

Study: Most young pediatricians own home despite high debt

from the AAP Department of Research

New data from the AAP Pediatrician Life and Career Experience Study (PLACES) highlight financial characteristics of pediatricians.



Among early career pediatricians — those who graduated from residency four to six years ago — 78% had household educational debt in 2015. Among these pediatricians with debt, the average is \$158,000, and the average monthly payment is \$1,276. About one-fourth are earning \$200,000 or more a year, and 74% own rather than rent their home (see figure). Most pediatricians (94%) are saving for their retirement; 37% of these pediatricians are saving as much as they would like, and 63% would like to be saving more for retirement.

Among a second group of pediatricians entering their mid-career (graduated from residency 11-13 years ago), 46% had educational debt in 2015. Among those with debt, the average is \$88,000, and the average monthly payment is about \$800. Four in 10 are earning \$200,000 or more a year, and 94% own their home. Nearly all of these pediatricians (97%) are saving for their retirement; 47% are saving as much as they would like, and 53% would like to be saving more for retirement.

Across both groups, pediatricians who earn at least \$200,000 a year are more likely to own a home and to be on track with their savings for retirement, while those who

have higher educational debt are less likely to own a home and be on track with their retirement savings.

“I was surprised and encouraged to learn that despite high monthly debt payments, most young pediatricians own a home and are saving for their retirement, although many would like to be saving more,” said Ashley Miller, M.D., FAAP, a member of the PLACES project advisory committee. “Obtaining practical information on budgeting, debt management and retirement savings as early in their careers as possible will be particularly important for the current generation of residency graduates who are starting their careers with higher debt.”

PLACES has 900 participants in each of two cohorts and includes AAP members and non-members. Eighty-eight percent of participants responded to the 2015 survey. Pediatrician educational debt includes spouse/partner debt.

RESOURCES

- The AAP Insurance Program has developed financial wellness videos, www.aapinsurance.com/resource-center, and provides access to a student loan consolidation program, www.aap.org/discountprograms, to help early career pediatricians and young members develop a solid financial foundation for their personal and professional lives. Additional resources on financial wellness are available at www.aapinsurance.com.
- For more information on the AAP Pediatrician Life and Career Experience Study, visit www2.aap.org/research/places.htm or contact Mary Pat Frintner, in the AAP Division of Health Services Research, at 847-434-7664 or mfrintner@aap.org.

Financial characteristics of pediatricians: Early to mid-career* (n=1,581)

Earn \$200,000 or more a year



26%
of early career pediatricians

43%
of mid-career pediatricians

Own a home



74%
of early career pediatricians

94%
of mid-career pediatricians

Retirement savings on track



37%
of early career pediatricians

47%
of mid-career pediatricians

*Early career pediatricians: 4 to 6 years post-residency in 2015
Mid-career pediatricians: 11 to 13 years post-residency in 2015

Source: AAP PLACES, Annual Survey 4 (2015)

PANDAS/PANS *continued from front page*

Making a diagnosis

PANS is a diagnosis of exclusion, requiring a comprehensive evaluation. The PANDAS Physicians Network (PPN) maintains a diagnostic algorithm on its website (see resources) as well as treatment guidelines.

The PPN draws on the expertise of more than 40 doctors who serve on its scientific and medical advisory boards to help medical professionals better understand the disorders.

“As literature is published, our expert panel updates our guidelines,” said David Brick, M.D., FAAP, PPN president and a pediatric cardiologist. “We want to reflect the standard of care by expert consensus.” Much of PPN’s diagnostic guidelines are based on a consensus statement from a 2013 PANS Consensus Conference published in the *Journal of Child and Adolescent Psychopharmacology* (<http://bit.ly/2kN2aDh>); updated PPN guidelines are expected to be published in the journal by summer.

Pediatricians should consider PANS any time a child has an abrupt behavior change with obsessive thoughts, said Dr. Swedo, one of the authors of the consensus statement. These changes are so intense and out of character that parents or the child usually can pinpoint the day or hour that conditions began.

Treatment recommendations

It has long been established that in the treatment for rheumatic fever with Sydenham chorea, antibiotics may be recommended despite a negative strep throat culture, Dr. Brick said. Prophylactic levels of antibiotics should be considered for children with severe symptoms of PANDAS, those recovering from immunotherapy or those with multiple GAS-associated neuropsychiatric exacerbations, he said.

Cognitive behavioral therapy can benefit those with

mild impairments, according to PPN treatment guidelines. If symptoms persist, nonsteroidal anti-inflammatory drugs, corticosteroids, intravenous immunoglobulin (IVIG) or therapeutic plasma exchange may be necessary, the guidelines state. IVIG and therapeutic plasma exchange, however, can be expensive and difficult to get approved by insurance.

“If (a child is) properly diagnosed, treatment is usually successful,” Dr. Brick said. “A pediatrician may see a 7-year-old child who is normal at the beginning of the week and by the end of the week has severely debilitating OCD. These patients can have a significant recovery after IVIG.”

IVIG treatment was said to be central to Holland’s recovery. “Soon after treatment, she was walking, talking, singing, dancing and playing,” her mom said in a video produced by the university. “We were amazed.”

Sydney Anne Rice, M.D., M.S., FAAP, a behavioral-developmental pediatrician at the University of Arizona, said her center receives parent and physician referrals from across the country. Many children, like Holland, are very sick when they arrive, requiring support from an immunologist, sleep specialist and behavior analyst. “The quicker these children are identified and treated, the better they do,” Dr. Rice said.



Dr. Rice

“We know that some children with rheumatic fever had Sydenham chorea, a movement disorder. Many of those children had obsessive-compulsive behaviors as well as the movement disorder,” said Margaret C. Fisher, M.D., FAAP, an infectious diseases expert who has served on both the AAP Committee and Section on Infectious Diseases, and has chaired the section. “There is no question that rheumatic fever is associated with GAS infection, so there is a basis for PANDAS.”

“While I think some children do have PANDAS, I just don’t know how to help them since the information regarding antibiotic therapy is conflicting,” Dr. Fisher said. “I am patiently awaiting more studies.”

Early studies with a likely selection bias fueled the confusion, Dr. Brick said. In those studies, a few doctors outside of NIMH selected patients with well-established Tourette syndrome or classic OCD symptoms who happened to have a strep infection, rather than patients with sudden-onset severe OCD.

“These patients didn’t respond as expected because they didn’t have PANDAS,” Dr. Brick said. “Some of the doctors who published the initial studies suggesting PANDAS is controversial are now working with us, realizing that maybe the initial studies were studying the wrong patients. It has taken some time to clear up that initial confusion.”



Dr. Fisher

Disorder fraught with controversy

While there is no controversy that the children have debilitating OCD, there has been controversy about the cause of the disorder and how to treat it.

The AAP *Red Book*, for example, doesn’t recognize a relationship between PANDAS and GAS.

RESOURCES

- PANDAS Physicians Network, www.pandasppn.org
- PANDAS — Q&A, National Institute of Mental Health, <http://bit.ly/2K4Yam5>