



# DPT

## DEVELOPMENTAL PEDIATRICS TODAY



April 2021

### Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

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## Editorial

*We have to be prepared for the worst and pray for the best!*

*Dear Friends and respected Seniors,*

*I am writing this editorial with a heavy heart seeing so much human suffering and death all around. This second wave has taken us aback, because we were not adequately prepared, nor did we anticipate. The way that it's affecting the masses and killing the young and old alike is quite upsetting. India reported 4.13 lac cases and 4000 deaths in a day on 5th May 2021. Although I feel the actual figures are much higher than this because most people are still not getting tested and only deaths due to Covid 19 infection which occur in the hospitals are counted whereas most people are not getting hospital beds and there are many people dying at home and on roads, not to forget the false negative reports. Now every doctor in the country irrespective of whatever be his/her specialization is directly or indirectly involved in helping people to fight with Covid. It's like fight or fright situation. We as developmental pediatricians are more involved in indirect effects of Covid. Covid infection in age group below 20years accounts for 12% of total cases and 3% of all deaths are accounted for by below 20years age group. Having said this, we have to take it into account that 41% population in our country is less than 12 years age. It is really upsetting that some children were left alone at home when both parents are admitted in the hospital. In some cases, kids lost one or both parents. So, in the near future we will face more mental health issues in all age groups due to Covid. Likely causes of this unprecedented wave includes lowering of guard, complete unlock by the government, mass gatherings, lack of adherence to Covid appropriate behavior and mutant strains.*



*Many people are arranging oxygen at home. But the moment they get hospital bed, they stop oxygen and rush to hospital without oxygen and in the process deteriorate and for some it costs their life even before they get admitted because of long waiting time in emergency. We must pass this message to all our patients and friends about appropriate oxygen use and that they should not stop oxygen even for transport.*

*This Pandemic has brought out the best as well as the worst of human behavior. College students and other good Samaritans have come forward and helping people find beds, oxygen and other essentials. Oxygen Langar started by Sikh community in Delhi, a completely free state of the art hospital started by Sikh community in Delhi, some youths in UP performed last rites of people who died due to Covid and their relatives didn't come forward to perform the last rites. These are some examples.*

*This month there has been so many online programs on Autism because of ease of organizing on an online platform as well as dIAP coming forward to provide platform in organizing the webinars. It's been a history of sorts. We would like to thank the central IAP, local State IAP teams and of course our very own Secretary and Chairperson, who very enthusiastically supported and participated.*

*Our current issue focuses on Autism. Happy reading. Suggestions are welcome.*

*Long live Humanity!*

*Jai Hind!*

*Dr. Lata Bhat  
Chief Editor*



## Chairperson's Message

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Dear Readers,

The beating of the drums from all corners of India ushered in the new year with gaiety, but we suddenly got swept off our feet with this pandemic creating chaos and panic. We have lost many of our loved ones and doyens of paediatrics to this carnage. Praying that the trough of this wave is reached soon.



April, however, was an exhilarating month and, as desired, we could cover and share knowledge of autism in the entire country raising awareness of its early detection and care. I would like to express my gratitude to each and every member of the Chapter and collaborations extended by our President Dr Piyush Gupta and Dr Basavaraja in this endeavour.

Autism is a public health issue endorsed by WHO in 2007. April 2nd is the designated World Autism Awareness Day, and calls for involvement of all professionals to address this issue.

This newsletter brings new thoughts.

Happy reading,

**Dr. Shabina Ahmed MD, FIAP**

National Chairperson

Neurodevelopmental Pediatrics Chapter of IAP



## Snippets from the Secretary

Respected Seniors and dear friends,

Seasons greetings from the IAP Chapter of Neurodevelopmental Pediatrics.

The April month started with a series of academic activities for Autism awareness on the digital platform of IAP (dIAP) and the chapter was able to conduct a series of webinars for pediatricians, parents as well as a few online workshops with the help and support of central IAP and state/city IAP branches. The detailed report of these activities is covered in the issue along with lots of pictures of the same later in the issue.



The month also brought the eerie feeling of Deja Vu along with it as the Covid cases kept increasing exponentially all over the country with each passing day and the dream of ending of the Covid19 pandemic anytime soon faded into oblivion towards the end of the month. The current wave is affecting younger adults and children more and the central IAP was quick to bring out the standardized management guidelines for managing the pediatric cases in the month. Though the vaccination drive is going on despite the vaccination shortage in the country and with recent inclusion of all people above 18 yrs being made eligible for vaccination but it is very important for all people to strictly follow the Covid 19 precautions of wearing masks and safe distancing. We look forward to central IAP to take up the case for early Covid vaccination for all children with special needs on priority with the government as and when the vaccination opens up for the pediatric age groups as they form a high risk group esp the children with Down syndrome.

April month has many important health days - World Autism Day, World Health Day to name a few. We have some interesting articles and journal scan related to these topics. Happy reading and stay healthy and stay safe.

Jai Hind! Jai IAP !

**Wg Cdr (Dr) KS Multani**

National Secretary

IAP Chapter of Neurodevelopmental Paediatrics



## Minutes of OB committee held on 11 March 2021 IAP Chapter of Neurodevelopmental pediatrics

A meeting of the Office bearers of the Neuro-developmental chapter was held on 11 March 2021 online on the Zoom platform and was attended by the following:

Dr Shabina Ahmed National Chairperson  
Dr KS Multani Hony Secretary  
Dr Abraham Paul Governing council member  
Dr Jeelson Unni Governing council member  
Dr Samir Dalwai Fellowship coordinator  
Dr Zafar Meenai Jt Secretary  
Dr Shambhavi Seth Jt Secretary  
Dr Arun Prasad Jt Secretary

The meeting was called to order and the Secretary welcomed the office bearers to the follow up meeting of the General Body meeting held on 28 th Dec 2020 during the NCDP Conference 2020. The following appointments for various posts and committees were taken in respect of the fellowship program of the chapter and various other future plans of the chapter:

### a) Fellowship Program

IAP Fellowship Governing Council

Dr Pratibha Singhi, Dr M.K.C. Nair, Dr S.S. Kamath,  
Dr Abraham Paul, Dr Jeelson Unni

National Coordinator Dr Samir Dalwai

Co National Coordinator Dr Shambhavi Seth

Academic Committee:

Chairperson Dr Shabina Ahmed

Co -Chairperson Dr Shefali Gulati,  
Dr Anjan Bhattacharya,  
Dr Zafar Meenai

Accreditation Committee:

Dr Sitaraman S, Dr Leena Deshpande,

Dr KS Multani

b) Website Committee :

Dr Jeelson Unni , Dr Jyoti Bhatia ,  
Dr KS Multani

c) Journal Committee :

Dr Zafar Meenai, Dr Shefali Gulati,  
Dr Leena Srivastava, Dr Somasundaram

d) Awards Committee (for Honorary Fellowship  
& Life time Awards )

Dr Shabina Ahmed, Dr Nandini Mundkur,  
Dr Abraham Paul, Dr Jeelson Unni

e) Program Development Committee :

Development of screening posters :

Dr Leena Deshpande, Dr DV Lal, Dr Lata Bhat

Multi-centric Research:

Dr KS Multani , Dr Shambhavi, Dr Uday Kumar

Position statement:

Dr Shabina Ahmed, Dr Samir Dalwai,  
Dr KS Multani

TOT programme AAA & Poor Scholastic:

Dr Leena Srivastava, Dr KS Multani

Protocol for child safety in child Centers

Dr Shabina Ahmed, Dr Shambhavi,  
Dr Sunanda Reddy

Ethical committee:

Dr MKC Nair, Dr SS Kamath, Dr Abraham Paul,  
Dr Nandini Mundkur, Dr Arun Prasad

All the members have given their acceptance for the new posts/committees and we look forward to actively working towards taking the chapter to fur-ther heights with everyones involvement and support.



## Role of Vitamin D in Neurodevelopment and understanding Autism

Dr Shabina Ahmed MD, FIAP

The concept of developmental origins of health and disease were introduced by Barker in 1980. He suggested that early environment in pregnancy can determine the structural, metabolic, physiologic and behavioral development leading to susceptibility to future problems.

Recent research studies have shown that Vitamin D deficiency could be an environmental risk to the development of autism and neurodevelopment problems. Understanding the influence of vitamin D in fetal brain development, there is increase in research in understanding relationship of it in pregnancy and neurodevelopment outcome. This has been reinforced by the increasing trend of its deficiency in pregnant mothers in both developed and developing countries. In India 96% of the mothers are found to be deficient as against 20% -35% of cases in Caucasian countries. People with high melanin requires 5-10 times more UV exposure for endogenous vitamin production. The prevalence of autism is seen to be increased in immigrant children with dark skin compared to offspring of lighter skin immigrants in Stockholm, as well as in Minnesota as per a study undertaken in 2009. There has been evidence of increased prevalence of autism with low sun exposure in the general population. Supportive evidence of over a decade has shown

that low gestational Vitamin D exposure as early as second trimester is associated with language skill delay, and motor development delay and features of autism in children, in the age group of 1-5 years. However, these findings have not been consistent in some of the studies which could be explained due to the difference in timing of assessment of vitamin D and tools used for neurodevelopmental assessment age and child characteristics.

Vitamin D is biologically converted to 1,25(OH) cholecalciferol and this regulates expression of 900 genes, a large number of which impact brain development and function. Vitamin D has neurotrophic and neuroprotective properties. It plays a role in neurogenesis, dendritic arborization, synaptogenesis, selective pruning, and myelination and synaptic plasticity. It acts by binding to Vitamin D receptor (VDR) which further binds to Retinoid X Receptor (RXR). RXR triggers recognition of Vitamin D Response Element (VDRE) in DNA sequence of Vitamin D regulated genes and modulates transcription by gene activation and repression. Vitamin deficiency may inhibit repair of de novo DNA mutation and this contributes to risk of autism. Optimal levels of Vitamin D may also exert protection to the nervous system by anti-inflammatory and anti-autoimmune effect by upregulating T cells.



Vitamin D also regulates serotonin synthesis by activating the transcription of serotonin synthesizing gene, Tryptophan hydroxylase2 (TPH2), in the brain at VDRE. The level of serotonin in the brain is determined by tryptophan. It promotes social behaviour and correct assessment of emotion and social cues. Any deficiency leads to low serotonin in the brain affecting neuroanatomical defects with fewer dendrites and arborizations.

To prevent disease, current guidelines for optimal level of activated Vit D is more than 30 ng/ml at 400 iu of vitamin D daily. However, we do not know whether these guidelines are sufficient to maintain nonclassical functions of Vitamin D hormones in other tissues

Children with autism often suffer from chronic gastro intestinal problems as result of gut inflammation. This is thought to be abnormal products of serotonin via TPH1 pathway that promotes inflammation as a consequence of low Vitamin D.

This relationship of Vit D and autism was first propagated as a medical hypothesis by Jacob Cannell in 2007. A decade later, in 2017, he mentioned that open label trials have shown

improvement of core symptoms of autism in 75% of children with autism at a dose of 300iu/kg/day up to a maximum of 5000iu/day with a level of 25(OH)D level of more than 45 ng/ml. These were confirmed by randomized controlled trials with monitoring of levels every 3 months.

