



February 2020

DPT

DEVELOPMENTAL PEDIATRICS TODAY



Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

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Editorial

Respected Seniors and Dear Colleagues,

At the outset, I wish to thank all of you for your contribution towards DPT and special thanks to Dr. Chhaya for taking this initiative of requesting course coordinators of IAP fellowship of Neurodevelopmental Pediatrics to send cases for DPT.



This will add a new dimension to our journal and enhance our clinical knowledge.

February first week is Eating disorder Awareness week. Thus the Journal scan this month is covering two researches related to eating disorders in children. We all deal with kids with eating disorders in our clinics, more so because they are more common in children with neurodevelopmental disorders and they hamper the overall nutrition of the child.

There is some evidence that says that about 20% of people with eating disorders have Autism. Research suggests that adolescent girls with anorexia are more likely to exhibit elevated autistic traits such as difficulty with empathy, tendency to focus on oneself, and strong systemizing traits characterized by inflexibility and the drive to analyse and develop systems driven by rules. Girls who have ASD, may be more vulnerable to developing anorexia because they may be directing the trait of systemization toward managing food or obsessing over body weight. Current evidence suggests that people with ASD may be at greater risk for developing binge eating disorder, pica, and avoidant/restrictive food intake disorder, all three of which are much more common among this population.

Thus we all need to spread awareness and focus on detecting and managing eating disorders in children especially those with Neurodevelopmental disorders.

Dr. Lata Bhat

Chief Editor



Chairperson's Message

Dear Colleagues,

My heartiest spring greetings to all our readers.

Well, our focus on this issue of DPT is on Nutrition and neurodevelopmental disorders to augment the advocacy of National Eating Disorder Awareness week which is observed at in the last week of February to First week of March.



Children with disability can often be complicated by nutritional deficiencies due to exclusion, related to mechanical problems, lacking of sensory feedback, problems in smell, and texture, which adversely affects growth, development and intelligence and overall progress of management.

However these additional health problems are referred to as secondary condition under an emerging framework of health promotion for person with disabilities because these conditions can be prevented or managed.

Studies have shown there are three significant related risk factors - Malnutrition, Obesity and issues related to the support staff for food planning and preparation, as many of these children are dependent on their caregivers. But these risk factors have potentiality to change if intervention can be done at appropriate time.

In spite of so much growth concerns in children, there are very few studies on nutritional assessment of children with disabilities, while some studies have shown 64% of these children do not have any nutritional assessment and in conditions like Cerebral Palsy only 1/5th of the children achieve 100% Estimated Average Requirement (EAR).

This is indeed a dismal figure and it highlights the need for early identification of nutritional problems and dietary factors and reduction of future negative eating behavior and preferences. Paediatricians need to play an active role.

Long Live IAP,

Dr Shabina Ahmed

National Chairperson

IAP Chapter of Neurodevelopmental Paediatrics



Snippets from the Secretary

“Our food should be our medicine & our medicine should be our food.”

- Hippocrates



In the 21st century, we are facing a double burden of malnutrition among children globally which is characterised by undernutrition at one end and overweight and obesity at the other end. The problem is more relevant in developing countries like ours where we are seeing both the ends of spectrum due to urbanisation, improving incomes, fast changing nutritional landscape with more processed foods which are aggressively marketed.

The nutritional issues gain much more significance in children with neurodevelopmental disorders as many of these children, especially those with serious reduction in motor function and/or cognitive ability, have serious feeding issues like oropharyngeal dysphagia, GERD etc, as well as non-nutritional factors like medications, excessive nutrient losses from GIT and altered energy metabolism secondary to their ambulatory status which puts them at high risk of nutrition-related comorbidities. Many eating disorders of infancy and early childhood like pica, rumination disorder and avoidant/restrictive food disorder (AFRID) are seen more frequently in children with autism spectrum disorders and ADHD.

Early identification and intervention of nutrition issues in children, esp those with neurodevelopmental issues, will go a long way to reduce morbidity and also enhance quality of life of these children.

“Optimum nutrition is the medicine of tomorrow.”

- Dr Linus Pauling, Nobel prize winner

Jai Hind!

