

encouraging adherence to the therapeutic medication regimen, which often involves a significant number of medications; pancreatic enzymes; vitamins A, D, E, and K; oral antifungals for *Candida* infection; antihistamines; antiinflammatory agents; and oral antibiotics. This may be overwhelming to the child. Factor in multiple inhaled bronchodilators, chest percussion and postural drainage and aerosol treatments, blood glucose monitoring and insulin administration, various other medications, and increased mucus production during the acute phase, and it is common for the child with CF to rebel and be reluctant to adhere to the prescribed regimen. Gentle coaxing, positive reinforcement, and frank negotiation may be required to enlist cooperative for effective therapy compliance.

The diet for the child with CF represents another challenge; careful planning with a registered pediatric dietitian and the child's input may help decrease the loss of appetite and weight loss that are often part of the condition. With infection and increased lung involvement, the child's appetite diminishes, and eventually it can become a challenge to provide appropriate nutrition. When dietary intake fails to meet the child's needs for growth, supplements are considered by mouth. Enteric feedings may be needed via an NG or gastrostomy tube during the night to minimize the disruption of daily activities, including school. A low-profile gastrostomy tube affords the child few activity restrictions and minimum disruption of body image in comparison to NG tube or conventional gastrostomy tube. The child and parents are encouraged to not perceive this therapy as a last-ditch effort but as an adjunct therapy to maintain optimum growth and prevent excessive weight loss.

Depression, anxiety, and disturbed self-image may occur in children and adolescents with CF. Older adolescents and young adults with severe symptoms may be especially prone to depression as a result of the realization of the poor prognosis and the reality of unmet life expectations and goals.

Providing support to both the child and the family is essential. Skilled nursing care and sympathetic attention to the emotional needs of the child and family help them cope with the stresses associated with repeated respiratory tract infections and hospitalizations.