These present findings have given a new dimension to the understanding of the causation of autism. Is this the handle of the umbrella of causes and various phenotypes of autism ? Are we close to prevention and treatment ?

### Further reading :

Cannell, J.J. Vitamin D and autism, what's new?. *Rev Endocr Metab Disord* 18, 183–193 (2017).

Andrea L. Darling, Margaret P. Rayma, Colin D. Steer, Jean Golding, Susan A. Lanham-New, and Sarah C. Bath. Association between maternal vitamin D status in pregnancy and neurodevelopmental outcomes in childhood: results from the Avon Longitudinal Study of Parents and Children (ALSPAC). *British Journal of Nutrition* (2017), 117, 1682–1692.

John Jacob Cannell. Autism and vitamin D. *Medical Hypotheses* (2008) 70, 750–759.



## Covid and Neurodevelopmental Disorders

The unprecedented scale of covid has led to swift implementation of disease containment measures like social distancing, home quarantine and closure of school and businesses.

Extended periods of quarantine present psychological issues that persist over time such as posttraumatic stress symptoms, anger, depression, low mood and irritability. Increased stay at home invariably leads to increase in screen time and thereby leads to internet addiction and inherent problems with increased screen time.

A scoping review published in the journal of paediatric psychology showed that families of children with ndds found it more challenging to manage their childrens behaviour and daily activities.

ASD children reported an increase in intensity and frequency of behaviour problems. Primary causes of behavioral changes were attributed to anxiety, irritability, obsession, hostility and impulsivity. Parents of children with ASD struggled to manage free time of their children, structured activities, autonomies and mealtimes. In children with ADHD during quarantine, certain behaviours had worsened like anger management, on task attention and ability to adhere to routines.

A very important study by kings college , london, showed that all children with ndd had higher proportion of emotional symptoms as compared to pre covid times. Children with ADHD had more conduct problems and those with ASD showed decreased prosocial behaviour . Females with ASD showed higher emotional problems as compared to males.

A study from india (Dhiman et al 2020) revealed higher prevalence of depression, anxiety and stress symptoms among caregivers of children with special needs. In some qualitative studies , parents mentioned a silver lining during isolation and lockdown, as more family members are at home and involved in home education. With restricted access to formal education, some parents saw this as an opportunity to teach their children life skills. In one study (Cahapay et al 2020) , a collaborative





community culture also manifested during the lockdown as families of children with autism provided support and exchanged parenting tips

Due to lack of movement either due to lockdown or closure of Opd services, there is a huge gap in face to face therapies and children with neurodevelopment disorders(NDD). This calls for a multidisciplinary cooperation over teleconsultation between various departments like psychology, occupational and physical therapists , behaviour therapist and language therapists. Children with NDD , have limited understanding of the pandemic and therefore messages of handwashing and social distancing and wearing a mask have to be communicated by pictures and sign language

## REFERENCES

1. COVID 19 and neurology care, neurology india, vol68 no.4, july august 2020, sheffali gulati, Juhi gupta, Priyanka madaan
2. Supporting Children with neurodevelopmental disorders during the covid 19 pandemic Jane summers et al. j Am Acad Child Adolesc Psychiatry 2021 Jan
3. Families with children with neurodevelopmental disorder during covid 19 : A scoping review. Shefaly Shorey et al. Journal of Pediatric Psychology published 24 march 2021.
4. Prevalance and associated factoes of emotional and behaioural difficulties during covid 19 pandemic in children with NDSS..Jacqueline Nonweiler, Fiona Rattray et al. Children. volume 7, issue number 9, 4 sep 2020. (contribution by Kings college , london)
5. How Filipino parents home educate their children with autism during COVID 19 period MB Cahapay --international journal of developmental disabilities 2020



## **Analysis of Kolkata Development Model – A Universal Practice Model for Children with Special Needs (Neurodevelopmental Disorders)**

*Anjan Bhattacharya<sup>a</sup>, Shreyashee Dutta<sup>b</sup>*

### ***What are Neurodevelopmental Disorders?***

Several behaviours that characterize maladjustment or emotional disturbance are relatively common in childhood.

Special needs is an umbrella term covering a wide array of diagnoses, ranging from those that resolve in early periods of life to those that continue for lifetime and severity level ranging from mild to profound.

It covers developmental delays, medical conditions, psychiatric conditions, and congenital conditions that require accommodations so children can reach their potentials. Some individuals grow up from an early age (develop) with a subset of difficulties or issues that arise from the improper functioning of their brain.

The complex and heterogeneous conditions arising from perturbations of the central nervous system lead to the development of Neurodevelopmental Disorders.

### ***Impacts of Neurodevelopmental Disorders***

The impact of these deficits on children may vary depending on the time when brain abnormalities or some damage to the brain occurred (during the perinatal period, or infancy/childhood). Such abnormal functioning of the neurological system and brain, take place during the pre- and perinatal period, which interfere with the developmental of language and speech, motor skills, attention, behavior, impulse control, emotional expression, memory, learning, or other neurological functions.

### ***Solutions***

Therefore, these children need Early Detection and expert Early Intervention. We know that, otherwise, delay leads to downward spiral with lasting morbidity through adolescence and adulthood [1]. Neurodevelopmental disorders (NDD) are increasingly being recognized as a leading cause of morbidity in children, causing great suffering for patients and their families and large costs for society [2].

### ***An indigenous and unique solution***

Kolkata Development Model [3] proposes a unique and unifying practice model, which efficiently combines and simplifies management of all neurodevelopmental disorders and Special Needs in children.

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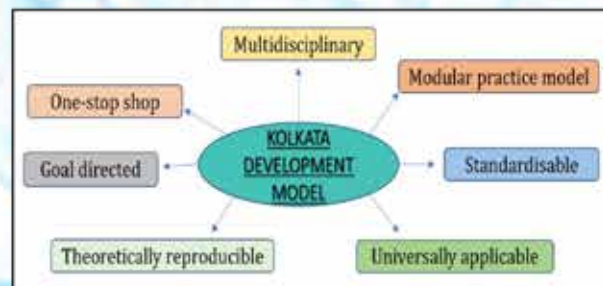
a. Consultant Developmental Paediatrician, Head, Child Development Centre, Apollo Gleneagles Hospital, Kolkata  
b. Psychology Masters Student, Calcutta University, Kolkata, INDIA



The Kolkata development model [KDM] is multidisciplinary, goal directed, standardizable and universally applicable for any age, any neuro-developmental conditions with any degree of severity. This Practice Model has been developed in Kolkata, India.

### *The Model in a nutshell*

The model has been in existence for more than a decade in practice with plenty of anecdotal evidences of its magical efficiency that puts such children in near normal Functionality.



### *Study of KDM*

A small pilot study which was conducted, to review retrospectively, as how the performance of the Kolkata Development Model have been, in terms of including children with special needs to mainstream schools.

### *Results in a nutshell*

The results show that the model has a high rate of success as 380 children (half of which were severely affected) with Special Needs out of 446 were successfully included in the mainstream schools i.e., 85% of the patients, in the average time period of engagement of eight (8) months only. The rest 15% who failed to cope with the mainstream curriculum, are largely children who have severe affliction or familial social issues of extreme nature.

This model has already been presented at the Glasgow Annual Conference of RCPCH [Royal College of Paediatrics and Child Health], UK on 13th March, 2018; the EACD [European Academy of Childhood Disability] Annual Conference, Tbilisi, Georgia on 26th May in a Symposium, 2018 and Keynote Address at Paris International Paediatric Conference (Allied Health) on 16<sup>th</sup> August, 2018. At the London Conference, 2019 this Keynote address is presented with members from Child Development Centre, Apollo Gleneagles Hospital, Kolkata presenting some of its key scientific components. This model proves to be capable of being adoptable equally, with local adjustments, both in resource-crunched as well as resourced countries, equally. That model has since then been proposed as a poster at the 2019 Annual EACD Conference in Paris with Dr. Leisbeth Siderius, Consultant Paediatrician from Netherlands and Shyamani Hettiaracchi, Consultant Paediatric Speech and Language Therapist from Kelaniya University in Colombo in Sri Lanka, jointly. This model has also been presented as a poster at the 8<sup>th</sup> Congress of the European Academy of Paediatrics Societies on 19<sup>th</sup> October 2020.



Poster presented at the 2019 Annual EACD Conference in Paris with Dr. Leisbeth Siderius



KDM presented at the 2018 Annual RCPCH Conference in Glasgow with Dr. Ramesh Mehta, OBE, Dr. Russel Viner, RCPCH President & Dr. Nina Modi, Immediate Past President



KDM presented at the 2018 Annual Conference of Paediatrics & Primary Health Care in Paris showing its GM use at the Tbilisi, Georgia with Post Doctoral Fellow from Queensland University, Australia and members of Multidisciplinary Team CDC, AGH with international dignitaries

**Relevance of the Universal Practice Model for Early Detection and Early Intervention in Children with Special Needs – The Kolkata Development Model**

Dr. Anjan Bhattacharya (Consultant Developmental Paediatrician, HOD, Child Development Centre, Apollo Glenageagh Hospital, Kolkata, India)  
Shreyashee Datta (M.Sc. Psychology, University of Calcutta)

### INTRODUCTION

Children with Special Needs suffer from various Neuro-developmental and Emotional and Psychological Disorders. These children tend to be spotted and reported early (Early Detection) and addressed equitably and promptly (Early Intervention). We know that, otherwise, delay leads to decreased speed with lasting morbidity through adolescence and adulthood [1]. Global burden of these problems is said to be in the order of 1 in 5 to 1 in 11 children (prevalence rate) [2]. Therefore, there is a crucial need to derive a practice model for Early Detection and effective expert Early Intervention in the population level for sub-syndromal and sub-threshold level Special Needs, which can work even in a developing nation's setting.

Figure 1. The Kolkata Development Model

### OBJECTIVES

To define a model of combination of:  
(1) effective Early Detection and Early Interventional Tools for children with Special Needs and  
(2) a Universal Practice Model for them, which works effectively for all Paediatric age groups.  
We are calling it the Kolkata Developmental Model after the city where the synthesis took place.

### METHODS

We call Kolkata Development Model a Universal Practice model, that combines Parent's GM Assessment and other accepted Early Detection tools for Early Detection at any age or stage of entry to our services. This is followed by a comprehensive Parent Training Module, called Program of Care as PaC by us, which is supported by various evidences like the FACT Study, UK [1,2]. Early Intervention is a combination of centre-based as well as home based (e.g. LEAP-CPI) multidisciplinary remediation program. This combined approach seems to result in almost universal inclusive education to these children with special needs, that access our Kolkata Development Model.

### RECOMMENDATION:

Research Kolkata Development Model in:  
(a) other settings, (b) progressively or with (c) bigger numbers and (d) by different observers

### CONCLUSION:

Kolkata Development Model proposes a simple, effective, universal care pathway for all children with Special Needs, including all sorts of neuro-developmental conditions, which is relatively simple, cheap and stable in both resource and resource-scarce situations. This model needs to be researched widely now.