Wg Cdr (Dr) KS Multani

National Secretary

IAP Chapter of Neurodevelopmental Paediatrics



Journal Scan

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A Review of Psychotherapeutic Interventions for Children and Adolescents with Eating Disorders

Leanna Rutherford, MD and Jennifer Couturier, MD, FRCPC; J Can Acad Child Adolesc Psychiatry. 2007
Nov; 16(4): 153–157.

Abstract

Objective

Psychotherapeutic interventions for child and adolescent eating disorders have recently received increasing attention in the research literature. This article attempts to summarize these studies.

Method

The current literature was reviewed using the PubMed and Embase databases under the search terms eating disorders, child, adolescent, and psychotherapy. Here we will present a practical overview of the current evidence for psychotherapeutic interventions in this clinical population.

Results

There have been some very promising findings with regards to specific types of therapy for anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED).

Conclusions

The best evidence available suggests that family-therapy models are most effective for treating adolescents with AN, and that CBT models are most effective for adolescent BN, although family-based treatment may also be effective for adolescents with BN. Too few studies have been done on BED in adolescents to draw any conclusions; however CBT, IPT and DBT are all theoretically promising.



Journal Scan

Systematic Review: Overlap Between Eating, Autism Spectrum, and Attention-Deficit/Hyperactivity Disorder

Kathrin Nickel, Simon Maier, Dominique Endres, Andreas Joos, Viktoria Maeir, Ludger Tebartz Van Elst, Imut Zeeck; *Front. Psychiatry*, 10 October 2019 | <https://doi.org/10.3389/fpsy.2019.00708>

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Background: Links between eating disorders (EDs) [e.g., anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED)] and the major neurodevelopmental disorders of autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) have been repeatedly highlighted. In both ASD and ADHD, these links range from an elevated risk for EDs to common symptomatic overlaps and etiological commonalities with EDs.

Methods: We performed a systematic literature search (through July 2019) with Medline via Ovid for epidemiological data on EDs (AN, BN, and BED) in combination with both ASD and ADHD.

Results : The reviewed studies showed that, on average, 4.7% of patients with certain ED diagnoses (AN, BN, or BED) received an ASD diagnosis. Reliable data on the prevalence of EDs in ASD samples are still scarce. Comorbid ASD is most commonly diagnosed in patients with AN. The prevalence of ADHD in EDs ranged between 1.6% and 18%. Comorbid ADHD was more often reported in the AN-binge eating/purging subtype and BN than in the AN restrictive subtype. The prevalence of EDs in ADHD ranged between no association and a lifetime prevalence of 21.8% of developing an ED in women with ADHD.

Conclusions: Studies on the prevalence rates of EDs in ADHD and ASD and vice versa are heterogeneous, but they indicate frequent association. While there is growing evidence of clinical overlaps between the three disorders, it remains difficult to determine whether overlapping characteristics (e.g., social withdrawal) are due to common comorbidities (e.g., depression) or are instead primarily associated with EDs and neurodevelopmental disorders. Furthermore, prospective studies are required to better understand how these disorders are related and whether ADHD and ASD could be either specific or nonspecific predisposing factors for the development of EDs.



HOW TO TACKLE FEEDING PROBLEMS IN CHILDREN WITH NEURODEVELOPMENTAL ISSUES – PRACTICAL TIPS

Nutrition in children with neurodevelopment issues is aspect which is often overlooked/missed by the doctors treating them. These children have significant feeding related problems as well as many non-nutritional factors like medications etc that predisposes them to malnutrition which if identified and treated early will improve the overall health and quality of life of these children.

