriate to hold off on a round of antibiotics to see how the child does over a few days. If a child gets recurrent inner ear infections, we’ll discuss the need for Ear tubes, which can be placed to help drain the fluid from the inner ear and prevent it from building up and turning into an infection.

It’s often difficult to tell which “type” of ear infection your child may have. While not urgent, they warrant an exam from your pediatrician to help determine 1. If there is an infection, 2. Which type it is, and 3. What treatments options would be safe and helpful.

# A Seasonal Option to Save You Time and Help You Take Advantage of The Unique Flexibility of Direct Primary Care!

While we love seeing you in person and are happy to do so, we also value your time and want to make you aware of an option that you can take advantage of that you definitely couldn't at a traditional pediatric office!

If you would prefer to use an at-home test to check your child for flu, just text us a picture of the positive test and we are happy to call in the treatment to a nearby pharmacy.

Couple of things to think about...

- You can find at-home flu tests online at retailers like Amazon.
- Flu medications are generally only effective within 48 hours of the onset of symptoms, so test early!
- A great medicine for flu is Xofluza. It's a single dose medicine for kids 5 & up who can swallow pills.
- Tamiflu is also used to treat flu in all ages, but it's a rough medicine that has to be taken twice a day for 5 days with side effects (especially nausea and vomiting) that can be worse than the flu itself.
- What about testing for COVID and RSV?
  - While you CAN test for COVID and/or RSV at home out of curiosity, there's no medication for RSV and it's not treated any differently from any other respiratory virus which is why we rarely test for RSV.
  - The same is basically true for COVID, although for kids 12 & over weighing at least 88 pounds there is a medication (Paxlovid) for kids at risk of developing severe COVID due to history of asthma and/or obesity.
- What about testing for strep? Currently the FDA does not approve any at-home strep tests.



# Results from this week's virus/bacterial testing in Louisville

Below is Dr. Alan Junkins' (Chief of Microbiology) weekly report on viruses and bacteria detected in the Louisville area. It provides insight into what's on the rise and what's fading in our community. A few key points:

- The value represents the positivity percentage. For example, if 7% of COVID tests came back positive last week, the value for COVID is 7%.
- Viruses/bacteria increasing for two weeks in a row are marked in red.
- Viruses/bacteria decreasing for two weeks in a row are marked in green.
- The table includes the most common cold viruses, with the most familiar ones at the top.

	Week of 10/6/2025	Week of 9/29/25	Week of 9/22/25	Week of 9/15/25
COVID	5%	6%	7%	8%
Influenza A (Flu A)	2%	2%	3%	<1%
Influenza B (Flu B)	<1%	<1%	<1%	<1%
Respiratory Syncytial Virus (RSV)	1%	2%	1%	1%
Strep	14%	13%	13%	14%
Adenovirus	5%	5%	3%	2%
Coronaviruses (non-Covid)	<1%	<1%	<1%	<1%
Human Metapneumovirus	1%	1%	<1%	<1%
Mycoplasma Pneumoniae	<1%	<1%	<1%	<1%
Parainfluenza (Croup)	6%	6%	6%	7%
Pertussis (Whooping Cough)	<1%	<1%	<1%	<1%
Parapertussis	<1%	<1%	<1%	<1%
Rhinovirus / Enterovirus	25%	27%	24%	25%



Dr. Johnson and his staff provide a health care experience that is unlike any you've had before. You have access to the best pediatrician and child psychologist you can imagine. You are treated with time, care, and compassion. You will feel heard and understood. You will have access to Dr. Johnson 24/7 when necessary. Joining this practice could very well change your life and change everything you know about getting care for your children. I can't recommend Direct Pediatrics enough. It has dramatically improved our lives.

# IN THE JOHNSON HOUSE

- Lori and Alexis will be checking out NC colleges (Duke, UNC and Wake Forest) over Fall break en route to visiting almost 1 year-old nephew James in Charlottesville, VA.
- Michael has now attended 5 theater performances since starting NYU including Stranger Things 2 weeks ago (with free student tickets)!
- Matthew is signing up for an MCAT prep class in order to take the MCAT this Spring. Fortunately FSU football is no longer a distraction after they lost 3 games in a row.

## Office Logistics:

### **DR. STEWART OUT OF THE OFFICE (FOR DISNEYWORLD!)**

10/18-10/25. IF YOU NEED TO BE SEEN, PLEASE CALL THE OFFICE. DR. STEWART WILL BE AVAILABLE VIA TEXT FOR NON-URGENT QUESTIONS/CONCERNS.

### **SEASONAL VACCINES ARE IN!**

CALL THE OFFICE TO GET YOUR FAMILY (EVEN NON DP MEMBERS) ON THE SCHEDULE!



# IN THE STEWART HOUSE

The Stewart family has enjoyed doing all the typical KY October festivities with visits to Keeneland, a pumpkin patch, and Boo at the Zoo! Next week, they will be off to Disneyworld for a week of family fun!



**(502) 515-6601**



**DIRECT PEDIATRICS**



**@DIRECTPEDIATRICS**



**LEAVE US A REVIEW ON GOOGLE!**

**NORTON COMMONS  
LOCATION**



**MIDDLETOWN  
LOCATION**

