DPT

DEVELOPMENTAL PEDIATRICS TODAY

May 2020

Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

Inside

Editorial

**"When a flower doesn't bloom,
you fix the environment in which it grows,
not the flower "- Alexander Den Heijer**

Respected seniors and dear friends,

Hope you all are safe and continuing to practice the new norms of social distancing, hand hygiene and using appropriate PPE. Now that we are about 2 months in the lockdown, we all have adopted telemedicine as a way of reaching out to our patients and have acquired this new skill of giving therapies through Virtual platform. Current Issue of DPT has a very good writeup on Autism mimics and an excellent writeup on the experience of a CDC in Virtual therapies.

Human beings have a tremendous capacity to adapt, as we have seen during this Pandemic. We have changed our lifestyle from being predominantly outdoor to being indoor all the time, some hotels have been converted to function as hospital non-ICU beds, textile manufacturing companies have started manufacturing masks, so on and so forth. So, this capacity of human beings can be extended to address issues of child development so that every child achieves his/her best potential.

Editorial

We have been able to reach out to Pediatricians through Webinars conducted by our chapter members. These webinars have been appreciated by the pediatricians and I hope we do achieve our goal of sensitizing maximum Pediatricians to the topics related to Neurodevelopmental disorders.

May 15th is international family day so the journal scan includes two publications on the role of family in Child development.

Suggestions are invited by members to make DPT more interesting.

We will be posting quiz questions from next issue.

Stay safe, stay healthy!

Dr. Lata Bhat

Chief Editor

Chairperson's Message

Dear Readers,

My warm greetings to all of you. With the drift of the wind one begins to drift with it too. I am sure each one of us has found a way out of continuing our services to the children. Telehealth has certainly come to the rescue.

Telemedicine had emerged way back in 1906 when the electrocardiogram was transmitted over the telephone lines by the inventor Einthoven, subsequently refined by NASA when humans began flying in space. In 1998 a landmark publication "Crossing the quality chasm", by the Committee on the Quality of Health Care in America, stated that information technology must play a central role in the redesign of the health care system if a substantial improvement in quality is to be achieved. Two decades have passed, and with the spread of the COVID19 it has hastened pervasive use of technology.

The Indian Academy of Pediatrics under the leadership of our President Dr Bakul Parekh and his dynamic team has made a tremendous leap in a year-round dissemination of information, raising quality care for all from the pool of experts. We from the Neurodevelopment Pediatrics Chapter have taken this opportunity to sensitise and upgrade understanding levels of developmental problems so that much can be handled in their office practice thereby reaching a wider circle. However, important to question ourselves, whether the benefits of this technology are reaching the children in rural India where smart technology may not be available to all such families.

As we use this technology, we have to keep in mind that we have to adhere to the latest provisions to the IMC ACT 1956, which covers registered medical practitioners and telemedicine. It is mentioned therein that we need to keep records of all our communications with the patient, which would include phone calls, emails, photos, video and chats and consent forms.

Present situation is pushing health care and rehabilitation care to home settings. Therefore, the time has come to develop standardised home care management programme and evidence-based standards of care with good feedback communication through teleconsultations.

Waiting for an evolutionary change in clinical practice. Wishing all a wonderful International Family Month.

Happy Reading!

Long live IAP!

Dr. Shabina Ahmed MD, FIAP
National Chairperson
Neurodevelopmental Pediatrics Chapter of IAP

Snippets from the Secretary

'A woman is the full circle.
Within her is the power to create, nurture and transform.'
- Diane Mariechild

Dear seniors and friends,

Hope this issue of newsletter find you all and your families in good health. May month has ended with hopes of unlocking of India in the coming weeks after more than two months of lockdown but has also increased the risk and anxiety levels in view of the increasing number of corona cases in the country with each passing day. As we learn to live with 'the new normal' of the pandemic, we have to learn new ways and means to continue providing the care to our clients in a way that is safe and efficacious as well for both - the patient and the care provider. Some members of the neurodevelopmental chapter have shared their experiences in the form of articles and images in this edition that will be of interest to the readers.

Telemedicine (teaching as well as patient care) and online teaching classes for children have been the bright highlights of the month gone by and have shown us the way forward in these difficult times. With the increasing use of internet based services for teaching for children, more and more children are getting exposed to the perils of internet use like inappropriate content, online bullying and exploitation/abuse, there is a need to increase awareness among parents of the possible dangers to the children. The efforts of dIAP of promoting online teaching for doctors are praiseworthy in this area. Telemedicine has been around for almost a century but the corona pandemic has pushed it into the limelight once again. With the availability of fast internet connectivity of 4G/5G and smartphones, we should try to use this opportunity to develop methods and means to provide early intervention services to remote areas/underprivileged sections.

10 May is International Mother's day and 15 May is International Family day. A child's learning and socialization is greatly influenced by his/her family as it is their first social group. The central role of women in family needs to be both recognized and promoted in order to improve the quality of care of children with special health needs.We are also trying to transform the monthly newsletter constantly to make it more appealing and informative to all the readers and the chief editor is planning a new section on quiz from next edition. Suggestions and contributions in this regard are welcome from one and all.