MEDICAL HISTORY

Birth history, age at onset of feeding difficulties, gastrointestinal issues (GERD, constipation), associated neurological disorders(s), medications if any

WEEKLY FOOD DIARY/ FEEDING HISTORY (3-7 DAYS)

What (feeding method, texture, quantity n quality)

When (frequency of meals, timing and duration)

Who (person responsible for feeding the child OR does the child self feeds)

Where (feeding area, possible distractions, etc)

PHYSICAL EXAMINATION

Anthropometric assessment (height , weight, head circumference, mid-arm circumference, triceps skin fold thickness)

Features of protein-energy malnutrition and/or micronutrient deficiencies)

LABORATORY PARAMETERS

CBC, LFT incl Albumin, Ferritin, Calcium, Phosphorous, Vit D, Vit B12 and Folate levels

MANAGEMENT OF GIT RELATED ISSUES LIKE GERD, CONSTIPATION

SPECIFIC TREATMENT FOR MICRONUTRIENT DEFICIENCIES

CORRECTION OF CALORIE AND PROTEIN INTAKE

MONTHLY FOLLOW UP FOR WEIGHT GAIN

(AIM FOR WEIGHT > 25TH CENTILE ON DISEASE SPECIFIC CHARTS AND TRICEPS SKINFOLD THICKNESS B/W 10TH-25TH CENTILE)



PRACTICAL TIPS

Is swallow SAFE ?

Any history of aspiration pneumonia (choking or coughing during feeding)

What is the feeding routine ?

Time

Tell the child 5—10 minutes prior to feeding so as to prepare him for feeding and allow his sensory system to settle down.

Oversensitive children can be given a massage arounds cheeks using hands or a vibrating toothbrush for few minutes.

Place & posture

Child should be sitting comfortably in a quiet area without any distractions like TV/mobile.

Avoid feeding oversensitive children in or near kitchen as strong smells may overwhelm such kids.

AVOID frequent snacks.

Person feeding should stick to mealtimes and routines around them as most children excel at patterned consistent predictable behaviour.

Use separate colourful child friendly plates and bowls for feeding the child.

Avoid frequent changes in foods; child may take a food 8-15 times before accepting it in his diet.

New foods should be similar in ways to what your child is already eating like colour, smell, texture or taste.

Are there any taste or smell issues ?

Children with over-sensitive smell and/or taste issues need lot of attention to avoid overstimulation around feeding time.

Children with under-sensitive taste and/or smell may have issues like PICA. They may crave strong smells or tastes or hard textures.

Let the child take control !

Listen to your child and his/her preferences.

Stages of acceptance for new foods – LOOK-TOUCH-SMELL-LICK-BITE-CHEW-SWALLOW.



Let the child get comfortable with new food; Do not react negatively if the child spits out food.

