

Avoiding 'fever phobia:' treat the kid, not the number

By Dr. Tyese Gaines
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Fever is the most common reason parents bring children to emergency rooms, especially in the middle of the night. It's responsible for 1.6 million pediatric ER visits and nearly one-third of pediatrician office visits.

Why? Because fevers scare parents.

In a 2001 study of caregivers, more than half of the parents worried that a fever would harm their children, including brain damage, seizure or death. A more recent study had similar results: more than half of those parents reported being "very worried" when their child is febrile.



Dr. Tyese Gaines

This concept of "fever phobia" was first coined in 1980 by pediatrician Dr. Barton Schmitt to describe excessive, sometimes unrealistic, parental fear of fevers. He felt that most of these concerns were not justified, and that they often led to hasty administration of fever reducers.

And whether it's fever phobia, misinformation or both, some parents give fever reducers to children with, not even low-grade temperatures, but normal temperatures and occasionally give it too frequently.

I frequently remind parents of three things:

One, fever is the body fighting off an infection -- a normal response, not something to be feared. It will not "melt" or "fry" the child's brain.

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Image: Whitney Mitchell had to have her arms and legs amputated after an infection gave her septic shock.

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Two, a fever is a temperature of 100.4 and above. Anything below that number is not considered a fever, not even a low-grade fever.

Three, a rectal temperature is the most accurate measurement of core body temperature, at any age.

Yes, there are children who have seizures with high fevers, called febrile seizures, but repeatedly tracking temperatures and flooding them with fever reducers won't prevent those from happening. Actually, nothing has been proven to.

Febrile seizures only typically happen between the ages of six months and three years. Outside of this age bracket, there is little need to worry. To date, febrile seizures have not caused long-term brain damage.

When it comes to fever, there is no magic number. One child can look great at 104 degrees, eating well and playing, while another is pooped out at 100.4. Consider it more like a yes or no question. As in, does he or she have a fever? Yes or no. Then, how does he or she look?

The brain also has an internal mechanism that will not allow body temperature to exceed 106 degrees, except in rare situations such as heat stroke.

While fever is a sign of an infection or illness, the number itself is not an indicator of its severity. Garden-variety viruses for which there is no treatment can cause high temperatures, while bad ear infections requiring antibiotics can cause no fever at all.

Likewise, when parents treat a fever and it comes back before it's time for the next dose -- a phenomenon that causes much worry -- it's usually because an improper dose was given for the child's weight. It should be dosed by weight, not age, with the help of a physician.

Remember that treating the fever doesn't take away the illness, so when the acetaminophen or ibuprofen (never aspirin!) wears off, the fever will come back. The goal should be to improve the child's comfort, not to decrease it to a particular number.

When to worry?

- Fever in a child two months of age or younger
- A child who still appears lethargic after the fever has gone away
- Fever lasting longer than five days
- Fever in a child with a lowered immune system or a chronic disease
- Fever after spending prolonged time in the heat
- A febrile child who is vomiting non-stop or not drinking fluids
- Fever with a stiff neck and headache

Parents and caregivers should always call the pediatrician or visit the emergency room for an examination if there are concerns about a fever. But, try to avoid panicking or giving the child fever reducers that he or she may not need. Treat the kid, not the number.

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