Long live IAP.,

'Nothing ever goes away once it is posted online !!!!'

Jai Hind!

Wg Cdr (Dr) KS Multani
National Secretary
IAP Chapter of Neurodevelopmental Paediatrics

Virtual therapy sessions : the new normal !! Our Center experience

Dr Akhila Nagaraj, CCDD IAP fellow
Center for Child Development and Disabilities, Bengaluru

Following the lockdown our OPD came to a standstill. Few online consults continued. As a developmental Paediatrics fellow wondered what are the ingredients to make a virtual therapy session successful. So decided to look at the model we have been using at our Centre- Scope (Social, communication, Play and educational). It was developed by Totsguide- CCDD team with the intention of helping parents who are far off, reduce travel and empower parents to be co therapist.

Dr Kirthika Rajaraman, author of SCoPE and well known developmental paediatrician said that "It is an online program that provides development appropriate activities for children with developmental delays including Autism Spectrum Disorder. Scope program uses both naturalistic developmental approach & behavioral approach and it perfectly suits Indian children needs & cultural characteristics. It is a complete parent intervention program which helps parents in assessing the child's current level in different domains using a simple set of parental questionnaire & then it provides an individualized tailor made set of developmentally sequenced activities in 6 domains (Receptive language, expressive language, play, imitation skills, cognitive skills and social skills) for that specific child to be delivered by parents to promote these skills. Each activity is in detail explained to parents with different examples, so that it is easy for parents to assist the child to develop skills in his/her own pace under the guidance of Coach support." It is divided into three levels of functioning, based on the child 's developmental/mental age. Level 1 and 2 – works towards overall development of the child in the 6 domains focusing on Joint attention, understanding basic commands, Functional communication (for expressing needs, protest, asking for help, to seek other's attention, asking simple wh questions and sharing interests), Functional & meaningful play skills, Spontaneous Imitation and Social skills (encouraging parallel play, turn taking skills). Level 3 – Along with advancing the above skills, it also works towards developing pre academics and preschool skills for children. This model is used extensively at Sangamitra, our early intervention School based program. Child comes in with a detailed Scope Profile Assessment- Based on which child Children are further categorized into 4 levels (L1, L2 (corresponding to scope level 1) L3 (corresponding to scope level 2) L4 (corresponding to scope level 3). Every parent undergoes ongoing EDITT (Educating parents in direct and indirect training techniques) parental training to be co therapist to their child. Parents work as their child's co therapist in the centre for 3 hrs, 5 days a week. In sangamitra, online sessions were conducted to guide parents on weekends and also during short summer break program for the past 5 years where each child will be given an individualized SCoPE Program based learning program for 3 hours (Language skills, Imitation skills, play & cognitive skills are covered in this learning program) and for another 2 hours parents are recommended to practice module based adaptive skills (self-help skills, house hold chores, community skills) with their children at home.

Mrs Manju Bhargavi, director of Sangamitra said that - Though this pandemic was a testing phase for both therapists and parents to completely shift online, our Parents were already empowered to work as co therapist during regular time itself. It took just a few sessions to get children and parents back to work "live"- with video calls. Thanks to the beautiful module based school and home programs designed by us and also the constant parent training throughout the year which helped all of us during this pandemic.

Mrs Savita, special educator at the Center observed that while this gave the flexibility of timing, zero travel and comfort of working at home to parents, it meant extended hours of work for the therapist. Extended family participation including grandparents helped and made the session more interactive and successful.

We looked at what made sangamitra model successful so much so that they did not have any drop out of parents in virtual sessions and the reason for the parents were more confident in handling their children better during lock down, We observed that Virtual hand holding & structured feedback was an integral part of sangamitra model .Success of the program is ensured not only when parents work as co therapists but also when parents are monitored for their fidelity in using interactive strategies while teaching & usage of appropriate level of prompting. structured feedback must be provided to parents regularly (bimonthly feedback sessions conducted at sangamitra as a part of school program) to improvise parental teaching skills and also to empower them with behavioral modification strategies. Finally, parents must be adequately supported in handling their barriers (parental stress & motivation levels, low self-esteem, parenting styles) in teaching their children.

Dr Nandini Mundkur, our mentor and director said that NDBI (Naturalistic Developmental Behavioural intervention) is here to stay. Structured intervention program, Structured feedback & regular follow up assessments makes Scope a successful program. We should get used to this blended therapy approach and she hopes more people take up this program along with the coach support for structured feedback.

To conclude though the online approach is new to us, we should not be disheartened but brace ourselves to the new normal!