Are there any medications that the child is on ? IF YES, ASK YOUR DOCTOR

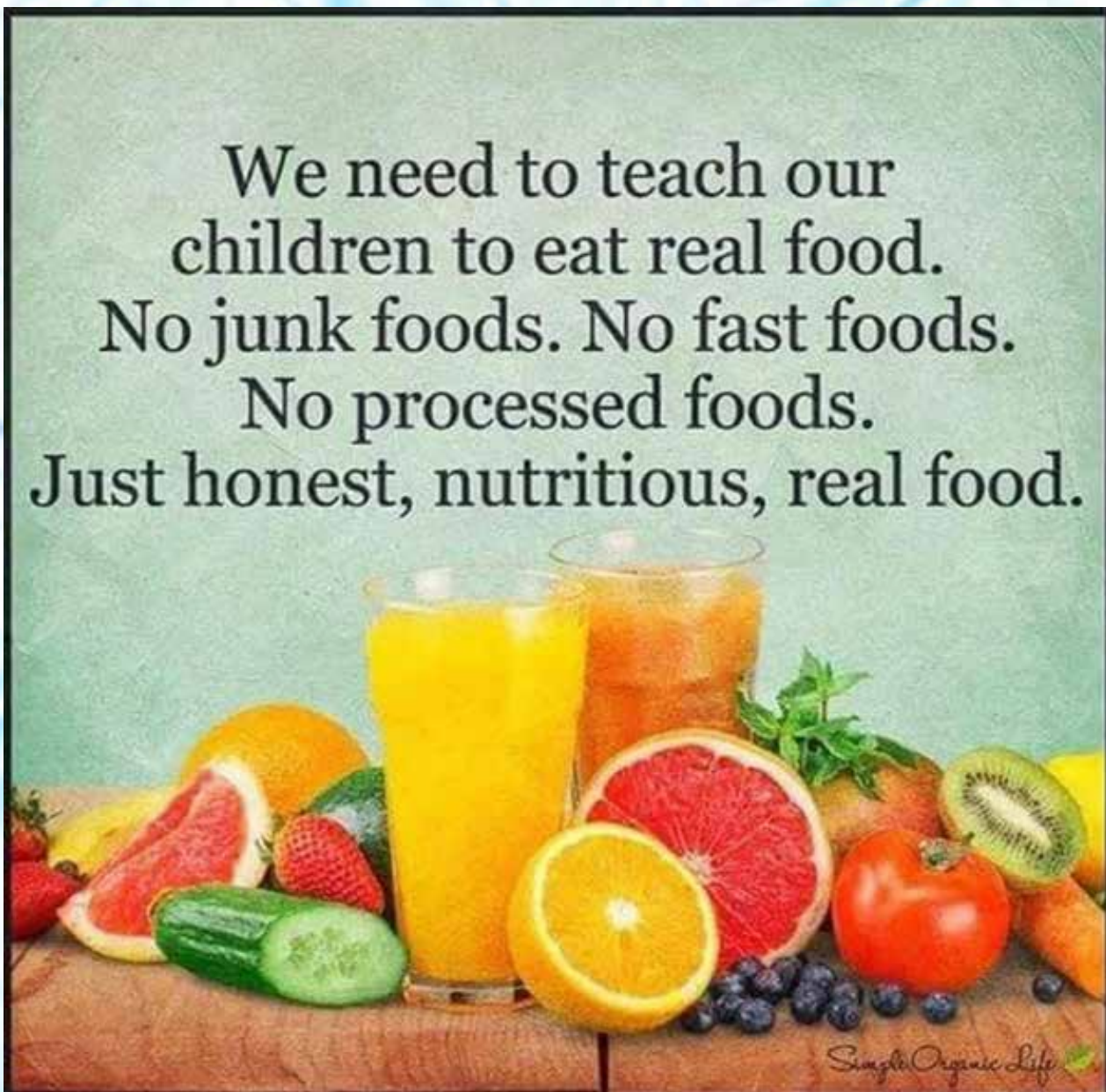
Medications like antiepileptics can affect absorption of some micronutrients.

Some medications need to be taken on empty stomach while others need to be taken after meals.

Don't force-feed the child as bad experiences can further worsen the problem.

If you are scared to feed your child, be sure that your child is equally scared of being fed!!!!!!

HAVE SMALL TARGETS; ENJOY FOOD WITH YOUR CHILD. MAKE MEAL TIMES FUN!





“Bal arogya swasthya abhiyan” Joint campaign by IAP & Maharashtra Govt

‘Bal Arogya Swasthya Abhiyan’ campaign across Maharashtra - jointly by IAP and Maharashtra government. After more than 8 weeks of persistent efforts, with the blessing and guidance of Dr Bakul Parekh, the Honourable Minister of Public Health, Government of Maharashtra and myself on behalf of IAP, could conclude discussions on the first joint collaboration of IAP with Government of Maharashtra. We will jointly conduct ‘Bal Arogya Swasthya Abhiyan’ at 50 centres across each and every district of Maharashtra in a record span of 6 weeks! The Training of Trainers is scheduled at MUMBAI on 29th February 2020 in the presence of the Hon Minister and President IAP and will be arranged by the Ministry. Thank you to Dr Jayant Pandharikar and EB, IAP Maharashtra for the strong support.

Samir Dalwai
Jt. Sec, IAP





Month in Pics

Making our children Emotionally Intelligent and Functionally Independent

Dr. Chhaya Prasad conducted a seminar for parents at Alliance International School, Patiala with the theme “Making our children emotionally Intelligent and Functionally Independent”. The aim was to make the parents aware of how important it is to take care of Mental Health of the Children right from pre-school Age.





Month in Pics

The 6th Annual Pediatric Update was held by Centre for Child Health BLK Super Speciality Hospital in association with IAP Delhi. Dr. Shambhavi Seth spoke on the topic “Neuro Developmental follow up of high risk newborn”. Development screening is a must for each and every child - it’s not a choice anymore !