### RESULTS

The observational findings can be summarized with the help of the following data tables:

Year	Number of children	Number of children included in mainstream schools	Number of children not included in mainstream schools
2014	396	200	196
2015	444	250	194
2016	444	250	194
2017	444	250	194
2018	444	250	194
2019	444	250	194
2020	444	250	194

### DISCUSSION

With the Kolkata Development Model interventions, 396 children (half of which were severely affected) with Special Needs out of 444 were successfully included in the mainstream schools (57%) in the average time period of engagement of eight (8) months only. The rest 15% who failed to cope with the mainstream curriculum, are largely children who have severe affliction or harmful social issues of extreme nature.

GOALS	RESULTS
1. To define a model of combination of (1) effective Early Detection and Early Interventional Tools for children with Special Needs and (2) a Universal Practice Model for them, which works effectively for all Paediatric age groups.	1. Model is defined and validated. 2. Model is implemented in Kolkata. 3. Model is implemented in other parts of India. 4. Model is implemented in other parts of the world.
2. To define a model of combination of (1) effective Early Detection and Early Interventional Tools for children with Special Needs and (2) a Universal Practice Model for them, which works effectively for all Paediatric age groups.	2. Model is defined and validated. 3. Model is implemented in Kolkata. 4. Model is implemented in other parts of India. 5. Model is implemented in other parts of the world.
3. To define a model of combination of (1) effective Early Detection and Early Interventional Tools for children with Special Needs and (2) a Universal Practice Model for them, which works effectively for all Paediatric age groups.	3. Model is defined and validated. 4. Model is implemented in Kolkata. 5. Model is implemented in other parts of India. 6. Model is implemented in other parts of the world.

### Merits and Demerits of Kolkata Developmental Model

Merits:  
1. It is a simple model.  
2. It is a cost-effective model.  
3. It is a model that works in a developing nation's setting.  
4. It is a model that works in a resource-scarce situation.

Demerits:  
1. It is a model that works in a resource-scarce situation.  
2. It is a model that works in a resource-scarce situation.

Figure 2. The Kolkata Developmental Model

Poster presented at the 8<sup>th</sup> Congress of the European Academy of Paediatrics Societies on 19<sup>th</sup> October 2020



## How does the Kolkata Development Model work?



THE KOLKATA DEVELOPMENT MODEL

The Kolkata Development Model combines Prechtl's GM Assessment and other accepted Early Detection tools for Early Detection at any age or stage of entry to our services. This is followed by a comprehensive Parent Training Module, called Program of Care or PoC by us, which is supported by various evidences like the PACT Study, UK [4]. The diagnosis of the special needs children is done using internationally validated, standardized assessment tools like ADI-R, ADOS, Griffiths, Bayleys, WISC, Connors etc. Early Intervention is a combination of centre-based as well as home based (e.g., LEAP-CP) multidisciplinary remediation program. This combined approach seems to result in almost universal inclusive education to those children with special needs, that access our Kolkata Development Model.

### Outcomes of the Kolkata Development Model

At presentation, 160 Children out of 446 children with Special Needs were able to access mainstream school (35.87%). But after going through the Kolkata Development Model intervention for average time period of engagement of eight months only, 380 (85.2%) were successfully included in the mainstream schools. This 85% were not just children with mild or moderate affliction only but more than half were severely affected. In case of Autism Spectrum Disorder specifically, 42% were able to access mainstream school at presentation and after intervention 86% of the children were included in mainstream schools. On the other hand, at



presentation there were 25.75% children with Global Developmental Delay included in normal schools, after intervention, 68% children were included into normal schools. In case of children with Learning Disability or Intellectual disability children, 88% of the children started going to normal schools after intervention whereas only 38.57% were previously studying in normal schools. Children with ADHD were the highest in terms of getting included in mainstream schools (94%) after intervention whereas only 29.87% got an opportunity of getting included in normal schools before intervention began.

Pilot Study of Kolkata Development Model									
Study Duration: 4 sample months (4 random samples with 1 month in each quarter)									
Study Period: 5 years back (retrospective)									
Inclusion Criteria					Exclusion Criteria				
1. Any child (0-18 yrs) enrolling at CDC, AGH 2. With any neurodisability and 3. With any other Paediatric Complaints					1. None				
Aim					Objective				
To find out how many children with Special Needs were included in mainstream schools following access to Kolkata Development Model					1. To find out the number of children presented to CDC, AGH with Special Needs and 2. To find out how many of these children with Special Needs were included in mainstream schools				
Total number of New Cases at CDC, AGH					Total number of children with Special Needs out of them				
Month 1	Month 2	Month 3	Month 4	Total	Month 1	Month 2	Month 3	Month 4	Total
114	202	183	111	610	92	134	152	68	446
73.11% of total new cases were Children with Special Needs (CwSN) at CDC, AGH									
Case distribution of the CwSN (n = 446) according to Neurodisability									
Month 1		Month 2		Month 3		Month 4		Total	
ASD	14	ASD	28	ASD	30	ASD	11	ASD	83
ADHD	12	ADHD	20	ADHD	34	ADHD	11	ADHD	77
LD/ID	22	LD/ID	15	LD/ID	23	LD/ID	10	LD/ID	70
GDD	13	GDD	18	GDD	22	GDD	13	GDD	66
Mixed	28	Mixed	42	Mixed	39	Mixed	19	Mixed	128
Other	03	Other	11	Other	04	Other	04	Other	22
Total	92		134		152		68		446

Table 1

Schooling status at presentation		N = Normal (Mainstream); O = Out of school; S = Special School; M = Miscellaneous (e.g. home)																											
Months	ASD				ADHD				LD/ID				GDD				Mixed				Other				Total				
	N	O	S	M	N	O	S	M	N	O	S	M	N	O	S	M	N	O	S	M	N	O	S	M	N	O	S	M	
1	8	4	2	0	4	4	2	2	10	6	5	1	4	3	5	1	11	10	4	3	0	1	1	1	1	37	28	19	8
2	8	7	10	3	4	7	6	3	5	3	6	1	5	3	8	2	19	3	17	3	4	2	4	1	45	25	51	13	
3	13	11	5	1	10	11	7	6	9	6	7	1	5	5	9	3	15	2	18	4	0	2	0	2	52	37	46	17	
4	6	3	1	1	5	3	3	0	3	4	3	0	3	2	4	4	8	3	7	1	1	1	2	0	26	16	20	6	
Total	35	25	18	5	23	25	18	11	27	19	21	3	17	13	26	10	53	18	46	11	5	6	7	4	160	106	136	44	

Table 2



Following intervention using The Kolkata Development Model, these figures were as follows.

Schooling status at discharge					N = Normal (Mainstream); O = Out of school; S = Special School; M = Miscellaneous (e.g. home)																							
Months	ASD				ADHD				LD/ID				GDD				Mixed				Other				Total			
	N	O	S	M	N	O	S	M	N	O	S	M	N	O	S	M	N	O	S	M	N	O	S	M	N	O	S	M
1	12	0	2	0	12	0	0	0	20	0	2	0	8	1	4	0	24	0	3	1	2	0	1	0	78	1	12	1
2	22	2	4	0	20	0	0	0	13	0	2	0	13	1	4	0	38	1	1	2	9	0	2	0	115	4	13	2
3	27	0	2	1	30	1	2	1	20	0	2	1	14	1	6	1	33	2	4	0	3	0	1	0	127	4	17	4
4	10	0	1	0	10	0	1	0	9	0	1	0	10	1	1	1	17	0	2	0	4	0	0	0	60	1	6	1
Total	71	2	9	1	72	1	3	1	62	0	7	1	45	4	15	2	112	3	10	3	18	0	4	0	380	10	48	8

**Table 3**

We can see from Table 1 that children who were suffering from Autism Spectrum Disorder exclusively (83) and Attention Deficit Hyperactivity Disorder exclusively (77) are most in numbers at presentation. A comparative analysis between the two can result in a better success rate of the Kolkata Development Model in making children with ADHD more quickly functional enough to enroll in normal schools than children with ASD. In case of ASD, there was an increase of 44% in children who got included in normal schools after intervention began, whereas on the other hand, in children with ADHD it was observed that there was a 64% increase in children who were functional enough to study in normal schools. This can be explained by the efficient multidisciplinary management that the Kolkata Developmental Model provides to each child.

Children of any age (0 to 18 years), any neurodevelopmental disorder, with any severity of the disorder, were presented at the centre and had undergone input using The Kolkata Development Model. Most of the children became functional enough to enrol in normal schools at a relatively low cost, at a relatively short span of time, given the rate of success of the treatment. One could rejoice such positive outcome, despite of varying length of full engagements. This model showed a low drop-off rate that is, high engagement rate [as the model also followed the Choice and Partnership Approach (CAPA)]. However, this model is followed in a standard way at our centre. Hence we postulate that this is highly standardizable, if further studies are carried out.

Kolkata Development Model, which is simple, effective, universal care pathway showed higher rate of success for most of the neurodevelopmental disorders except for children suffering from Global. But this model needs to be further researched widely now in order to be equally effective for children with complex conditions like Global Developmental Delay (GDD) and also increase the rate of success for all the other neurodevelopmental disorders.

This is a non-funded study. There are no conflict of interest issues.



## References:

1. Stafford B. "Child and Adolescent Psychiatric Disorders and Psychosocial Aspects of Pediatrics". Chapter 6 Pediatrics. Diagnosis and Treatment. McGraw Hill Publication 1 (2010): 172-177.
2. Hansen, B. H., Oerbeck, B., Skirbekk, B., Petrovski, B. É, & Kristensen, H. (2018). Neurodevelopmental disorders: Prevalence and comorbidity in children referred to mental health services. *Nordic Journal of Psychiatry*, 72(4), 285-291. doi:10.1080/08039488.2018.1444087.
3. Anjan Bhattacharya. "Relevance of the Universal Practice Model for Early Detection and Early Intervention in Children with Special Needs - The Kolkata Development Model". *EC Paediatrics* 8.9 (2019).
4. Wood BL. "Physically Manifested illness in children and adolescent: A Biobehavioral Family Approach". *Child and Adolescent Psychiatric Clinics of North America* 10.3 (2001): 543-562.





## Journal Scan

### **AUTISM - New Frontiers**

#### **Tackling healthcare access barriers for individuals with autism from diagnosis to adulthood**

**Natasha Malik-Soni, et al. Nature. <https://doi.org/10.1038/s41390-021-01465-y>**

Most individuals with autism spectrum disorder (ASD)—a complex, life-long developmental disorder—do not have access to the care required to address their diverse health needs. Here, we review: (1) common barriers to healthcare access (shortage/cost of services; physician awareness; stigma); (2) barriers encountered primarily during childhood (limited screening/diagnosis; unclear referral pathways), transition to adulthood (insufficient healthcare transition services; suboptimal physician awareness of healthcare needs) and adulthood (shortage of services/limited insurance; communication difficulties with physicians; limited awareness of healthcare needs of aging adults); and (3) advances in research/program development for better healthcare access. A robust understanding of barriers to accessing healthcare across the lifespan of autistic individuals is critical to ensuring the best use of healthcare resources to improve social, physical, and mental health outcomes. Stakeholders must strengthen healthcare service provision by coming together to: better understand healthcare needs of underserved populations; strengthen medical training on care of autistic individuals; increase public awareness of ASD; promote research into/uptake of tools for ASD screening, diagnosis, and treatment; understand specific healthcare needs of autistic individuals in lower resource countries; and conduct longitudinal studies to understand the lifetime health, social, and economic impacts of ASD and enable the evaluation of novel approaches to increasing healthcare access.



