



DPT

DEVELOPMENTAL PEDIATRICS TODAY



July 2018

Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

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Unconventionally Yours

When a child is diagnosed with a Neurodevelopmental disorder the first instinct of the parent is to seek a cure. And more often than not the later one sees a child in the treatment cycle, higher the chance of the parent having tried an unconventional method.



In our country there is no dearth of claims of cure by alternative medicine. From Ayurveda to Music therapy to the stem cell fad. But how much of this is even fractionally effective?

There are strong leads on music therapy being useful in many NDDs.

Ayurvedic texts often do not have descriptions that fit Autism for instance.

Drama therapy has been used in many communication disorders effectively.

Having said all this none of these have any water tight case for being real alternatives.

As of today stem cell therapy is not approved for any disease except hematological outside of a clinical trial. Even the more established therapies like Sensory integration do not have adequately powered studies backing them.

Applied Behavioral Analysis based approaches have good evidences backing them in therapy for Autism.

In ADHD one can be reasonably confident of a turn around with drug therapy.

The grindstone of evidence needs to be applied stringently in NDDs too. It's the duty of the treating Paediatrician to at least mention that the alternative therapy the child is getting has zero/some/adequate evidence of effectiveness.

Dr. Santhosh Rajagopal

Chief Editor



Chairperson's Message



Dear Colleagues,

Greetings.

The July issue of DPT .

Please go through the article on '2016-2017 INTERAGENCY AUTISM COORDINATING COMMITTEE strategic plan for autism spectrum disorder' at https://iacc.hhs.gov/publications/strategic-plan/2017/strategic_plan_2017.pdf.

The Central Zone NDD ToT at Bhopal, conducted on June 24th at Bhopal, was a resounding success by all standards. Congratulations to Dr Zafar and IAP Bhopal for organising the event and the faculty Dr Abraham K Paul, Dr Samir, Dalwai Dr Leena Srivastava, and Dr Zafar.

The examinations for IAP Fellowship on Neurodevelopment and Behavioural disorders will be held at CMC Vellore

We hope that the Guidelines update meeting will take place in the near future

Wishing you all the very best

Regards

Dr. Jeesson C. Unni

Chairperson

IAP Chapter of Neurodevelopmental Pediatrics



Snippets from the Secretary

Dear seniors and friends,

The monsoon brings rain and with it a surge of the Pediatric 'season'. Preventive care has been doing a lot to reduce the burden of infectious diseases. But Neuro developmental disorders are the same whichever season of the year it may be except for a mild increase in access to services in the exam season.



The tremendous interest and enthusiasm regarding this field is palpable in the amazing response we are receiving at the ongoing zonal TOTs. The lack of sufficient exposure to these disorders during the medical education days was a common lament ...eventually a few people had felt the need and were trying to update their knowledge on the same...most awoke to the massive need and utility of diagnostic and interventional services in Pediatric practice today.

In the same spirit we welcome you all to the 15th National conference of Neuro Developmental Pediatrics (NCDP) held in league with the annual state conference of Telangana state (PATSCON) on 29th and 30th September 2018 at Hyderabad. Along with the academic feast constituting deliberations from experts in the field It would be nice to catch up with many like minded people with a common interest in this field and exchange notes with colleagues from across the country

So block your dates, register and plan your travel for 29th and 30th September for the NCDP at Hyderabad.

Dr Leena Srivastava

National Secretary

IAP Chapter of Neurodevelopmental Pediatrics

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Journal Scan

Dr Leena Srivastava

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Clinical Features of Children With Autism Who Passed 18-Month Screening (AAP Pediatrics June 2018) <http://pediatrics.aappublications.org/content/141/6/e20173596>

This is the first study to reveal that children who pass M-CHAT screening at 18 months and are later diagnosed with ASD exhibit delays in core social and communication areas as well as fine motor skills at 18 months. Differences appeared to be more pronounced in girls. With these findings, the authors underscore the need to enhance the understanding of early markers of ASD in boys and girls, as well as factors affecting parental report on early delays and abnormalities, to improve the sensitivity of screening instruments.

In the current study by Øien et al, the authors managed 68 197 children who screened negative for ASD using the MCHAT. These children were also screened with the broad-based Ages and Stages Questionnaire (ASQ) and the Emotionality, Activity, and Sociability Temperament Survey (EAS). The authors found that children who screened negative on the MCHAT at 18 months but went on to receive a later ASD diagnosis (false-negatives) demonstrated significantly greater deficits in the developmental and temperamental domains of the ASQ and EAS compared with those with a negative MCHAT screen who did not receive a subsequent ASD diagnosis (true-negatives). The authors assert that even among children who screen negative on the MCHAT, those with ASD frequently display early signs and symptoms. On the basis of this assertion, they conclude that improved screening methods (specifically with more sensitive instruments) may enhance early ASD detection.

