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## Sweating Out a Fever

*Focus on Symptoms, Not Just the Number on the Thermometer, Doctors Advise*

By MELINDA BECK



When a child's temperature begins to rise, worried parents often spring into action, marshaling cool washcloths and pain relievers, making frantic calls to the doctor or even visiting an emergency room.

Now, the American Academy of Pediatrics is telling parents that the number the thermometer displays is just a number—and that making a feverish child comfortable is far more important than bringing his temperature to 98.6 on the dot.



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Fevers are the main reason for one-third of calls and visits to pediatricians.

"The signs and symptoms provide much more information than just the fever itself," says Janice E. Sullivan, a professor of pediatric critical care at the University of Louisville School of Medicine in Kentucky and co-author of an AAP report on fevers, released Monday.

The report, aimed at calming what it calls "fever phobia," also says there is no evidence that lowering a fever will help a child get well faster, or that leaving a fever untreated could cause seizures, brain damage or death, as some caregivers fear.

Many pediatricians have given parents a similar message for decades, but it hasn't sunken in. There's widespread confusion over what fevers in both children and adults signify, when to treat them—even what constitutes an official "fever" (100 degrees Fahrenheit? 100.4?) Many parents also rely on the thermometer to tell them how sick a child is when he's too young to talk. To some, it's an objective measure, which can't be faked, of whether an older child should be packed off to school or sent back to bed.

Fevers are the main reason for one-third of calls and visits to pediatricians, the report notes. Yet many beliefs about them are based more on culture, tradition and playground chatter than scientific evidence. Ads showing parents fretting over thermometers confuse things further.

### Drugstore Dangers

These days, navigating the world of children's pain relievers is almost as tricky as interpreting a

"There's a huge desire to do the right thing, but when we think we're healing the child, we may be really treating ourselves" by taking action, says Glen Stream, president-elect of the American

child's temperature.

Johnson & Johnson's McNeil Consumer Healthcare unit recalled 136 million bottles of liquid Tylenol, Motrin, Zyrtec and Benadryl for infants and children last year after federal investigators found bacterial contamination and other problems at a plant in Pennsylvania. Subsequent recalls included Children's Tylenol Meltaway strips in bubblegum flavor, Junior Strength Motrin caplets and Children's Benadryl Allergy Fast Melt tablets in cherry and grape.

Problems ranged from moldy smells to floating metal particles to the possibility of excess concentrations of an ingredient. In a legal filing last week, Johnson & Johnson said alternative supplies are expected to be available in the second half of this year.

In their absence, many parents have turned to generics and drugstore brands, children's Advil or Triaminic, another liquid acetaminophen for children.

Experts are still concerned about combination cough-and-cold syrups. Manufacturers voluntarily withdrew those labeled for children under age 2 in 2007 after pediatricians complained that they didn't work well and posed a risk of accidental overdose. But this week's American Academy of Pediatrics report warns that parents should not give cough-and-cold products containing acetaminophen even to older children, given the risk that they might unknowingly take other products with acetaminophen, which can cause fatal liver damage at high doses.

Many liquid medications for children still on the market have confusing dosing information, according to a study in the Journal of the American Medical Association in December. For example: a label calling for a one-teaspoon dose packaged with a cup marked in milliliters. Since the study was conducted, the Food and Drug Administration issued voluntary guidelines for making children's medication labels easier to understand. The researchers, from New York University, plan to repeat the study to see if the guidelines have made a difference.

In the meantime, experts say, parents should pay very careful attention to dosing information since even small errors can have big consequences in children.

Melinda Beck

## Association of Family Physicians.

Experts stress that a fever isn't an illness, it's a response, probably an evolutionary adaptation to help fight infection. Setting the body's thermostat (the hypothalamus gland in the brain) a few degrees higher slows the reproduction of bacteria and viruses and boosts white blood cells.

There's some evidence that illnesses may resolve faster when fevers are left untreated, the report notes. At the same time, elevated temperatures themselves can cause discomfort in children by interfering with sleep, appetite and activities.