## Journal Scan

---

### Adults with Autism: Changes in Understanding Since DSM-11

Patricia Howlin. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-020-04847-z>

Over the past four decades there have been significant advances in our understanding of autism, yet services for autistic adults continue to lag far behind those for children, and prospects for employment and independent living remain poor. Adult outcomes also vary widely and while cognitive and language abilities are important prognostic indicators, the influence of social, emotional, familial and many other factors remains uncertain. For this special issue marking the 40th anniversary of DSM-III, the present paper describes the changing perspectives of autism in adulthood that have occurred over this period, explores individual and wider environmental factors related to outcome, and suggests ways in which services need to be changed to improve the future for adults living with autism.



## Quiz

**Dr. Lata Bhat**

Director and Developmental Paediatrician

Palak Child Development Centre, Delhi

Lata2207@gmail.com | 9818294797

- 1. Which of the following is true for risk of recurrence in Autism:**
  - a. RR in siblings – 7% if the affected child is a girl
  - b. RR in siblings – 4% if the affected child is boy
  - c. If second child has Autism RR is 25 to 35 %
  - d. 2-3 % families have more than 1 affected children
- 2. In Red flags of Autism, which of the following is true**
  - a. By 6 months, no big smile or other warm joyful expressions and by 9 months, no back and forth sharing of sounds, smiles or other facial expressions
  - b. By 12 months, lack of response to name, no babbling, no back-and-forth gestures such as pointing, showing, waving, reaching
  - c. By 16 months, no single meaningful word and by 24 months, no meaningful 2-word phrases that don't involve imitating or repeating
  - d. Losing any language or social skills at any age
- 3. Regarding association of ASD with intellectual disability (ID) and ADHD, which of the following is correct**
  - a. 30% of children with ASD have ID
  - b. In kids who have ID + ASD, Social and Communication are impaired more relative to nonverbal skills
  - c. 30 -80 % have comorbid inattention and/impulsive/hyperactive ADHD
  - d. All the above
- 4. Which of the following is Important to note in surveillance of ASD:**
  - a. Earliest symptoms are absence of normal behavior not presence of abnormal ones
  - b. Parental concerns about inconsistent hearing or unusual responsiveness, especially to name call.
  - c. Extremes of temperament and behavior ranging from marked irritability to alarming passivity
  - d. Regression of social skills and/or speech



## Quiz

5. **Screening to be done for ASD if there are any concerns on surveillance or parental concern. Regarding screening which of the following is true:**
- If the child is above 18 months, administer ASD specific screening tool
  - If the child is below 18 months:
    - Evaluate social communication skills
    - Parental education
    - Reschedule next visit after 3 months (if less than 12 months) or after 1 month (if more than 12 months)
    - If concerns persist: Administer ASD specific screening tool
  - Both a and b
  - None of the above


Please send answers to [lata2207@gmail.com](mailto:lata2207@gmail.com) / [Kawaljit000@gmail.com](mailto:Kawaljit000@gmail.com).  
Correct answer will be published in next issue

### Answers - MARCH 2021

- a
- d
- c
- a,b,c,d
- d



## Month in pics


**WORLD**  
**AUTISM DAY**  
**CELEBRATION**  
 Developmental Paediatrics Unit,  
 CMC, Vellore.  
 Mar 31st, 2021 - 08:00 AM to 9:30 AM, IST.

<b>8:00 AM</b>	
<b>SPEAKER 1</b>	-Dr. Roopa Srinivasan, Director, Developmental Paediatrics and Head, Clinical Services, Ummeed, Mumbai
<b>TOPIC</b>	-Outcomes in Autism: Reframing, what is 'optimal'?
<b>8:30 AM</b>	
<b>SPEAKER 2</b>	-Ms. Merry Barua, Founder and Director, Action for Autism, New Delhi.
<b>TOPIC</b>	- Making environments accessible for individuals with autism
<b>9:00 AM</b>	
<b>SPEAKER 3</b>	-Mr. Pradeep Jeyathilak & Ms. Cinu Philip, Autism Residential Community, Vellore
<b>TOPIC</b>	-Community Based Rehabilitation
<b>MODERATOR</b>	
Dr. Beena Koshy, Professor., Developmental Paediatrics Unit, CMC, Vellore.	


**Join Zoom Meeting**

<https://us02web.zoom.us/j/86572929190?pwd=VkrVMiFJa3p3L3JHUExPbnQ5NFZBdz09>

**Meeting ID : 865 7292 9190**  
**Passcode : 424157**

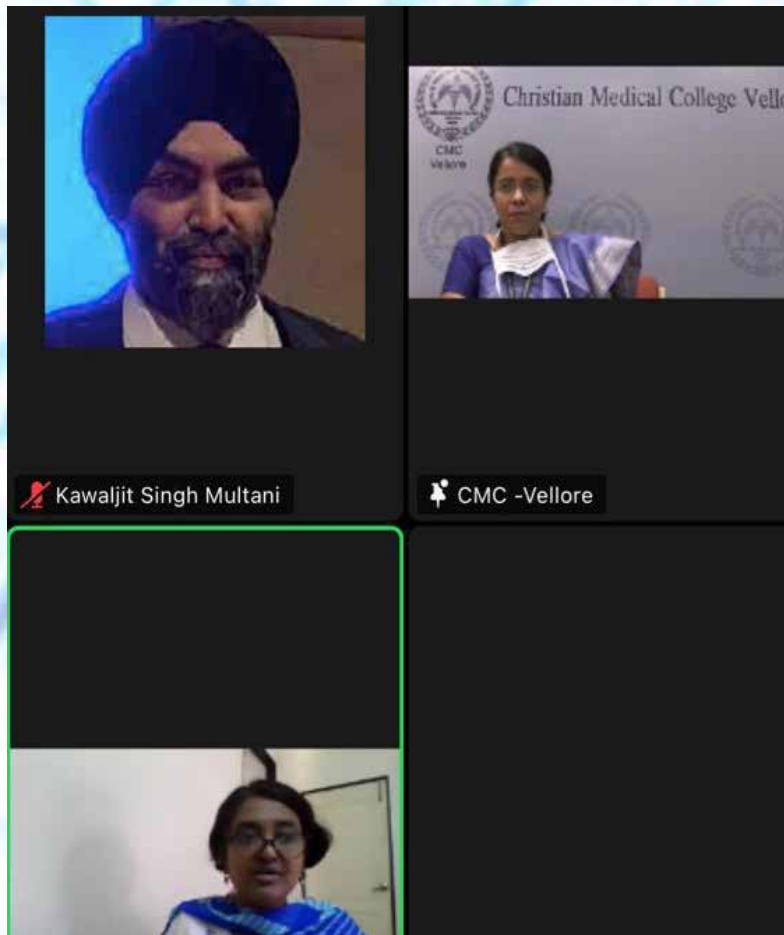
PREP and its implementation

<b>Countries</b>	<ul style="list-style-type: none"> <li>• Canada</li> <li>UK</li> <li>Israel</li> <li>Australia</li> <li>India</li> </ul>
<b>Conditions</b>	<ul style="list-style-type: none"> <li>• Physical disabilities</li> <li>Acquired Brain Injury</li> <li>At risk ex preterm</li> <li>ASD</li> </ul>
<b>Contexts</b>	<ul style="list-style-type: none"> <li>• Home</li> <li>School</li> <li>Community</li> <li>Rehabilitation centers</li> <li>During Covid 19</li> </ul>





## Month in pics





## Month in pics

Practical Approach to Autism  
in Clinical Practice  
A Case Based Approach

Dr. Samir Hasan Dalwai  
MD, DCH, FCPS, DNB, LLB, FIAP,  
Developmental & Behavioral Pediatrician,  
Nanavati Hospital, Hinduja Health Care,  
Founder Director, New Horizons Child Development Centre,  
National Joint Secretary, Indian Academy of Pediatrics, 2020-21,  
Chairperson, IAP Chapter of Neuro Developmental Pediatrics, 2014-17.

New Horizons  
Child Development  
Centre

Click to add notes

Dr. Samir H Dalwai  
Dr. Multani  
Dr. Dhananjay  
Dr. Vimla Pandit

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Zoom Webinar

LIVE on Custom Live Streaming Service Recording

Participants (72)

Panelists (25) Attendees (47)

Find a panelist

- Dr. Girish
- Dr. Shalabh
- Dr. Vimla Pandit
- Dr. Anuj
- Dr. Aradhana
- Dr. Sanjiv
- Dr. Girish
- Dr. Anil
- Dr. Ashok
- Dr. Ashok Banga
- Dr. GS Chaudhary
- Dr. G V Basavaraja
- Dr. Bhanu Pratap Singh
- Dr. Aradhana
- Dr. Ashok Banga
- Dr. Chaurasiya
- Dr. GS Chaudhary
- Dr. Kawalpreet
- Dr. Sapna Gupta

88 ki holi hai

IAP Jhansi & Neurodevelopment Chapter Webinar on 1st April 2021 -



## Month in pics

# WORLD AUTISM DAY



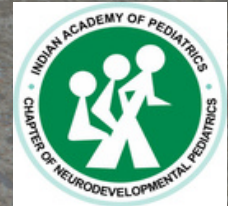
**DR PIYUSH GUPTA**  
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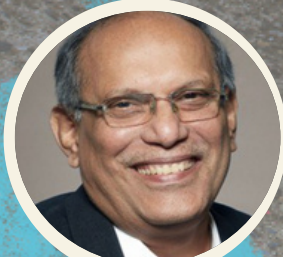
**DR GV BASAVARAJA**  
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**DATE: FRIDAY, APRIL 2**  
**TIME: 4.00PM - 5:30PM**





## Month in pics



A pictorial screening tool is being released by the chapter of Neurodevelopmental pediatrics by the hands of Dr Piyush Gupta followed by a talk by Dr Samir Dalwai and a panel discussion on Autism - early diagnosis and interventions







## Month in pics

The screenshot shows a Zoom meeting interface. The main window displays a presentation slide with the following text:

**78 years of Autism:  
A New Approach  
in Clinical Practice**

**Dr. Samir Hasan Dalwai**  
MD, DCH, FCPS, DNB, LLB, FIAP,  
Developmental & Behavioral Pediatrician,  
Nanavati Hospital, Hinduja Health Care,  
Founder Director, New Horizons Child Development Centre,  
National Joint Secretary, Indian Academy of Pediatrics, 2020-21,  
Chairperson, IAP Chapter of Neuro Developmental Pediatrics, 2014-17.

Logos for 'New Horizons Child Development Centre' and 'IAP' are visible at the bottom of the slide. To the right of the slide, four video thumbnails are shown, labeled: Dr. Zafar, Dr. Multani, Dr. Shabina, and Samir Dalwai.

