

The AAP 2005 Pb statement: What's new, what's different

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With help from
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Background

- AAP technical reports and policy statements are written by technical committees, approved by Academy leadership, and constitute policy
 - Congressional or other testimony is usually based on these statements
 - Statements must be reaffirmed, revised, or retired every five years
 - The voting membership of the committees comes from Academy membership; committees are supplemented by liaison members from federal agencies and sometimes industry

Committee on Environmental Health

- 5 members, up to 3 terms of 2 years
 - In practice, one or more members active in lead poisoning research or care
- Lead statements usually synchronized to CDC policy changes (Preventing Lead Poisoning in Young Children)
 - Last major revision in 1998

Differences between 1998 and 2005

- Screen all medicaid kids
 - not mentioned specifically in 1998
- Know your state or county policy on targeted screening
 - Few such policies in place in 1998
- Consider screening everybody at 1 and 2 in the absence of state policy
 - No mention of questionnaires for individual determinations

New in 2005

- Explicit referral to “Managing...” document
 - All management guidelines consistent in the two documents
- Chelation not recommended below 45
 - Softer “no” in 1998
 - TLC results not available until 2001
- Individual pediatricians not told to target screening on their own

Pertinent negatives

- No specific dietary recommendations
- No specific psychological testing recommendations
- No change in the 10 $\mu\text{g}/\text{dL}$ number (but it has become what 15 was in the 1998 document)
- More data needed on less than 10 question

Committee on Environmental Health, 2004–2005

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Liaisons

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Robert H. Johnson, MD - Agency for Toxic Substances and Disease Registry

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