

WIND STUDY PROGRESS

The WIND Study received funding from the National Institutes of Health to conduct a simple in-person visit with participants at about 3 ½ years of age. This brief visit can be scheduled at a time that is convenient for you. We will be in touch soon with more details.

David and Rishi are the newest members of the WIND Study team. They do follow-up interviews, so you will have a chance to talk with one of them soon.

BEAT THE HEAT

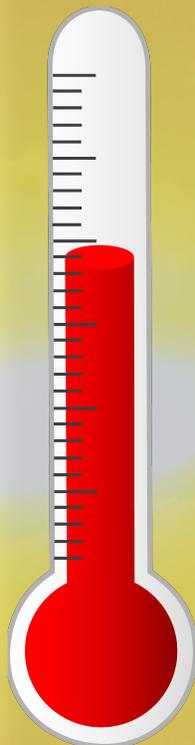
During the summer months, children are often busy enjoying the outdoors. While it's always fun to play in the sun, it is also important to make sure that your children have enough fluids in their system! here are some tips on how to keep your children hydrated during summer:

- An active child may require 6 to 8 glasses (8 oz.) of water each day
- Don't wait until your child is thirsty to offer something to drink
- Remember that fruits and vegetables can be a good source of water

SIGNS OF DEHYDRATION

Consult your child's primary care provider if you think your child has moderate to severe dehydration. If your child is mildly dehydrated, take them out of the heat and give them plenty of fluids.

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| • Mild to moderate dehydration | • Severe dehydration (in addition to already listed symptoms) |
| • Plays less than usual | • Very fussy |
| • Parched, dry mouth | • Excessively sleepy |
| • Urinates less frequently | • Sunken eyes and wrinkled skin |
| • Sunken soft spot on the head of young toddlers | • Discolored hands and feet |



SUMMER ACTIVITIES

Here are a few inexpensive activities for you and your family to try this summer.



HANDPRINT SUN CRAFT: Have your child put their hand in washable paint and make handprints on ten different sheets of blank paper. On a separate sheet, draw a large yellow circle - alternatively, you can use a yellow paper plate. After drying the handprints, cut them out and glue them around the yellow circle to add a little sunshine to your day.



FIREWORKS IN A BOTTLE: Put red, white, and blue curling ribbon or pipe cleaners; glitter; and star confetti in an empty water bottle and let your child fill the bottle with water. Have your child shake the water bottle and watch as the sparkly fireworks form.



SPONGE TOWER: Cut up several colored sponges into thirds to make rectangle blocks or fourths to make squares. Now your child can stack the sponge pieces to make a tower. If your children are feeling creative, they can even use the sponge pieces to practice making patterns or form letters or other shapes.

IN-DEPTH: HAYFEVER

During phone interviews, we ask if your child has ever had hayfever. Hayfever in children is a medical condition typically caused by an allergic reaction to items in the air, such as pollen. The reaction can irritate the inside of the nose, as well as affect the throat and the back of the mouth. It can also disturb sleep and cause issues with concentration.

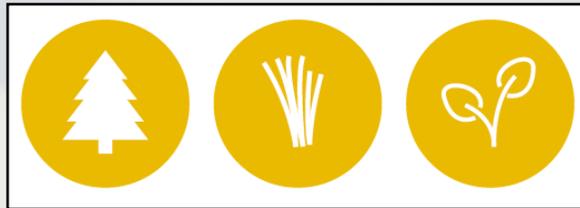
Time of year can be a factor in how the symptoms of hayfever present themselves.

Hayfever symptoms may start or worsen at a particular time of year, as a result of pollen, grasses, or weeds blooming at different times. However, people sensitive to indoor allergens, such as dust mites, cockroaches, or mold, tend to have symptoms year-round.

Recent research suggests that hayfever

can make it harder to control asthma [1]. People with both asthma and hayfever tend to have more hospital and emergency department visits than other people with asthma, and some people even find that the things that set off their asthma will make their hayfever worse [2]. Thus, effective treatment for hayfever may help

reduce the risk of asthma attacks and improve functioning of the lungs.



We hope that the WIND Study will help us learn more about the relationship between hayfever and asthma.

[1] Nathan, R.A. (2007). The burden of allergic rhinitis. *Allergy & Asthma Proceedings*, 28(1), 3-9.

[2] Bhattacharyya, N., & Kepnes, L.J. (2009). Additional disease burden from hayfever and sinusitis accompanying asthma. *Annals of Otolaryngology, Rhinology, & Laryngology*, 118(9), 651-655.

GET TO KNOW... ARI COHEN

Ari Cohen is one of the site principal investigators of the WIND Study. He is the Chief of the Pediatric Emergency Department at Massachusetts General Hospital, one of the 17 hospitals where children were enrolled in the study.



Dr. Cohen believes the WIND Study will help to resolve the difficult issue of determining the best treatment for children with a diagnosis of bronchiolitis. Also, Dr. Cohen feels that the WIND Study has helped bring together many major pediatric hospitals to move towards more standardized care.

In addition to his work with the WIND Study, Dr. Cohen's research interests involve the clinical care of patients, with a focus on both bronchiolitis and on head injuries. He spends much of his time helping to streamline pediatric care between the emergency department and inpatient services.

Dr. Cohen started his career as a pediatrics resident in New York City, completed his fellowship in Boston (his birthplace), went back to New York City to serve as an attending physician, and finally returned to Boston to head the Pediatric Emergency Department at Massachusetts General Hospital. He remains a Yankees fan, despite being surrounded by Red Sox fans, who are some of the most zealous fans anywhere!

CONTACT US

Do you have questions about the WIND Study?
Did you recently move or change your phone number or email?
Please let us know so that we can stay in touch. Call or email us anytime.

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