**विविध भारती सेवा**

**"विश्व ऑटिज्म जागरूकता दिवस"**

**डॉ समीर दलवाई**  
(Developmental Pediatrician)

**से बातचीत**


**2 अप्रैल शाम 7:45 पर**

**List of Major Stations and Frequency of Vividh Bharati**


Ahmedabad	96.7 Mhtz
Bhopal	103.5 Mhtz
Chennai	100.5 Mhtz
Delhi	100.1 Mhtz
Guwahati	100.8 Mhtz
Hyderabad	102.8 Mhtz
Jaipur	100.3 Mhtz

**प्रसार भारती**  
India's Public Service Broadcaster


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## Month in pics

### World Autism Day

How screen time impacts a child's speech and language development



**Max Smart Hospital, Saket in association with Indian Academy of Pediatrics – Chapter of Neurodevelopmental Pediatrics invites you to attend the webinar led by**



**Dr. Shambhavi Seth**

Senior Consultant, Developmental & Behavioral Paediatrics  
Max Smart Hospital, Saket

With an experience of over 18 years, Dr. Shambhavi is a renowned Paediatrician in Delhi. She is also a Director of Bright Beginnings Child Development Centre, New Delhi. Dr Shambhavi is Joint Secretary of IAP Chapter of Neurodevelopmental pediatrics. She has received Honorary fellowship for excellence in field of Childhood disability and Early intervention and contributed to various articles and her special interest lies in childhood developmental issues – autism spectrum disorders, behavior and learning disorders etc.



Friday  
2nd April, 2021



6pm onwards



Join webinar on Zoom

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## Month in pics

# AUTISM AWARENESS FOR PARENTS



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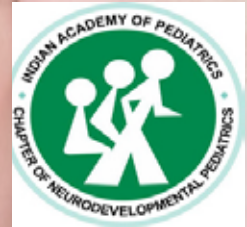
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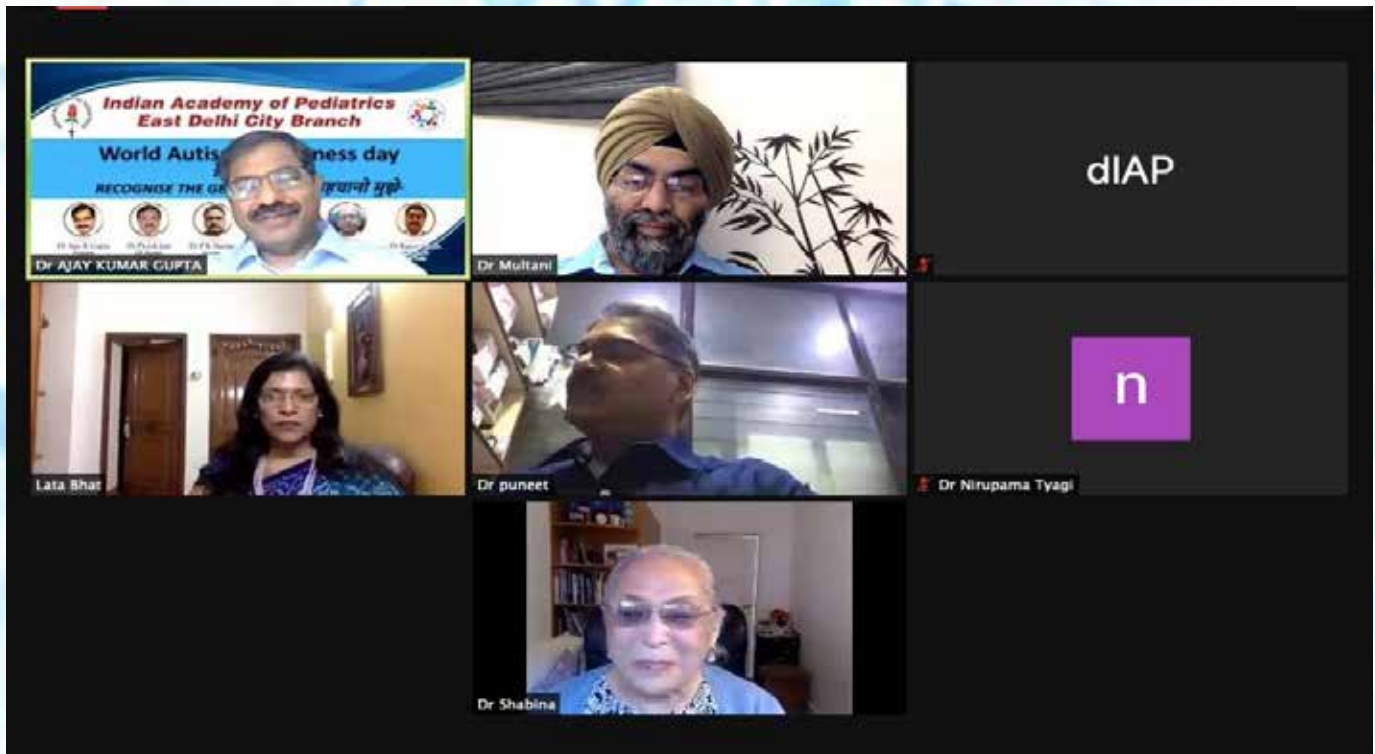


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TIME: 9.00PM - 10:00PM

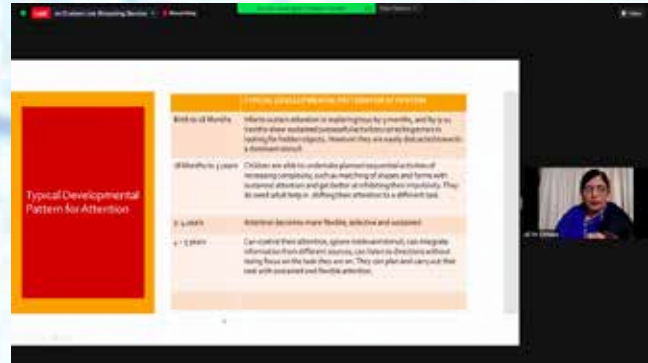
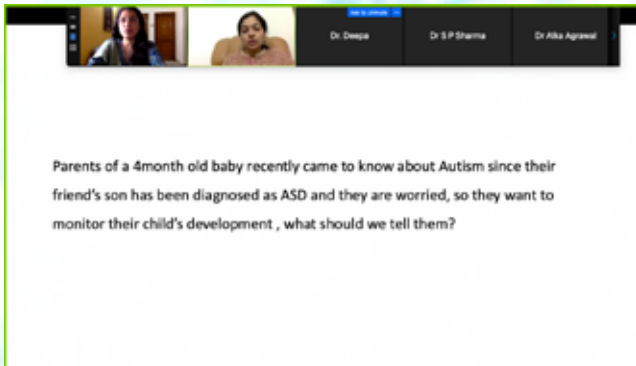


## Month in pics





## Month in pics



### EARLY SUSPICION & INTERVENTION IN AUTISM FOR PEDIATRICIANS








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**DR NIRUPAMA TYAGI**  
CHAIRPERSON



DATE: SATURDAY, APRIL 3  
TIME: 3.00PM - 4:00PM

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## Month in pics



World Autism Awareness Day celebration # People's College of Medicine sciences Bhopal. Empowering all PG, Specialist, interns to act as Ambassadors for Easy and Early identification of Autism. Also sharing recent updates for Paediatricians



## Month in pics



# AUTISM AWARENESS



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**DR K. S. MULTANI**  
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**4TH APR, 2021**  
**11AM - 12.30 PM**

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IAP PUNJAB



**Dr Palwinder Singh**  
PRESIDENT  
IAP PUNJAB



**Dr Manmeet Sodhi**  
EB MEMBER & SECRETARY  
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**Dr Gursharan Singh**  
TREASURER  
IAP PUNJAB



**Dr Shabina Ahmed**  
PRESIDENT  
IAP NEURODEVELOPMENT



**Dr K. S. Multani**  
SECRETARY  
IAP NEURODEVELOPMENT



**Dr. M. Ismael**  
TREASURER  
IAP NEURODEVELOPMENT





## Month in pics

### MP IAP AND BHOPAL ASSOCIATION OF PEDIATRICIANS (BAP)

### DEMYSTIFYING AUTISM ON OCCASION OF AUTISM AWARENESS WEEK



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PRESIDENT IAP 2021



**DR REMESH KUMAR R**  
PRESIDENT IAP 2022



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**DR KAWALJIT MULTANI**  
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**DR CHITRA SHANKAR**  
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**DATE: SUNDAY, APRIL 4**  
**TIME: 5.00 PM - 7.00 PM**



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EB MEMBER MP



**DR.MAHESH MAHESHWARI**  
EB MEMBER MP



**DR.JM. SHRIVASTAV**  
PRESIDENT MPIAP



**DR.RAJESH TIKKAS**  
SECRETARY MPIAP



**DR.GK. AGRAWAL**  
PRESIDENT BAP



**DR.POORVA GOHIYA**  
SECRETARY BAP



## Month in pics

**MCHAT SCREENING WORKSHOP FOR PEDIATRICIANS**





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PRESIDENT  
IAP 2021



**DR REMESH KUMAR R**  
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**DR LALIT MENDIRATTA**  
CHAIRPERSON



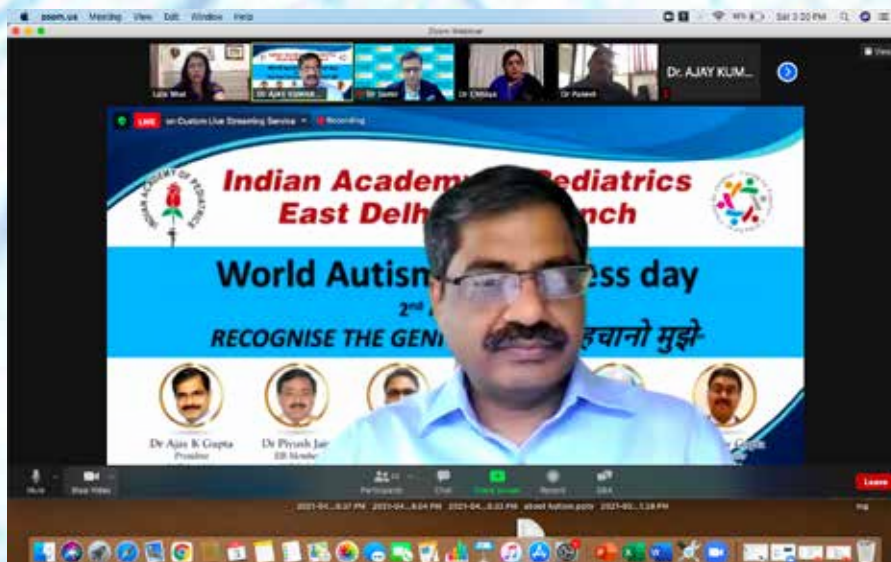
**DR MANISH GUPTA**  
CHAIRPERSON



**DR K S MULTANI**  
SECRETARY  
NEURODEVELOPMENTAL CHAPTER



**MONDAY, APRIL 5**  
“3.00PM - 4:00PM”





## Month in pics

What are the ages and Stages of development of speech and communication? What are the Red flags for Autism?