"If your child looks uncomfortable, then treat the discomfort with acetaminophen or ibuprofen," says Dr. Sullivan. But she says a fever alone with no other symptoms doesn't need treating. "The fever itself doesn't tell us how ill the child is. There isn't a good correlation."

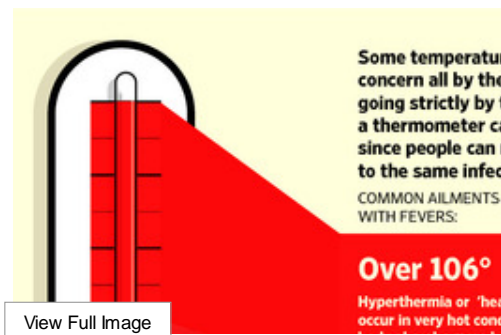
The report, which is aimed at pediatricians, not parents, doesn't specify other ways to make a sick child more comfortable. But Dr. Sullivan says parents should be on the lookout for rashes, irritability and altered mental status.

"Anytime you have a significant change in behavior, you need to talk to your doctor," says Henry Farrar, who practices pediatric emergency medicine at Arkansas Children's Hospital and co-authored the report. It also stresses the need for rest and proper fluid intake.

If a fever-reducing medicine is warranted to make a sick child more comfortable, the report says there is no substantial difference between acetaminophen and ibuprofen in safety or effectiveness. But it warns against combining them or alternating them—which some doctors recommend—because it compounds the risk of errors.

### COMMON AILMENTS ASSOCIATED WITH FEVERS

Some temperatures are cause for concern all by themselves. But going strictly by the numbers on a thermometer can be misleading, since people can react differently to the same infections.



The report also stresses the importance of checking package labels for the correct dosages, which are based on weight and age in children. As many as half of all U.S. parents give children incorrect doses, according to the report.

And if a child is asleep, he shouldn't be awakened just for medication, the report notes. In one study, 85% of parents said they had done so.

There are some cases where a fever alone can be worrisome. Parents should contact a doctor immediately if an infant under 3-months old has a fever of 100.4 or higher, which could signal a serious infection. Children with underlying conditions, such as weak heart muscles, may not be able to tolerate a fever and should get medical attention if one appears.

Children and adults can spike fevers as high as 106 due to hyperthermia, or "heat stroke," a malfunction in the body's ability to cool itself, often after physical exertion in hot weather. Drinking fluids and being immersed in cool water can help; fever-reducing drugs don't.

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Fevers can occur in children and adults for many other reasons, including auto-immune diseases like lupus, cancers like leukemia and lymphoma and just normal teething. Some people routinely run fevers even with minor illnesses, and some people seldom get them. (Rare fevers that last for weeks with no apparent reason are known as FUOs—fevers of undetermined origin.)

Even the classic 98.6 isn't so much "normal" as "average," experts note. A healthy person's temperature varies much as a full degree during the day, reaching highest in the evening and lowest between about 6 a.m. and 9 a.m. (just when tough school-or-bed decisions are being made.)

Given all that variability, does it make sense to check the thermometer at all?

Yes, doctors say. Since most fevers accompany viral infections, experts agree that children with temperatures above 100.4 should stay home until they are fever free, without medication, for at least 24 hours, whether they have symptoms or not.

The same goes for adults—and they shouldn't be under the illusion that lowering a fever with medication also lowers their chance of infecting coworkers, experts say. "We really don't want people with fevers to be in the workplace," says Robert Hopkins, a University of Arkansas professor of internal medicine who serves on the American College of Physician's clinical guidelines committee.

The illnesses with little or no fever pose more of a dilemma. Some viruses are most contagious in the early stages, before a fever has developed. Others, like last year's H1N1 virus, made many people miserable but seldom caused fevers.

That can make for tough calls for parents and school nurses when it comes to deciding whether a child who complains of illness, but doesn't have a fever, should be in school.

"Sorting out the difference between a math-anxiety headache and an illness that could be contagious or prevent a child from learning is a judgment call," says Amy Garcia, executive director of the National Association of School Nurses. It helps to know the child very well, she says. "I had three boys myself, so I know the drill pretty well."

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