In view of the findings in the study, such a conclusion does seem probable. Surprisingly the data reveals that the MCHAT has a sensitivity of 23% in the given population, which is much lower than that reported in other studies. Factors accounting for the low sensitivity of the MCHAT in this study could probably include timing (in the current study, MCHATS were evaluated only at 18 months), differential follow-up across false- and true-negative screens, or population differences between the present study and previous work.

Irrespective of the causes the discrepancy between MCHAT sensitivities does suggest considering the conclusions of the investigators that more sensitive ASD screening tools may be needed.



Journal Scan

Effectiveness of Universal Self-regulation-Based Interventions in Children and Adolescents A Systematic Review and Meta-analysis. JAMA PEDIATRICS JUNE 2018 - <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2677898>

A meta-analysis evaluating associations of interventions with self-regulation task performance scores showed a positive effect of such interventions with pooled effect size of 0.42 (95% CI, 0.32-0.53)

A wide range of interventions were successful in improving self-regulation in children and adolescents. There was improvement in distal academic, health, and behavioral outcomes in most intervention groups compared with controls.

Vaccination Patterns in Children After Autism Spectrum Disorder Diagnosis and in Their Younger Siblings - JAMA PEDIATRICS MAY 2018. <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2676070>

Owing to misconceptions parents have by reading material online after receiving an autism spectrum disorder diagnosis, do they let their children obtain all of their remaining scheduled vaccines, and are the younger siblings of these children vaccinated according to vaccine recommendations?

Findings In a matched cohort study of 3729 children with autism spectrum disorder and 592 907 children without autism spectrum disorder, we found that children with autism spectrum disorder were less likely to be fully vaccinated for vaccines recommended between ages 4 and 6 years. The younger siblings were also less likely to be fully vaccinated for vaccines recommended at any age.

Relevance - Children with autism spectrum disorder and their younger siblings may be at increased risk of vaccine-preventable diseases.



IAP Central Zone ToT

The IAP Central Zone ToT on Neurodevelopmental Disorders was held successfully at Bhopal on Sunday the 24th of June .

Thanks to the guidance and support of Dr Soans, Dr Shastri, Dr Remesh Kumar and Dr Parekh. After successful West, South and East Zone ToTs, this was the 4th IAP Zonal Training on NDDs.

The Chief Guest was Vice President Dr Vineet Saxena and Guest of Honour Dr V P Goswami who were instrumental in the success of this program which was excellently organised by Zonal Co convener Dr Zafar Meenai along with the IAP team from Bhopal. Dr Sudhakar, esteemed EB member graced the occasion with his presence.

The faculty included Dr Abraham Paul (Kochi), Dr Samir Dalwai (Mumbai), Dr Leena Srivastava (Pune), Dr Zafar Meenai (Bhopal). Total participants: 65. States represented : Uttar Pradesh, Telangana, Andhra Pradesh, Chattisgarh, Madhya Pradesh.

Active participation as delegates of eminent luminaries in the field was seen. Each of the 7 medical colleges from Bhopal was represented by their Senior Faculty. All in all the event was well received and appreciated.





ASD screening

Dr Jeelson C Unni

Observational studies of infants at risk for ASD reveal that, although timing of the emergence of ASD features is variable, subtle signs can be detected within the first few years of life. Experienced clinicians who are trained to use validated diagnostic tools can diagnose ASD by 18-24 months of age. Given the unprecedented growth and organization of the brain during the first three years of life, behavioral interventions initiated in ASD toddlers within this time period result in a range of positive changes including increases in social attention, language ability, and overall IQ. However, due to the lag in diagnosis, many children miss the opportunity to receive treatment during this critical period of neuroplasticity.

Although studies consistently report that screening using validated autism-specific parent-report tools can result in ASD detection as young as 12-18 months, these tools are only used systematically within about 50% of primary care settings.

Barriers that prevent widespread uptake of parent-report and other screening tools within primary care settings include: lack of education and understanding of ASD, lack of familiarity with screeners, uncertainty about where to send a toddler with a test-positive screen, lack of effective and timely means of connecting families of individuals with ASD to available resources, and the extra time and resources required to utilize standardized screening tools.

We as pediatricians have the unique opportunity to interact with babies and their parents and grandparents during well baby visits. And as

standardized screening tool has even been shown to be more effective than pediatrician clinical judgment alone, we need learn to use the simple parent-report screening tool. The new revision to the Modified Checklist for Autism in Toddlers, Revised, (M-CHAT-R), the most commonly used parent-report screening tool, shows that with the administration of follow-up questions (M-CHAT-R/F), 50% of children who test positive are later diagnosed with ASD, and if all developmental delays are also considered, then over 95% of children who test positive are diagnosed with either autism or some other type of developmental delay or disability. However, administering follow-up questions in the M-CHAT-R/F procedure can take anywhere from 5 to 30 minutes and as such does not overcome the barrier of time limits in busy pediatric clinic settings. This may be circumvented by using a computer tablet - this not only resulted in greater and more accurate documentation of the screening results within electronic medical record systems, but also eliminated the time barrier because parents answered the follow-up questions directly on the tablet, thus bypassing the need to engage medical personnel.

