

Child Care May Boost Academics, Hurt Behavior

By SUE SHELLNBARGER

Child care can give children a lasting advantage in school if it is of high quality, but long hours in child care also are linked to new concerns, including poorer work habits when children reach third grade.

Those mixed results are the latest word from the largest child-care study yet, by the National Institute of Child Health and Human Development.

Among good news in the research, released Saturday at a conference of the Society for Research in Child Development, the behavioral problems found in children at younger ages in earlier stages of the study shrank to insignificant levels by the time the children reached third grade. These problems had included aggressiveness and conflicts with teachers, identified among children at ages 2 and 4½ and again in kindergarten.

Also on a positive note, children who spent time in high-quality care—that is, with an engaged and responsive adult or adults in a nurturing setting—continued to show better academic and cognitive skills in third grade, compared with children who had lower-quality care.

But new problems emerge at third grade in the work habits of children who have spent long hours in care, including a diminished ability to work well indepen-



High-quality care has lasting benefits, but long hours can cause problems.

dently and to use their time wisely, as rated by their teachers. The effects rise gradually in line with increases in non-maternal child care routinely received before the age of 4½; no particular amount of child care was associated with sparking the effect, according to the long-term study of 872 children.

The study by the NICHD—a unit of the National Institutes of Health—de-

fines child care as routinely scheduled care by anyone other than the mother. That includes care by fathers, grandparents, other relatives, child-care centers, sitters, nannies or family child-care homes, where an adult takes several or more children into his or her home.

Children in child-care centers, in particular, seem to gain better memory skills than children in other types of care. But they also show more behavior problems and more conflict with their mothers through third grade, compared with other children.

Some of the 21 researchers running the study have suggested the results might change if father or grandparent care were excluded from the working definition of child care. A preliminary study using NICHD data that exclude paternal and grandparent care suggests that the negative behavioral effects of child care are larger when relatives are excluded from the analysis.

In that study, presented last July at a conference in Belgium by Marinus van IJzendoorn of Leiden University in the Netherlands, “increasing quantity of non-familial care and center care predicted behavior problems more strongly” than in the original NICHD analysis. Care by fathers and grandparents wasn’t linked to behavior problems, Dr. van IJzendoorn found. Other analyses, however, have yielded different results. One member of the NICHD research team, Jay Belsky, a professor at Birkbeck University of London, says he will ask the team to explore the question more in future studies.

The NICHD study includes controls for the effects of an unprecedented number of variables in the children’s development, from mothers’ education and mental health, to family structure and income.

Because so many children receive large amounts of child care, questions also have been raised about the broader impact that child care may have on schools’ culture. The behavior problems that showed up in child-care kids through kindergarten, which then shrank to insignificance in third grade, may indeed be short-lived and may not emerge in studies of the children at older ages, Dr. Belsky says. On the other hand, he says, their disappearance may reflect a “contagion” effect, where child-care kids’ problem behavior seeps into other children who haven’t had so much nonmaternal care. That is, instead of child-care kids behaving better, other children’s behavior may have gotten worse, making the child-care kids seem more normal.

Whatever the case, parents can take comfort from the fact that the effects of child care are quite small in comparison with the effects of family and home environment. The biggest influence by far is still the family.

Dementia Drugs Get Warning

By ANNA WILDE MATHEWS
And HEATHER WON TESORIERO

The Food and Drug Administration, in the latest sign of its increasingly strong and public approach to major drug-safety concerns, called for tough cautions on the labels of seven antipsychotic medicines.

The announcement endorsed a “black box” warning, the agency’s strongest, about the risk of death in elderly dementia patients taking widely used drugs—including Eli Lilly & Co.’s Zyprexa and Johnson & Johnson’s Risperdal—to control behavioral problems.

Amid scrutiny from Congress on its handling of safety matters, the agency recently has taken several high-profile steps, including calling for strong label warnings for painkillers and asking for one, Pfizer Inc.’s Bextra, to be removed from the market.

Yesterday’s request focused on the new generation of drugs, known as “atypical” antipsychotics, largely used to treat psychiatric conditions such as schizophrenia. They aren’t approved to treat behavioral disorders in dementia patients, but often are used “off label” for that. In addition to Zyprexa and Risperdal, the

drugs affected were Lilly’s Symbyax, AstraZeneca PLC’s Seroquel, Novartis AG’s Clozaril, Pfizer’s Geodon, and Abilify, marketed by Bristol-Myers Squibb Co. and Otsuka Pharmaceutical Co.

The FDA said its decision was based on a review of 17 clinical trials done with Zyprexa, Abilify, Risperdal or Seroquel in elderly dementia patients, that it felt indicated a likely risk for all similar drugs. Pulling the studies together, the agency said, it found that the risk of death was about 4.5% for patients taking the drugs, compared to 2.6% for those on placebo pills. The causes of death included heart problems and infections.

Companies are examining the announcement. Eli Lilly said it already notes the death findings on labels of Zyprexa and Symbyax. J&J said the label for Risperdal includes a warning about strokes in dementia patients. Pfizer said it “will work with the agency to make sure the labeling meets the needs of patients and physicians.” AstraZeneca is “still reviewing” the request and a Bristol-Myers Squibb spokesman said the company will “evaluate” the request. Novartis said it is committed to working with the FDA “to insure patient safety.”