Red flags in first year		BLK
2 months	Social Smile	
4 months	Head control	
6 months	Turning to Sound	
8 months	Sitting without support	
10 months	Response to name, Joint attention	
12 months	Standing without support , Babbling , Waves bye	

Red flags in second year		BLK
15 months	Speaks at least one meaningful word Able to follow simple instructions 2-3	
18 months	Words upto 5-10 Pointing with index finger to indicate needs Can point to one body part	
24 months	Able to climb stairs Kicks ball Word vocabulary of at least 50	



FOOTSTEPS TOWARDS HANDLING LEARNING DIFFICULTIES IN CHILDREN

A unique full day workshop for 110 teachers of various schools of Vidarbha on sensitization & remedial education in Learning Disorders on 1st Feb.

A training workshop for doctors(62) on handling Learning Disorders & ADHD using validated check lists & tools for diagnosis & therapeutic & specific counseling skills for remedial interventions.

Resource persons:

Dr Sivaprakasam, Chennai (Topic : Early diagnosis & interventions in LD)

Dr Leena Deshpande, Mumbai (Topic : Decoding ADHD: Myths & facts)

Dr Shubhada Khirwadkar, Nagpur (Topic: ABC of learning)

Panel discussion titled “Our way forward...” moderated by Dr Ratnaparkhi with pediatricians(Drs Kotwal, Saroj, Waghmare , Shivalkar) school principal & a young girl (who has fought with & overcame LD & is now doing well in life as special educator) were our panelists.

2 young girls with LD who are now graduates were felicitated as inspiring role models for all of us!

A thought provoking skit on LD was also presented by Dr Desai & Dr Yawalkar.

Secy AOP, Dr Mustafa, Secy AHA Dr Kaduskar & entire AOP & AHA teams worked hard for the tremendous success of this workshop.





Month in Pics

TEACHERS' WORKSHOP





Month in Pics



Dr Himani Narula Khanna a Developmental Pediatrician , CO founder and Director Continua Kids and Consultant Developmental Pediatrician at Madhukar Rainbow Children Hospital, New Delhi was invited as a Faculty for the Panel discussion on Adolescent depression on the 2 nd Annual conference held by Madhukar Rainbow Children hospital on 9th of Feb 2020 at New Delhi .



Dr Himani Narula Khanna , Developmental Pediatrician and Co Founder and Director Continua Kids was invited as a faculty at the 3rd International conference on Autism held at Hyderabad on 1st and 2nd Feb 2020 .She delivered a lecture on "Autism in Teens" What to expect and how to help them through Puberty . Parents, professionals and interventionist need to know what are the challenges our children on ASD will face when they enter their Teens and hit Puberty.



Month in Pics

PANEL DISCUSSION : “ SAFE, UNSAFE OR DANGEROUS IN TREATMENT OF AUTISM”

3rd BMI International Autism Conference in Hyderabad, Hitex city. Panel discussion with Dr. Jesson Unni , Dr Sumit Kundu and Dr. Rajeshwari on “ Biomedical, GFCF diet, Stem Cell Therapy, HBOT... Safe, unsafe or dangerous in treatment of Autism” moderated by Dr. Himani Khanna.



PANEL DISCUSSION ON “POOR SCHOLASTIC PERFORMANCE & LEARNING DISABILITIES”

Second Birthday of Cradle CDC Siliguri was celebrated on 08/02/20, at Hotel Sinclairs Siliguri, with a Panel discussion on “Poor Scholastic Performance & Learning Disabilities” moderated by Dr Sujit Kundu, participated by three senior pediatrician in Siliguri, Prof. Dr. Mridula Chatterjee, Dr. R. K. Agarwal (Lohia), Dr. Subir Bhowmik, and two Special Educator of Cradle CDC, Mr. Amit and Mr. Arindam. A guest lecture was delivered by Mrs. Smita Awasthi from BMI foundation, Bangalore who discussed “Challenging behaviors in kids with Autism- Analysis”.