Autism Mimics

Dr. Puja Kapoor
Director & Co-Founder, CONTINUA KIDS
Pediatric Neurologist, Paras Hospital, Gurgaon
Sarvodaya Hospital, Faridabad
Rainbow Children Hospital, Delhi
+91- 9560340159

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder with persistent deficits in social, communication and interaction, along with restrictive, and repetitive patterns of behaviour or activities. The clinical features include inconsistent responsiveness especially to name call, extremes of temperament and behaviour, ranging from marked irritability to alarming passivity, delayed or regression of speech and language milestones, repetitive movements, intense interest in a limited number of things and no interest in others.There are yet no blood tests or other diagnostic tests for the confirmation of the disorder. It is diagnosed as per the Diagnostic and Statistical Manual of Mental disorders- fifth edition, based on clinical observation. There is an overlap of features between ASD and other neurological diseases and disorder. A child needs to be evaluated by a multidisciplinary team inclusive of pediatric neurologist to differentiate ASD from other autism mimics as the treatment and genetic prognostication depends on the etiology of the symptoms.

Differential diagnosis of autism spectrum disorder in children includes:

1. Genetic disorders

There are multiple syndromes which overlap the symptoms of ASD along with their characteristic features. A few of the common one are:

A) DiGeorge / Velocardiofacial / 22q11.2 deletion syndrome : It is characterized by absence or underdevelopment of the thymus resulting in very low T cell count. Absence or underdevelopment of thymus results in an increased viral, fungal, and bacterial infection. This disorder has been associated with congenital heart disease,cleft palate, hypocalcemia, immune difficulties,learning disability, The child shows behaviour similar to ASD,The diagnosis is based on characteristic symptoms, family history and thorough clinical evaluation. Flow cytometry of the peripheral blood and FISH (genetic testing) is used to diagnose the syndrome. The treatment is symptomatic and involves multidisciplinary approach.

B) Rett Syndrome : It is a rare non inherited genetic postnatal neurological condition which occurs primarily in girls and rarely in boys.It begins between 6 to 18 months of age. The infant begins to lose eye contact and shows reduced interest in toys.deceleration of head growth (acquired microcephaly) and hand wringing may occur. At 1 to 4 years, the child losses purposeful hand skills and spoken language. Characteristic hand movements such as wringing, clapping ,tapping begins during this age. Affected children also develop typical breathing irregularities, feeding and swallowing difficulties, growth retardation, and seizures. Rett syndrome occurs due to mutation in the MECP2 gene on the X chromosome.There is no curative treatment. Supportive management requires multidisciplinary approach.

C) Fragile X Syndrome : Fragile X syndrome is the name given to the condition in which affected individuals have a X chromosome which looks "broken" or is "fragile", and is held together by the slightest of ties. It is characterized by moderate intellectual disability in affected males and mild

intellectual disability in affected females. It is a genetic condition with physical features like long and narrow face, large ears, large testicles,flexible fingers, hypotonia.These features are variable may not be obvious till puberty. Other symptoms include flat foot, frequent ear infections, dental problems, heart problems including mitral valve prolapse. One third of them have features of autism spectrum disorder like poor eye contact, hand flapping, language delay. Hyperactivity is common. It is caused by mutation in the FMR1 gene located on the X chromosome at Xq27.3. Normal FMR1 gene have approximately 5-44 CGG repeats and this number remains stable from generation to generation. In the mutated gene, the number of CGG repeats increase more than 200. It causes abnormal methylation and so inability to produce FMRP, a protein made by FMR1 gene, needed for normal development. Diagnosis is by genetic testing, to determine the number of CGG repeats. Treatment include therapies, special education, speech therapy, occupational therapy, behaviour modification program. Genetic councelling is recommended for affected individuals and their families.

2. Hearing loss / Vision loss

Children who have hearing loss may show features resembling autism spectrum disorder. But it could be differentiated by :

A) The child uses his eyes to watch people.

B) Speech and language is affected, but communication is through gestures and pointing is present.

C) Visual, auditory stereotypies may be present but they like touch,hugging as opposed to children with ASD.

To complicate the matter, many children may have both hearing loss and ASD simultaneously. So hearing assessment must be done in any child suspected to have features of ASD.

Motor stereotypies like hand flapping, hand writhing may be present in children with vision loss. These movements along with lack of social and communication skills mimics ASD, and therefore visual examination is must in a case diagnosed with ASD.

3. Intellectual disability (ID)

An estimated one third of the children with autism have intellectual disability (IQ <70). Intellectual disability needs to be differentiated from ASD, as ID has multiple etiologies and the treatment approach is dependent on the cause. Social communication deficits that define ASD represent a failure to acquire developmentally expected skills, these same deficits would be expected to occur to some extend in all individuals of ID. There is a blurred diagnostic boundary between ID and ASD based on the similarity of the clinical features. It is important to differentiate between the two as ID could have different treatment modality, prognostication and genetic implications based on the etiology.