- By 6 months - No big smile or other warm joyful expressions
- By 9 months – No back and forth sharing of sounds , smiles or other facial expressions
- By 12 months – Lack of response to name
- By 12 months – No babbling or baby talk
- By 12 months – No back & forth gestures such a pointing , showing, waving, reaching
- By 16 months – No single meaningful word
- By 24 months – No meaningful 2 word phrases that don't involve imitating or repeating
- Loosing any language or social skills at any age \*

Palak Child Development centre  
[lata2207@gmail.com](mailto:lata2207@gmail.com)  
 9818294797  
[www.drlatapalakcdc.com](http://www.drlatapalakcdc.com)

I'm not misbehaving  
 I have Autism  
 Please be understanding

AUTISM SPEAKS

Dr Alka Agrawal  
 Dr S P Sharma  
 Geeta



## Month in pics





## Month in pics

Zoom

Leave

- Educated and aware parents bring their son to the Paediatric clinic at the age of 18 months. He doesn't speak a single word; he has no eye contact, and he is very hyperactive. The Pediatrician raises concern about Autism. The mother says my child has simple speech delay, my husband also spoke late, why do you want to rule out Autism? Why can't we wait? What's your opinion?
- May be my child is not intelligent due to which he is not able to learn? How would you differentiate if its Autism or simply a slow learner?

Join Audio Start Video Share Participants More



### Behavioral Issues in Children



Dear Members,

AOP Noida, welcomes you for a virtual CME as per the following agenda:

**Date: 21.04.21**

**Time: 4.00PM**

**Topic: Behavioral issues in children**

Regards,

Team Academy Of Pediatrics, Noida



Dr Alka Agarwal



Dr Lata Bhatt



Dr Jyoti Bhatia



Dr SP Sharma  
President, AOP, Noida



Dr Deepa Passi



Dr Sandhya Gupta,  
Secretary, AOP, Noida



## Month in pics

IAP THALASSERY | IAP CHAPTER,  
NEURODEVELOPMENTAL PEDIATRICS | IAP KERALA  
PRESENTS

# WORLD AUTISM AWARENESS DAY



**5th  
April**

**Join us  
@7:30  
PM**

**Webinar**

**Autism;  
What a  
pediatrician  
should  
know**



**Dr K S Multani**



**Dr Shabina  
Ahmed**



**Dr Jeeson C  
Unni**



**Dr Manju George  
Elenjickal**

**Zoom ID: 646 950 4528  
Pass: IAPKERALA**



**Dr Susan Mary  
Zachariah**



**Dr Maya Bose  
Vinod**



## Month in pics



Jodhpur Branch  
(Marwar IAP)

## Marwar Pediatric Society



**Chair Person**

**Dr BD Gupta**  
Senior Professor Pediatrics  
Ex. Head  
Department of Pediatrics  
Dr SN Medical College

## AAA.... All About AUTISM



**Chief Guest**

**Dr JP Soni**  
Senior Professor Pediatrics  
Head  
Department of Pediatrics  
Dr SN Medical College



**Chief Guest**

**Dr Kuldeep Singh**  
Senior Professor Pediatrics  
Head  
Department of Pediatrics  
AIIMS, Jodhpur

### Faculty



**Dr Shabina Ahmed**

MD, FIAP  
National Chairperson  
IAP Developmental Pediatrics Chapter



**Dr S Sitaraman**

Professor  
Department of Pediatrics  
S.M.S. Medical College, Jaipur



**Dr . Manju George Elenjickal**

Associate Professor, Department of Pediatrics,  
Pushpagiri Medical College,  
Tiruvalla, Kerala



**Dr KS Multani**

MD  
9 Air Force Hospital,  
Halwara, Ludhiana

### Office Bearer



**Dr. Pradeep Jain**

IAP Marwar President  
Fortis Balaji Hospital, Jodhpur



**Dr. Purshotam Daan**

Secretary, MPS



**Dr. Siyaram Didel**

Treasurer, MPS

Zoom Link : <https://us02web.zoom.us/j/89357911989>

Meeting ID : 893 5791 1989

Password : 738382

Date : Thursday, 8<sup>th</sup> April 2021

Time : 8:30 PM to 10:30 PM



## Month in pics



IAP Madhya Kerala and IAP Kerala with Neurodevelopmental chapter IAP invites you for a webinar on

## How to Counsel Parents of Children with Autism in office practice



Speaker

**Dr. Samir Hasan Dalwai**  
Neuro-Developmental Pediatrician,  
New Horizons Child Development Centre,  
Mumbai.

April 08, 2021

08:00 PM



Meeting ID :  
862 5519 1335

Passcode : IAP

Dr. K P Nadirshah  
President, IAP  
Madhya Kerala

Dr. Nimmy Joseph  
Secretary, IAP  
Madhya Kerala

Dr. Jose Goodwill  
Treasurer, IAP  
Madhya Kerala





## Month in pics

**INDIAN ACADEMY OF PEDIATRICS**

### Neurodevelopmental Chapter & IAP Thrissur

**AUTISM AWARENESS WEEK**

**9, APRIL Friday, 8.00PM**

Meeting ID : 898 1763 1067  
Passcode : 349376

**Early screening for Autism present and future :**  
Dr Shabina Ahmed  
President, NDC IAP

**Management of a autism :**  
Dr Maya Bose Vinod

**Chairperson:**  
Dr. Parvathi Mohan

**Dr. K S Multani**  
Secretary, NDC IAP

**Dr Rati Santhakumar**  
PRESIDENT, IAP Thrissur

**Dr Sreejith Kumar K C**  
SECRETARY, IAP Thrissur

**Dr Ittoop A K**  
TREASURER, IAP Thrissur

zoom.us Meeting View Edit Window Help

You are viewing Shabina Ahmed's screen

Recording...

Screening tool (AAF)

INDIAN ACADEMY OF PEDIATRICS  
Chapter of Neurodevelopmental Pediatrics

**Detect Early Autism**

Participants (53)

- Kawaljit Singh... (Host, me)
- Shabina Ahmed (Co-host)
- Dr. Maya Bose... (Co-host)
- Dr. Sreejith Kumar... (Co-host)
- 066188 dr Rathy, K
- Ajo Jay
- Ajitha S Menon
- Ananda Kesavan T.M.
- Archana Soman
- Bhanu Chandran K.M Dr.
- Bini P J
- Robby
- Dayanandan V.R.
- Dr Neelavitha Bannanathan

Unmute Stop Video Security Participants Chat Share Screen Pause/Stop Recording Reactions More



## Month in pics



# Faridkot Academy of Pediatrics & IAP NEURODEVELOPMENT BRANCH

## Organising a webinar on World Autism Awareness Week

Date: 10-04-2021  
Time: 4 PM to 5 PM

### SPEAKERS



Wg Cdr(Dr) KS Multani, MD  
9 Air Force Hospital, Halwara, Ludhiana



Dr. Leena Deshpande, MD (Pediatrics),  
MRCP (Pediatrics) (London) DCH  
Honorary Fellowship in Childhood Disability &  
Early Intervention

### MODERATORS



Dr Gurmeet Kaur Sethi (Moderator)  
President, FAP



Dr Seema Rai, Secretary FAP



## Month in pics

- Developmental surveillance
- Developmental screening tests-  
International screening tools
  - Denver Developmental Screening Tool II
  - Bayley Infant ND screen- till 2 years of age
  - Parents Evaluation of Developmental Status PEDS
  - Ages and Stages Questionnaire ASQIndian screening tools
  - Baroda Developmental screening test
  - Trivandrum developmental screening chart
  - ICMR Psychosocial developmental screening test
  - INCLIN neurodevelopmental screening test





## Month in pics

### AUTISM: FROM A PEDIATRICIAN'S PERSPECTIVE



**DR PIYUSH GUPTA**  
PRESIDENT  
IAP 2021



**DR REMESH KUMAR R**  
PRESIDENT  
IAP 2022



**DR BAKUL JAYANT PAREKH**  
PRESIDENT  
IAP 2020



**DR GV BASAVARAJA**  
HON SECRETARY  
GENERAL IAP, 2021



**DR ATANU BHADRA**  
VICE PRESIDENT,  
EAST ZONE



### JOIN US FOR A TIMELY AND ENRICHING DISCUSSION WITH



**DR BIJAY PANIGRAHY**  
PRESIDENT, ODISHA STATE



**DR SEBARANJAN BISWAL**  
SECRETARY, ODISHA STATE



**DR NARAYAN MODI**  
CIAP EB, ODISHA STATE



**DR BISWAJIT MISHRA**  
CIAP EB, ODISHA STATE

Go to [diapindia.org/event-calendar](http://diapindia.org/event-calendar) or [click here](#)