Since some cases of ASD are missed when M CHAT is used as a screening tool, a two-stage screening model that combines a general developmental screening tool based on parent report, the Infant Toddler Checklist (ITC), with subsequent observational ratings to screen for ASD is being employed. Detection rates have been reported as 15.1 per 1,000 children at a mean age of 20.8 months, which is very close to the expected prevalence rates for ASD.



Immunisation as prevention of disability and issues with immunization of the differently abled

Universal childhood immunization must reach every child, including the estimated 150 million infants and children aged under 5 years who live with a disability. If children with disabilities are not included in immunization efforts, universal childhood immunization will not be attained and major initiatives, such as the Millennium Development Goal to reduce child mortality will not be met. Immunization and disability are inextricably linked.

There are both direct and indirect feedback loops between immunization and disability. Immunization can eliminate or mitigate some forms of preventable impairments and disabilities, but it is no less important for a child who is born with a disability or acquires a disability after birth. Disability alone is not a contraindication for immunization.

The majority of children with disabilities should receive immunizations and in the case of contraindications, clear guidelines should be published. Improving access to immunization for children with disabilities will give them a healthier start in life allowing them to avoid preventable illnesses, further disablement or death. Immunization not only protects children from vaccine preventable diseases, it also serves as an opportunity to deliver other lifesaving measures, such as vitamin A supplements to prevent malnutrition, insecticide treated nets for protection against malaria, deworming medicine for worms infestation, and provides a platform to promote birth registration and an opportunity for screening for disability and follow up of already diagnosed cases.

Adolescents and adults with disabilities must not be forgotten in immunization efforts. In line with the goal of the Global Immunization Visions and Strategy (GIVS) to immunize more people, the benefits of immunization are increasingly being extended across the lifespan to include adolescents and adults, providing protection against life-threatening diseases such as influenza, meningitis, and cancers. For example, it should be a priority to ensure they are included in the introduction of new vaccines such as the HPV vaccine.

Collaboration between the health and disability agendas is critical to ensure immunization efforts, including strategic communications, are disability-friendly, do not further stigmatize and reach the parents and caregivers, as well as the children with disabilities.

Too often, infectious diseases have been distinguished from chronic diseases, as though these are mutually exclusive categories competing for recognition as a leading public health priority. Nowhere is this view less sustainable than in the field of childhood disability, particularly in developing countries. Worldwide, infections are among the leading causes of chronic, developmental disabilities in children, along with and sometimes interacting with genetic and nutritional causes. In developing countries today, infections that are ostensibly preventable or controllable continue to be important causes of damage to the developing nervous system resulting in early and long-term cognitive, motor, seizure, hearing, vision, and behavioral disabilities.



Activities across the country

Manipur

Dr Samir Dalwai had the honour of being invited by H E Dr Prof Najma Heptullah, Honourable Governor of Manipur, to address the faculty and students at the prestigious Regional Institute of Medical Sciences (RIMS), imphal, manipur on Clinical Approach to #autism and #adhd in children.





Activities across the country

Kolkatta

IAP Kolkatta organised a session for Pediatricians on counseling regarding Neuro developmental disorders at Taj Bengal on 9th June. The session was organised by the local IAP under the experienced guidance of Vice President Dr Arup Roy. Dr Samir Dalwai's talk and interaction with more than 160 Pediatricians on the occasion was highly appreciated.





**Please remember to register NOW
for the NCDP 2018 at Hyderabad
on 29/30 September.
Hope to see you there.**

First Announcement

Pediatric Academy of Telangana State PATS &
IAP Chapter of Neuro Developmental Pediatrics




4th PATSCON & 15th NCDP 2018

29th & 30th September, 2018

Organised by : Pediatric Academy of Telangana State - PATS
Venue : Park Hyatt, Banjara Hills, Hyderabad

Theme :
Nurture the
Nature













REGISTRATION DETAILS :

Delegate	upto 31 st July	upto 15 th SEPT	SPOT
IAP Member	3000/-	3500/-	4500/-
Non IAP Member	3500/-	4000/-	5000/-
PG (Certificate by HOD Mandatory)	2500/-	3000/-	3500/-
Workshop	1000/-	1000/-	1000/-

(First come first serve will be announced in the next brochure)

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PATSCON NCDP 2018
 Oriental Bank of Commerce,
 Himayathnagar, Hyderabad
 Account No - 11111012000079
 IFSC Code - ORBC0101111
 Payable at Hyderabad.

Hyderabad - 500027
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