4. Landau Kleffner Syndrome (LKS)

It is a rare childhood disorder characterized by loss of language comprehension (auditory verbal agnosia) and verbal expression (aphasia) in association with severely abnormal electroencephalographic (EEG) finding during sleep, and clinical seizures. The symptoms begin between 2 to 8 years of age. Affected children appear to have acquired deafness as they fail to respond to verbal language and non verbal sounds.It is one of the common cause of acquired speech loss associated with seizures. Seventy percent of them have frank seizures, most often focal with or without alteration of awareness and/or atypical absence in type. Few children develop hyperactivity, temper tantrums, severe behavioural dysfunction. Diagnosis is by electroencephalogram (EEG) which shows presence of epileptiform discharges. MRI brain is recommended to rule out structural or space occupying lesions. Treatment includes antiepileptic medications. Some may require steroids, IVIG , ketogenic diet. A multidisciplinary approach is required to reestablish communication skills, speech and language concerns.

5. Mucopolysaccharidosis Type III (MPS III)

It is also known as Sanfilippo syndrome. It is a progressive disorder that primarily affects the brain and spinal cord.It do not display any features at birth, but begin to show signs and symptoms during early childhood. Affected children show delayed speech and behaviour problems. They become destructive, restless, aggressive and show difficulty in social interactions and communications. Sleep disturbance is also common in MPS III. This condition later causes progressive intellectual disability and loss of previously acquired skills (developmental regression).

They may develop seizures and movement disorders.The children typically have mildly "coarse" facial features, a large head (macrocephaly), a slightly enlarged liver (mild hepatomegaly), umblical hernias or inguinal hernias. Some children may show short stature, joint stiffness, multiple skeletal abnormalities,. They may also have chronic diarrhea, recurrent upper respiratory tract infection and ear infection. Some may also experience hearing loss and vision concerns. It is inherited as an autosomal recessive condition. To diagnose MPS III, mucopolysaccharides (GAGs) are measured in urine, followed by measurement of enzyme activity in blood or skin sample. Genetic testing of a blood sample will allow identification of exact changes in the DNA.Treatment of Sanfilippo is symptomatic and supportive. It has to be managed by a team of specialists, to give these children best quality of life.

6. Cerebral creatine deficiency syndrome

CCDS are a group of inborn errors of creatine metabolism which interrupt the formation or transportation of creatine. Creatine is important to produce adenosine triphosphate (ATP), which provides energy to all cells in the body.Creatine is essential to sustain the high energy levels needed for muscle and brain development.

Clinical features include global development delay, severe speech delay and is present in all older children and adults .Intellectual disability is of variable severity. Additional symptoms may include seizure disorder, autism like behavior, muscle weakness, and failure to thrive. Diagnosis is by brain MRI with spectroscopy (which shows low to absent creatine peak) and genetic testing. Trearment vary with each CCDS child.

Oral supplementation by creatine monohydrate is given to replenish creatine levels in the brain and other tissues. A low arginine/protein diet, L-ornithine supplementation, sodium benzoate are used in some children.

It should be considered in all children with autism like behaviour, with seizures, with severe speech

delay,positive family history of such features. As it can be transmitted as X linked, autosomal recessive (having a 25% chance of recurrence), all children with such clinical features should be screened for CCDS.

7. Mitochondrial disease: A significant proportion of children with symptoms of ASD may be due to mitochondrial dysfunction.Whether autism may involve, or be a result of, systemic physiological abnormalities in the mitochondria rather than being a neurodevelopmental disorder is a topic of debate .In 1985, Coleman and Brass hypothesised the initial association between ASD and mitochondrial function.Mitochondria is the site of energy production or "power house "of the cell. It is important in areas of high energy demand such as brain neurons .More studies are needed to confirm the role of malfunctioning mitochondria as a causative agent or the effect of ASD like neurodevelopmental disorder.

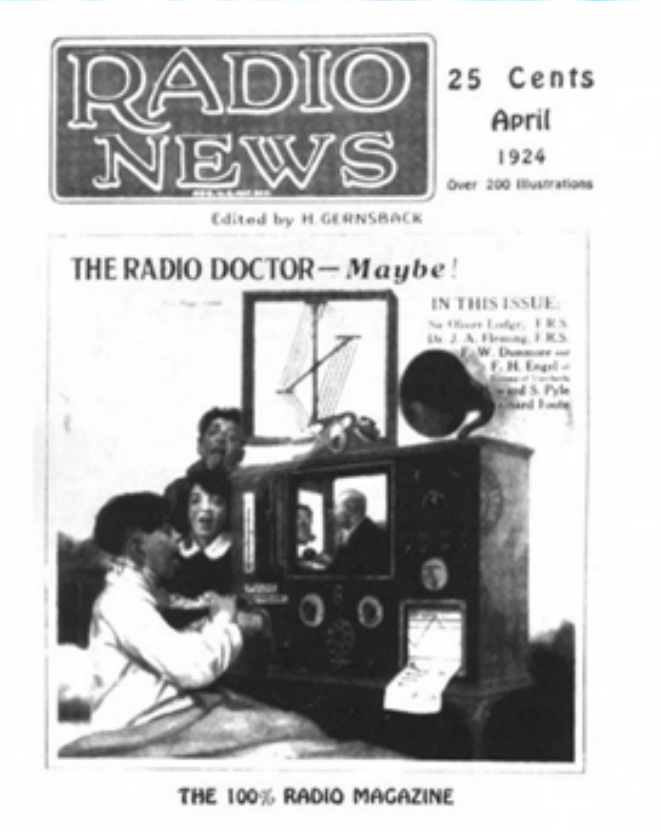
As there is an overlap of symptoms between the above stated conditions and ASD, a careful and thorough clinical examination is must before labelling a child with Idiopathic/primary autism. The approach, prognostication and genetic implications are different for different conditions, so the above stated condition should be kept in mind and screened in a case of ASD, depending on the clinical features.