**DR SHABINA AHMED**  
NEURODEVELOPMENTAL CHAPTER,  
CHAIRPERSON



**DR U S MURTHY**  
MODERATOR



**DR S K AGARWALLA**  
MODERATOR



**DR KS MULTANI**  
EXPERT



**DR SAMIR DALWAI**  
EXPERT



**DR SUBRAT MAJHI**  
SPEAKER



**DR BUDHIA MAJHI**  
PRESIDENT, IAP GANJAM



**DR GEETANJALI SETHY**  
SECRETARY, IAP GANJAM



**DR SURESH SAMNATA**  
TREASURER, IAP GANJAM

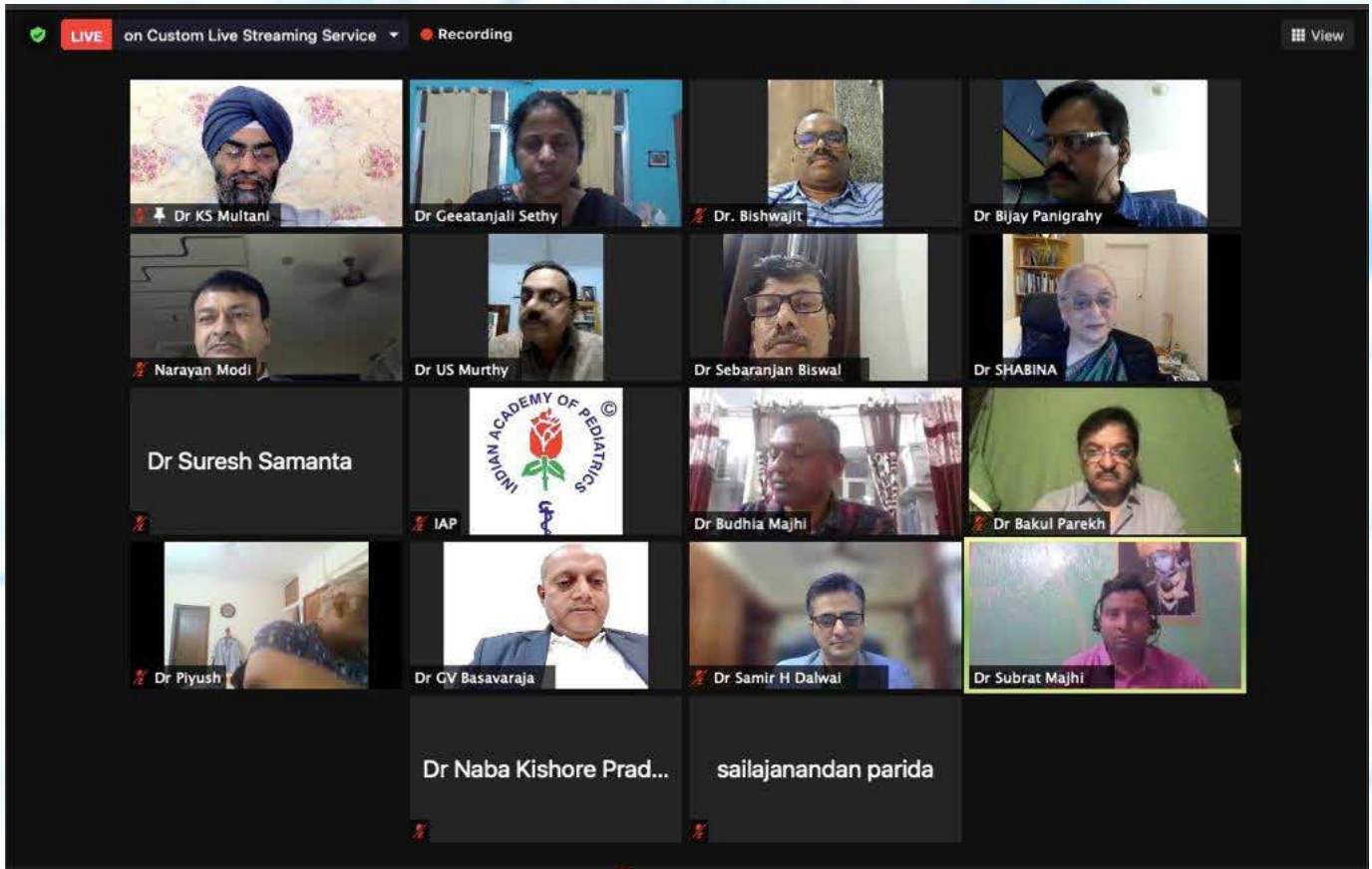
“ THIS TALK WILL FOCUS ON EARLY DIAGNOSIS AND MANAGEMENT OF AUTISM AND ALSO HOW TO CREATE AWARENESS AMONG PARENTS. ”

**DATE: SUNDAY, APRIL 11**

**TIME: 7.00PM - 8:30PM**



## Month in pics





## Month in pics

Department of Paediatrics  
**APOLLO INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH**



### International Virtual webinar on Autism Spectrum Disorder (ASD)

**FREE · LIVE  
WEBINAR**

For Registrations & Queries  
Contact / Whatsapp  
**Dr. Jagadish .A  
9866585247**

E-certificate  
will be provided  
to all the  
registered  
participants.

The theme of World Autism Awareness Day/Month 2021 is  
'Inclusion in the Workplace: Challenges and Opportunities in a Post-Pandemic World'



**Moderator / Coordinator:**

**Dr. Jagadish.A**

Sr. Consultant Neonate & Paediatric Early Interventionist (Neuro Developmental Disabilities)  
Dept of Paediatrics,  
Apollo Institute of Medical Sciences & Research (AMSR), Hyderabad, India  
Member - Neuro Developmental Paediatrics NCDP & I-CANCL of IAP & IACP

Current evidence based interventions  
for children with ASD

**on 18<sup>th</sup> Sunday,  
April 2021 from  
11am to 2.30 pm IST**

**Who can attend: Paediatricians,  
Sr. Residents of Paediatrics, Neurology  
& Psychiatry & other Clinicians**



**Dr Shabina Ahmed**

FIAP & National Chairperson of Neurodevelopmental Paediatrics Chapter IAP,  
Director Assam Autism Foundation,  
Member: Autism Guidelines Consensus  
Committee, IAP

Early screening for Autism present & future



**Dr. Lokesh Lingappa**

Consultant Paediatric Neurologist  
Fellowship - Paed Neurology UK,  
Member: International Child Neurology Association (ICNA),  
Rainbow children's Hospital, Hyderabad, India.

Autism Mimics I



**Wg Cdr (Dr) KS Multani**

National Secretary IAP Chapter of  
Neurodevelopmental Paediatrics 2020-2021  
Joint National Coordinator,  
TOT for NDDs, AAA & PSPP  
Air Force Hospital, Halwasi, Ludhiana

IAP National Guidelines on Autism



**Prof. Shefalli Gulati**

Faculty IC, Center of Excellence  
& Advanced Research on Childhood  
Neurodevelopmental disorders  
Chief, Child Neurology Division,  
Dept of Pediatrics, AIIMS, New Delhi

The use of Technology in the management of ASD



**Dr. S. Srikrishna**

Prof & HOD, Dept of Paediatrics,  
Apollo Institute of Medical sciences, Hyderabad

Comorbidities in ASD



**Dr K Pavan Kumar**

Associate Professor of Paediatrics  
MNR Medical College  
Fellowship in Allergy & Clinical Immunology  
Secretary IAP Telangana State (PATS)

Autism screening in Pediatric Practice



**Dr Jeeson C Unni**

Sr. Consultant,  
Aster Medcity, Kozhikode

Do medications work for ASD ?



**Dr. Meenakshi Chintapalli**

Developmental & Behavioral Pediatrician  
San Antonio, Texas, USA,  
American Academy of Pediatrics (AAP)

What is new in ASD ?



**Dr. Ramesh Srinivasan**

Adjunct Prof ANHRF  
Dept of Gastroenterology,  
Consultant Paediatric  
Gastroenterologist & Hepatologist  
Apollo Hospitals, Hyderabad

Autism & Gut



**Dr. Srinivasa B Gokarakonda**

Asst. Prof. Department of  
Child & Adolescent Psychiatry  
University of Arkansas for Medical Sciences,  
Little Rock, USA


Autism-Global Perspectives,  
Challenges in treatment & Management



## Month in pics



**Navi Mumbai Association of Pediatrics**  
In association with  
**IAP Neurodevelopmental Pediatrics Chapter**  
presents  
*CME on Neurodevelopmental Disorders*



**NAVigating Developmental Disorders**  
**Timing is Everything!**

**18<sup>th</sup> April 2021; 11:00 am – 1:00 pm**

**Sleep problems in NDD - Dr Vrajesh Udani**



**Feeding problems in NDD - Dr Leena Deshpande**

**The Silent Pandemic! - Case based Panel discussion**  
**Moderator: Dr Roopa Srinivasan.**  
**Panelists: Dr Kawaljit Singh Multani**  
**Dr Nandita deSouza**  
**Dr Priti Mhatre**

**Role of Pediatrician in NDD - Dr Upendra Kinjawadekar**

**Host: Dr. Shweta Nair**


**YouTube <https://www.youtube.com/IAPNaviMumbai>**





## Month in pics

**EARLY DETECTION of Autism: Present & Future**



**Dr Shabina Ahmed MD., FIAP**


**National Chairperson**  
IAP Developmental Pediatrics Chapter  
Past President, IAP Chapter Growth, Dev & Behaviour  
**National Awardee for Child Welfare, 2014**

**National Convenor**  
Programme on Childhood Autism, 2007  
Indian Academy of Pediatrics (IAP)  
Member, Autism Guidelines Consensus Committee., IAP

**Founder Director**  
Assam Autism Foundation,

**Chief Editor**  
Understanding Autism, IAP 2007

**Advanced Training**  
HANEN LLI certification  
ADOS-2 Certification, UK  
ABA Certification, Toronto  
PEERS, UCLA certification,  
Naturalistic Teaching, Turkey  
Geneva Center for Autism, Toronto, Canada  
Developmental Pediatrics, CMC Vellore  
Neurodevelopment, KEM Pune, India



Dr. Shabina Ahmed

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Dr. Cyril

Dr. Satish Shahane

Dr. Jeetendra Gavhane

Roopa Srinivasan

Shweta Nair

Leena Deshpande

Mangal Sinha

Upendra Kishawadkar

Piyush Gupta

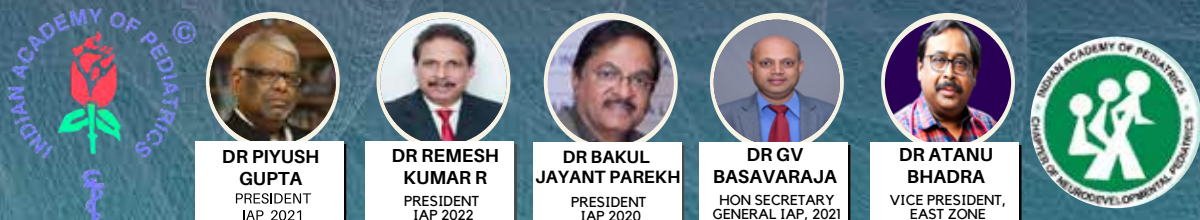
Dr. Vikram Patra






IAP We Hold With Soul, Together We Navigate New Frontiers





## Month in pics



 <b>DR PIYUSH GUPTA</b> PRESIDENT IAP 2021	 <b>DR REMESH KUMAR R</b> PRESIDENT IAP 2022	 <b>DR BAKUL JAYANT PAREKH</b> PRESIDENT IAP 2020	 <b>DR GV BASAVARAJA</b> HON SECRETARY GENERAL IAP, 2021	 <b>DR ATANU BHADRA</b> VICE PRESIDENT, EAST ZONE
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## AUT-EAST-IC

ORGANIZED BY

IAP CHAPTER OF NEURODEVELOPMENT PEDIATRICS

DATE: SATURDAY, 24TH APRIL 2021

TIME: 7:00PM TO 10:00PM

(AUTISM IN THE EAST)

 <b>DR SAMIR DALWAI</b> EXPERT	 <b>DR JEESON UNNI</b> EXPERT	 <b>DR SHABINA AHMED</b> EXPERT	 <b>DR K S MULTANI</b> EXPERT	 <b>DR ARNAB KUMAR SEAL</b> EXPERT
 <b>DR LEENA DESHPANDE</b> EXPERT	 <b>DR ZAFAR MEENAI</b> EXPERT	 <b>DR LEENA SRIVASTAVA</b> EXPERT	 <b>DR SHAMBHAVI SETH</b> EXPERT	 <b>DR AMIT MOHAN</b> EXPERT
 <b>DR SUJIT KUNDU</b> EXPERT	 <b>DR SUBRATA MAJHI</b> EXPERT	 <b>DR AKHILA NAGRAJ</b> EXPERT	 <b>DR NANDITA CHATTERJEE</b> EXPERT	 <b>PROF. SUKANTA CHATTERJEE</b> EXPERT

Go to [diapindia.org/event-calendar](https://diapindia.org/event-calendar) or [click here](#)

### EB MEMBERS [EAST]

Dr Narayan P Modi, Dr Biswajit Mishra, Dr Joy Bhaduri, Dr Sudip Dutta, Dr Devajit Sharma, Dr Parthasartahi Chakraborty, Dr Swapan Ray, Dr Birendra Singh, Dr Sujit Kumar