Month in Pics

WORKSHOP AND CME AND INAUGURATION OF NEURODEVELOPMENTAL CHAPTER OF IAP KERALA IN COCHIN





OUR BELOVED PHILANTHROPIST LIVES IN ETERNITY



DR. JACOB ROY KURIAKOSE

Date of Birth: 07.06.1952
Heavenly Adobe: 02.02.2020

- › Founder Chairman of Tropical Health Foundation of India
- › Founder of Alzheimer's & Related Disorders Society of India,
- › Chairman of Alzheimer's Disease International (ADI), based in London from March 2012-2015, the first Asian to hold this unique position.
- › Vice Chairman of Alzheimer's Disease International till 2001.
- › Member of the Executive Board of Alzheimer's Disease International since 1996.
- › International Vice Chairman of Alzheimer's Disease International from 1998 – 2001
- › Member of the elected board of Alzheimer's Disease International since 2002
- › Hon. Vice President of Alzheimer's Disease International since April 2015
- › Member of the ADI Nomination Committee and ADI conference Committee.
- › Rotary District Chairman for geriatric care and hospices (Rotary Dist. 3200)
- › Senior Consultant, Malankara Medical Mission Hospital, Kunnankulam since 1984.
- › President YMCA, Kunnankulam
- › President of Bala Sahaya Samithy a centre for mentally handicapped children in Kunnankulam.
- › Past National Secretary, child hood disability group Indian academy of pediatrics.
- › Governing Board Member of Parumala Mar Gregorise Charitable trust, Thalacode
- › Trustee, Nirmala Educational Trust, Thalacode, administering a high school, Higher secondary school, teachers training college, Arts and Science College.
- › Member of subcommittee (Old age) of Ministry of Social Justice & Empowerment, on Social Welfare,
- › Life Time Achievement Award in the field of Dementia Care by the School of Gandhian Thought and Development Studies Mahatma Gandhi University, Kottayam, Kerala
- › Member of Executive Committee of National Institute of Physical Medicine and Rehabilitation, Thrissur, by Govt. of Kerala.
- › Expert Committee Member - Centre for Gerontological Studies, Kerala Health University, Thrissur.
- › Member of the subcommittee on Social work, under Ministry of Social Justice & Empowerment to advise planning commission.
- › Member of the National Council for Older Persons.



Membership Form



Indian Academy of Pediatrics



Chapter of Neuro Developmental Pediatrics

Membership Application Form

(Please fill in capital letters; All Information Mandatory; Pl do not leave any blank spaces)

1. Surname: _____ First Name: _____ Middle Name: _____

2. Date of Birth _____

3. Central IAP Membership Number (For Pediatricians Only): _____

4. Permanent address:

.....

.....

5. Office Address.....

.....

.....

6. Email:..... Landline Telephone:.....

7. Mobile Phone Number (1).....(2).....

8. Present Work Status: Private ___ Govt. ___ Medical College ___ Voluntary Agency ___

9.

Qualifications	Name of University	Year of Passing
MBBS		
MD Pediatrics		
DCH		
DNB Pediatrics		
Others		

10. Areas of Interest of Work _____

P.T.O



Membership Form

11. Membership Subscription:

- a) Life Membership for Central IAP Members – Rs 1500
- b) Life Associate Membership for Doctors other than Pediatricians – Rs 1500
- c) Life Affiliate Membership for All Other Professionals – Rs 1500

12. Demand Draft / Cheque to be drawn in favor of "IAP Chapter of Neuro Developmental Pediatrics" payable at Ernakulam.

On online transfer please e-mail the scanned form with transfer details to cdgiap@gmail.com with cc to kawaljit000@gmail.com

NAME OF ACCOUNT – IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS
 PAYABLE AT ERNAKULAM
 FEDERAL BANK LTD
 ERNAKULAM / KATHRUKADAVU
 ACCOUNT NUMBER 16860100040046
 IFSC CODE – FDRL0001686

Signature of the Applicant with date:

For Office Use Only Membership No.....

..... **Particulars of the receipt: Cheque / D.D**

No.....Bank.....

Amount.....Date.....

Mailing address:

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