Telemedicine - the past , the present and the future

Wg Cdr KS Multani
National Secretary, IAP Chapter of Neurodevelopmental Pediatrics

The term telemedicine was coined by Thomas Bird in 1970 and literally means

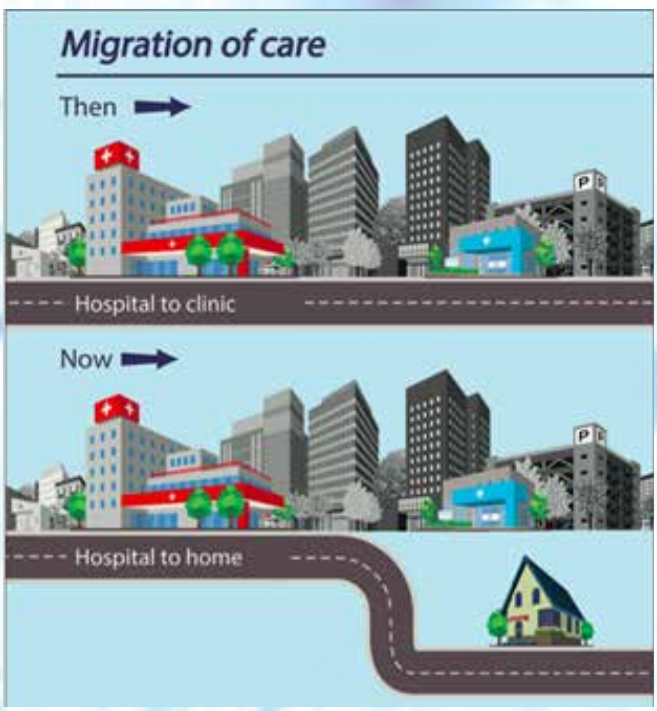
'healing at a distance'. However the origins of telemedicine can be traced back to the year 1906 when Dutch physiologist Willem Einthoven used a string galvanometer (a large heavy machine) and telephone wires to record ECGs of patients in a hospital located 1.5 kilometers away. Since then, telemedicine has been used in many parts of the world in different forms for providing patient care. The use involves either direct live interaction between the patient and the healthcare professional or storage and sharing of patient related information/data eg ECG or X ray.



Although the idea of using telemedicine for patient care is very promising, its acceptance by the medical community has been slow as highlighted by Geoffrey A Moore in his bestselling book(1991) on marketing 'Crossing the Chasm : marketing and selling high tech products to mainstream customers' wherein he highlighted the chasm between the early adopters of the product (the technology enthusiasts and visionaries) and the early majority (the pragmatists). This gap/chasm has been narrowed by the improvements in the technology - mainly the availability of high speed internet and better devices like computers, laptops, smartphones and related devices which has led to greater acceptance of telemedicine over the last 3-4 decades. Telemedicine helps provide high quality care to far flung areas and reduces cost of care but at the same time, the issues of additional training of health care staff on the use of telemedicine, security and confidentiality issues of patient data and other legal issues like patient consent still remain. With increased use in different countries, the current trend in telemedicine is

shifting the care of patients from the hospitals/ clinics to home using smartphones/connected devices that store/transmit patient data which is somewhat similar to what is happening in the banking sector and shopping malls where people are performing most of their banking activities and shopping online using computers and smartphones. This has a potential benefit of reducing the cost of care as well as increasing patient comfort as the patient gets care in the comfort of his home.

The Corona pandemic has provided another opportunity for the usage of telemedicine in the area of providing early intervention services to the children with special health care needs as the Indian government has permitted telephonic consultations vide the 'Telemedicine practice guidelines of Ministry of health and family welfare' on 25 Mar 2020. There is a requirement for a uniform, consistent and acceptable guidelines for providing web based early intervention therapy for children with special health needs and this requires extensive collaboration between the pediatricians and the policymakers (government). There is also a need of having a national registry of children with special healthcare needs and bringing their care under health insurance cover which will benefit many underprivileged children. The idea may sound very egalitarian and distant but I feel that the time for this idea has come - thanks to the ongoing Corona pandemic and its resultant 'new normal'.