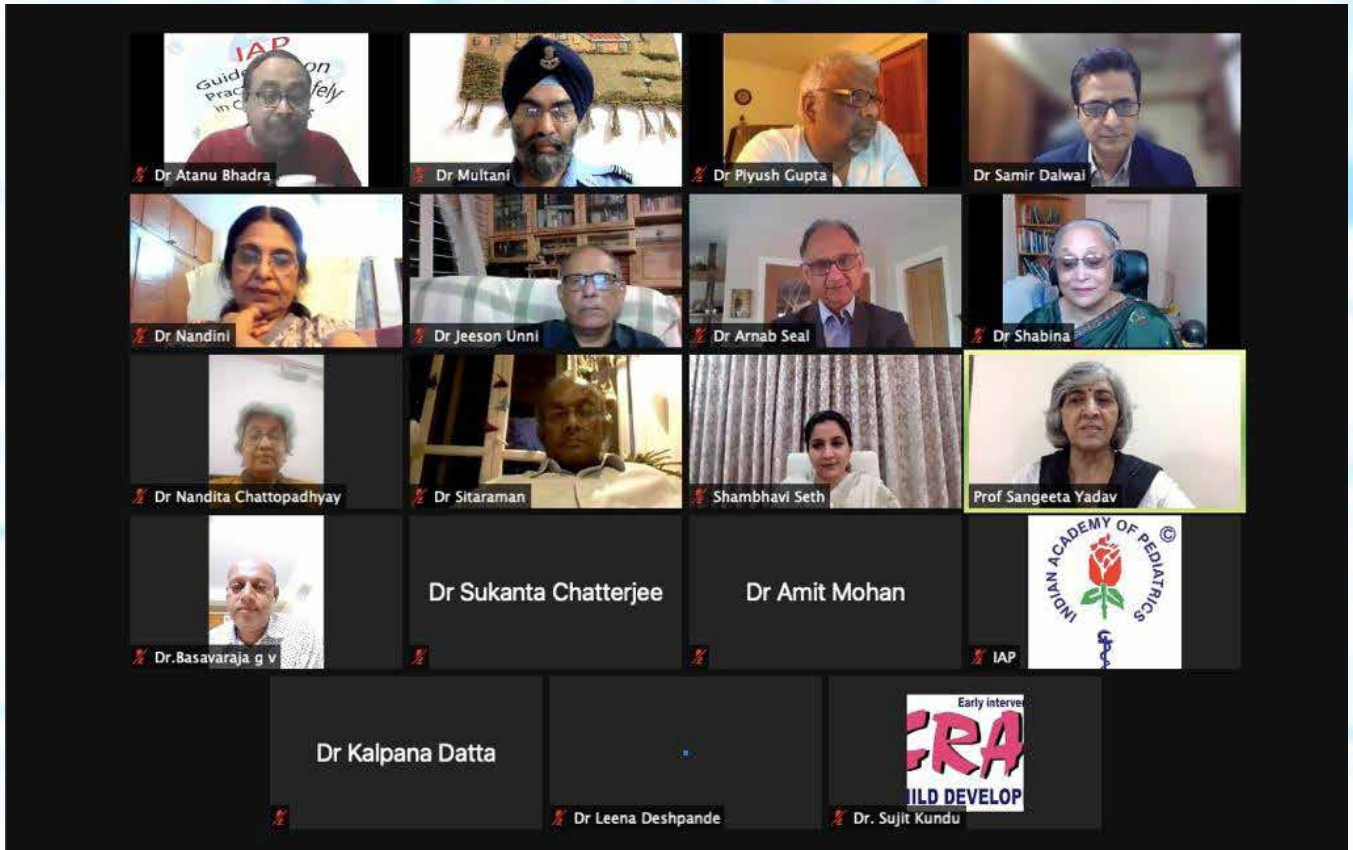
Prof. Dr Asok Kr Dutta  
Chairperson

Prof. Dr Subroto Chakrabartty  
President WBAP, EB CIAP

If you are not able to view on the above link, please [click here](#)



## Month in pics



QuickTime Player File Edit View Window Help Sat Apr 24 7:51 PM

Mute Start Video Participants 27 Q&A New Share Pause Share Remote Control More

You are screen sharing Stop Share

### Knowledge translation: Clinical Interpreting results and counselling

- **How do these genes contribute to Autism?**
  - Variations in gene expression linked to
    - varied areas of deletion/duplication and what proteins the area codes for
    - influence of other genes, influence of introns (areas between genes) on gene expression
    - environmental influence (epigenetic changes)
- **Are all mutations equally harmful?**
  - Benign vs Pathogenic vs VOUS; Variations; Penetrance
- **How do people acquire mutations?**
  - inherited
  - spontaneous mutations
- **Can pre-natal test detect autism?**
  - Be very cautious
  - Not at present; due to variability. Same genetic change, e.g. 16p11.2 deletion, can present as phenotypically normal to severe symptoms
  - Can detect some well recognised high penetrance single gene rare mutations e.g. recognised severe syndromic presentations like Rett's, FRA-X

European Academy of Childhood Disability

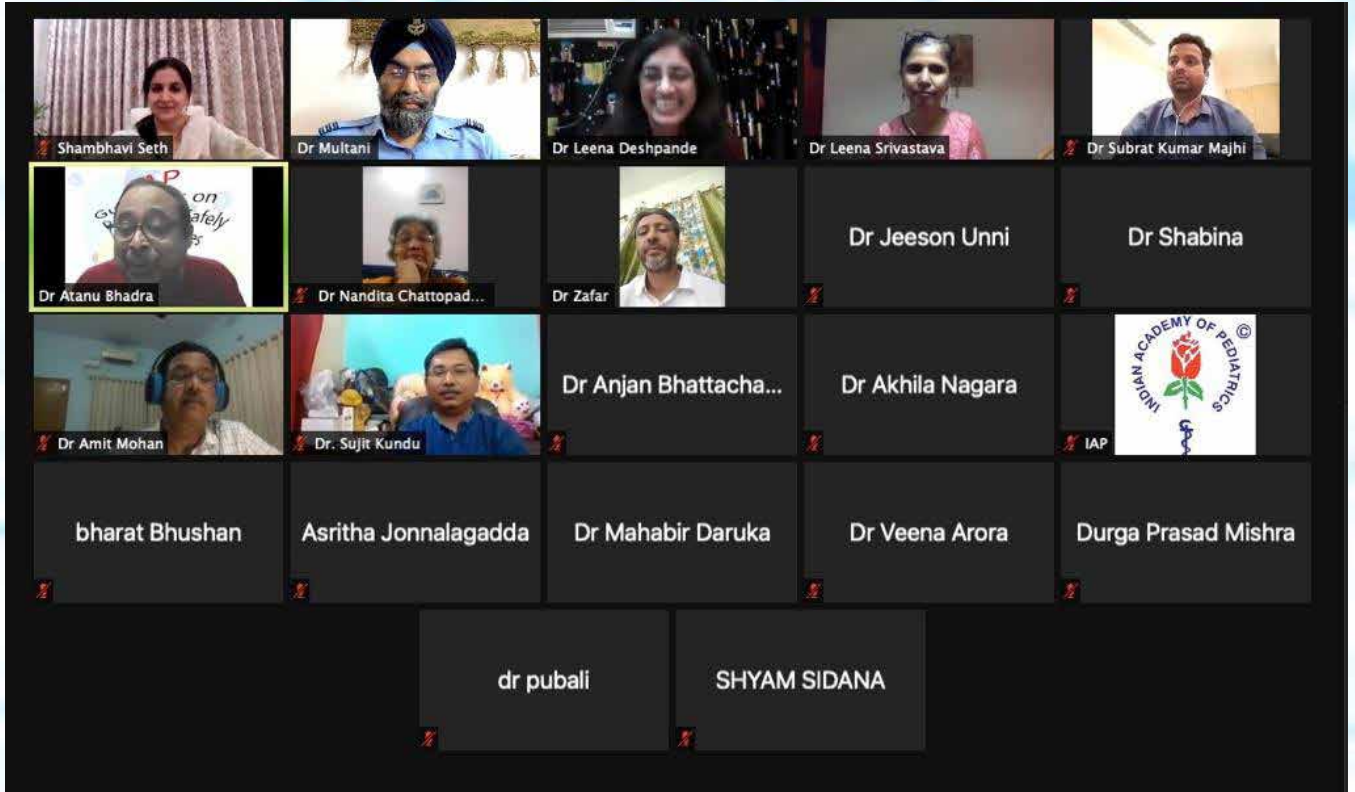
IAACD International Alliance of Academies of Childhood Disability

PEERS, UCLA certification, Naturalistic Teaching, Turkey

Dr. Arnab Seal



## Month in pics





## Month in pics



ADOLESCENT HEALTH ACADEMY NAVI MUMBAI




# Session for School Teachers

INTERNATIONAL ADOLESCENT HEALTH WEEK (IAHW 2021)  
(26/03/2021)



**DR SHUBHADA KHIRWADKAR**


Schools & Learning:  
The New Normal!

 3:00 - 3:30 pm



**DR PREETI GALAGALI**

Igniting minds -  
Role of teacher

 3:30 - 4:10 pm



**DR LEENA DESHPANDE**

This child just does  
not study!!

 4:10 - 4:30 pm



WATCH LIVE ON NAVI MUMBAI  
IAP YOUTUBE CHANNEL



## Month in pics






### Forum for Autism & Nehru Science Centre, Mumbai

presents a Panel discussion by Professionals

## Autism: Through the lens of Professionals

on the occasion of World Autism Awareness Month

**Speakers:**

				
<b>Dr. Vibha Krishnamurthy</b> Developmental Pediatrician, Founder, Ummeed CDC. Member of Advisory committee, FFA.	<b>Dr. Anjali Joshi</b> Pediatric Occupational Therapist, Member of Advisory committee, FFA.	<b>Dr. Leena Deshpande</b> Developmental Pediatrician, Founder-Director, iCAN CDC	<b>Dr. Koyeli Sengupta</b> Developmental Pediatrician Director of Autism Intervention services at Ummeed CDC	<b>Dr. Pradnya Gadgil</b> Pediatric neurologist and Epileptologist at Kokilaben Dhirubhai Ambani Hospital & Medical Research Inst.

<b>Moderators: Darshana Sawant &amp; Babita Raja.</b>	<b>Date: Sunday, 25<sup>th</sup> April 2021</b>
<b>This session will be live on the Facebook: Forum for Autism.</b>	<b>Time: 2 p.m. to 4 p.m.</b>

To register click here: [https://us02web.zoom.us/webinar/register/WN\\_4hReaFseTz2KexEiXxz53w](https://us02web.zoom.us/webinar/register/WN_4hReaFseTz2KexEiXxz53w)  
OR SCAN the QR code.

**Note:** Post registration, Webinar link will be emailed to your registered email id.

For FFA membership: Email us at [forumforautism@gmail.com](mailto:forumforautism@gmail.com) or call Priyanka at 9029018100.