Further reading

1. Einthoven W. Le telecardiogramme. Arch int de Physiol 1906;4:132-64.
2. EM Strehle, N Shabde. One hundred years of telemedicine: does this new technology have a place in Pediatrics? Arch Dis Child 2006;91:956-959.
3. Moore G. Crossing the chasm. New York; Harper Collins, 1991.
4. Committee on Pediatric workforce. Scope of practice issues in the delivery of pediatric health care. Pediatrics 2003;111:426-435.
5. Robinson SS, Seale DE, Tiernan KM, et al. Use of telemedicine to follow special needs children. Pediatrics 2003;9:57-61.
6. Barnett ML, Ray KN, Souza J, et al. Trends in telemedicine use in a large commercially insured population 2005-2017.
7. E Ray Dorsey, Eric J Topol. Telemedicine 2020 and the next decade.Lancet 2020;395:859.

Journal Scan

Dr. Lata Bhat
Sr.Consultant Behavioural and Developmental Pediatrician
Apollo Hospital, Delhi

Director, Palak Child Development Centre, Delhi

ROLE OF FAMILIES ON EARLY CHILDHOOD DEVELOPMENT AND EDUCATION: DHAKA CITY PERSPECTIVE ; The International Journal of Social Sciences ; Iffat Naomee ; 30th May 2013. Vol.11No.1 ;ISSN 2305-4557

Early childhood is the period when maximum development takes place. It is the most crucial period of a child's life. Involvement of family is very much needed in this period. This study has been carried out on Dhaka- the capital city of Bangladesh; in search of the role of the families on children's early childhood development and education. The specific objectives for this study were determining the role of parents and other members on children's early childhood development and education and comparing both the parents' role on this issue. To attain these objectives two different interview schedules were developed; one for the parents and the other one for one other family member. Data was analyzed in a mixed method using simple percentage for quantitative parts and thematic analysis for qualitative parts. The major findings included families with highly educated parents care more for their children's overall development than that of other families, mothers take more responsibilities of the children then fathers and most families now are well aware of extra-curricular development of their children.

Journal Scan

FAMILY INFLUENCE ON THE DEVELOPMENT OF CHILDREN; Erna Roostin; Research gate; February 2018; DOI: 1022460/pejvfi1.654

Abstract

The family is a group of people or a group of people living in one household because of blood relations, marriage or other bonds, living together in a house headed by a family head and eating in a pot. They interact with each other, have their own roles and create and maintain a culture. The role of the family as the main educator in the family is claimed to work together to educate their children. The main role of the family in educating children is as a foundation for moral education and religious life. The nature and nature of children are largely derived from both parents and from other family members. Family environment is the first educational environment because in this family every individual or a child first get education and guidance. In providing education should pay attention to the development of children. The development of the child is a change in the child where the infinite development of the growing sense of growth, but in it also contains a series of changes that take place continuously and are fixed from the physical and spiritual functions of the individual to the stage of maturity through growth, maturation and learning , there are several periods of development that must be achieved by the child. Therefore the family has a very important influence in the period of child development in order to have a basic knowledge of the ethics and norms that prevail in the community against himself.

Reviewer's Comments

May 15th is International Family day. So I have looked into research on role of family in child development. We all are well aware of the role of family in a child's development . Family environment is the first educational environment of a child and is most important in the education of a child. In a child with developmental delay without family support and involvement, therapies will not be as effective.

Month in Pics

'DR. I THINK MY CHILD HAS ADHD' PEDIATRICIANS ROLE IN ADHD MANAGEMENT

dIAP

DEAR MEMBERS,

GREETINGS FROM IAP!

Join us for a very enriching discussion on **Pediatricians Role In ADHD management.**

Dr. Sameer Hassan Dalwai & Dr Leena Deshpande in discussion with our esteemed panel of experts-
Dr. Shabina Ahmed, Dr. Jeeson Unni, Dr. Leena Srivastava, Dr. Jyoti Bhatia, Dr. Shambhavi Seth & Dr. Kawaljit Singh Multani

This webcast is brought to you under dIAP, an initiative of IAP to facilitate e-learning in all spheres of pediatrics. Live webcast of the webinar discussions, on-line clinics and their subsequent archiving is one of the activities under this banner.

With warm regards
DR BAKUL JAYANT PAREKH
DR GV BASAVARAJ

DATE | **FRIDAY, MAY 1**
TIME | **1.30 PM TO 3.30 PM**

Go to **diapindia.org/event-calendar** or click the link below

'Dr. I think my child has ADHD' Pediatricians role in ADHD management.

672 watching now

26 3 Share Save Report

dIAP Interactive
8.3K subscribers
SUBSCRIBED

Started streaming 2 hours ago
This channel has been brought you by Indian Academy of Pediatrics (IAP), as part of its dIAP Program. IAP is the apex child health body in India and is dedicated to promoting continued professional education amongst its member pediatricans. The content published in the channel is meant to be viewed by medical practitioners or medical students

How to Diagnose and approach a child with ASD in office practice ?

Speaker:

Dr. Himani Khanna
Developmental Behavioural Pediatrician
Co-founder and Director Continua Kids

Expert Panellist:

WG Cdr. (Dr.) K S Mutneja – National Secretary - IAP Chapter of Neurodevelopmental Pediatrics

RSVP:

Dr. Suresh Jain - President - IAP - Haryana

Dr. Abhishek Goel - Secretary - IAP - Haryana

:: LIVE WEBINAR ::

Date and Time: May 10, 2020 @ 2:30 PM

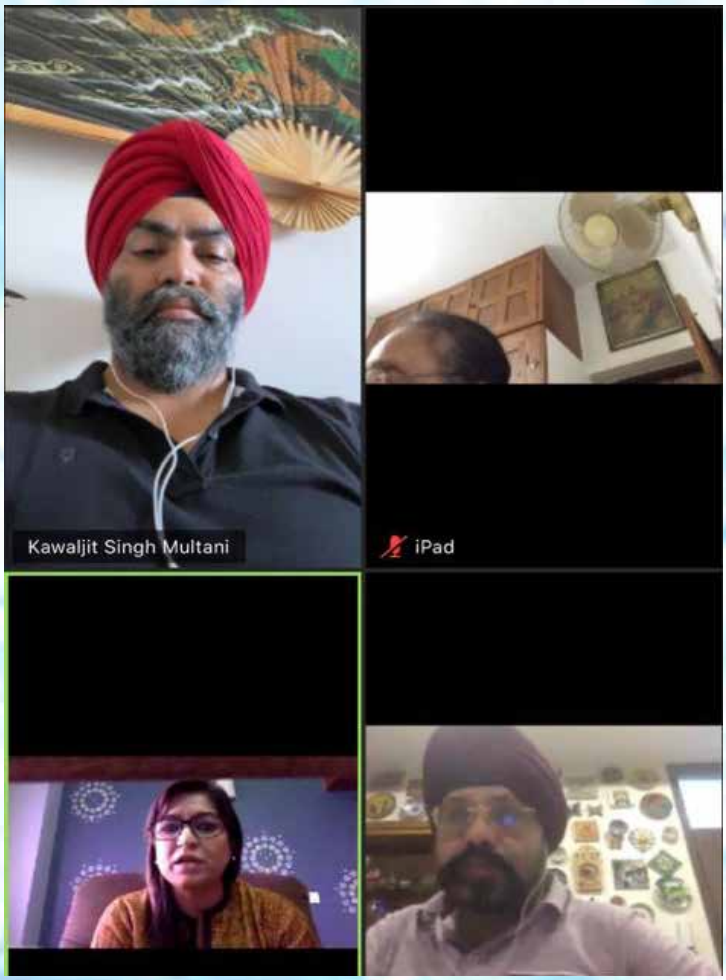
Join Zoom Meeting :

https://zoom.us/j/93065846734?pwd=enRmMWNCb1RqaWdITERsYm5sbmx4Zz09

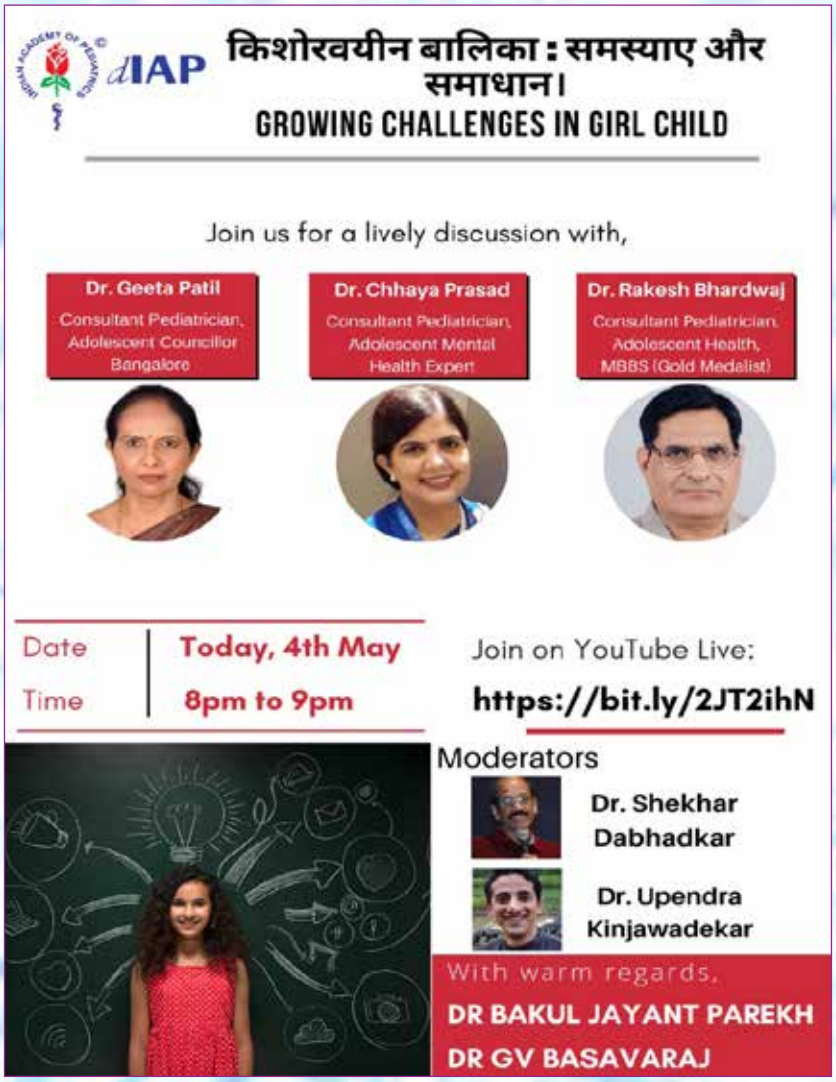
Meeting ID: 930 6584 6734 Password: 474631

- See you on 10th May 2020 at 2:30 PM -

Month in Pics



Month in Pics



Month in Pics

2 webinars done by Dr. Lata Bhat on "Red flags of Autism - to pick up in a busy Paediatric clinic".

On 11th May with Paediatricians of IAP East Delhi &

On 13th May with Pediatricians of IAP Noida

Month in Pics

Virtual therapy by Dr.Lata Bhat and team for a CP child

Month in Pics

Virtual therapy of an ASD child by Dr. Lata Bhat and Team

Month in Pics

dIAP

COMMUNICATION DISORDERS IN CHILDREN

DEAR MEMBERS,

GREETINGS FROM IAP!

Join us for a very enriching discussion on **Communication Disorders in Children**

This webcast is brought to you under dIAP, an initiative of IAP to facilitate e-learning in all spheres of pediatrics. Live webcast of the webinar discussions, on-line clinics and their subsequent archiving is one of the activities under this banner.

Moderators


Dr. Leena Deshpande


Dr Samir Dalwai

EXPERTS


Dr Shabina Ahmed


Dr Abraham Paul


Dr Jyoti Bhatia


Dr Somasundaram


Dr Kawaljit Multani

With warm regards
DR BAKUL JAYANT PAREKH
DR GV BASAVARAJ

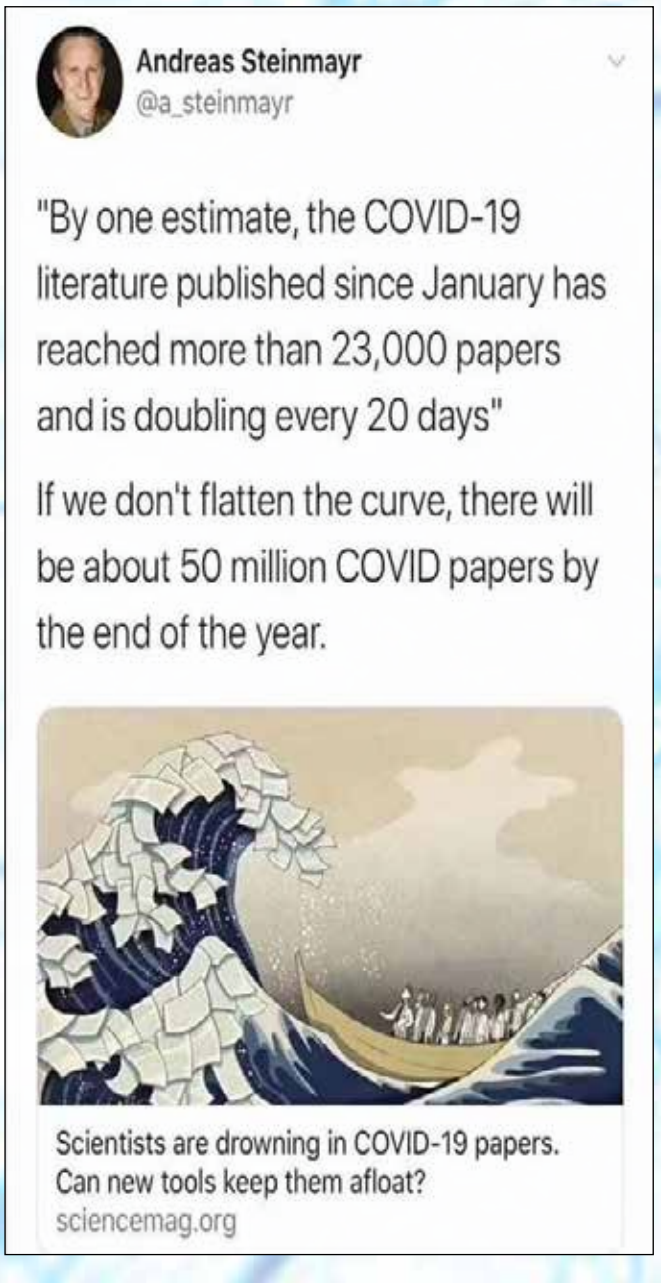
DATE | **THURSDAY, MAY 28**
TIME | **1.30 PM TO 3.30 PM**

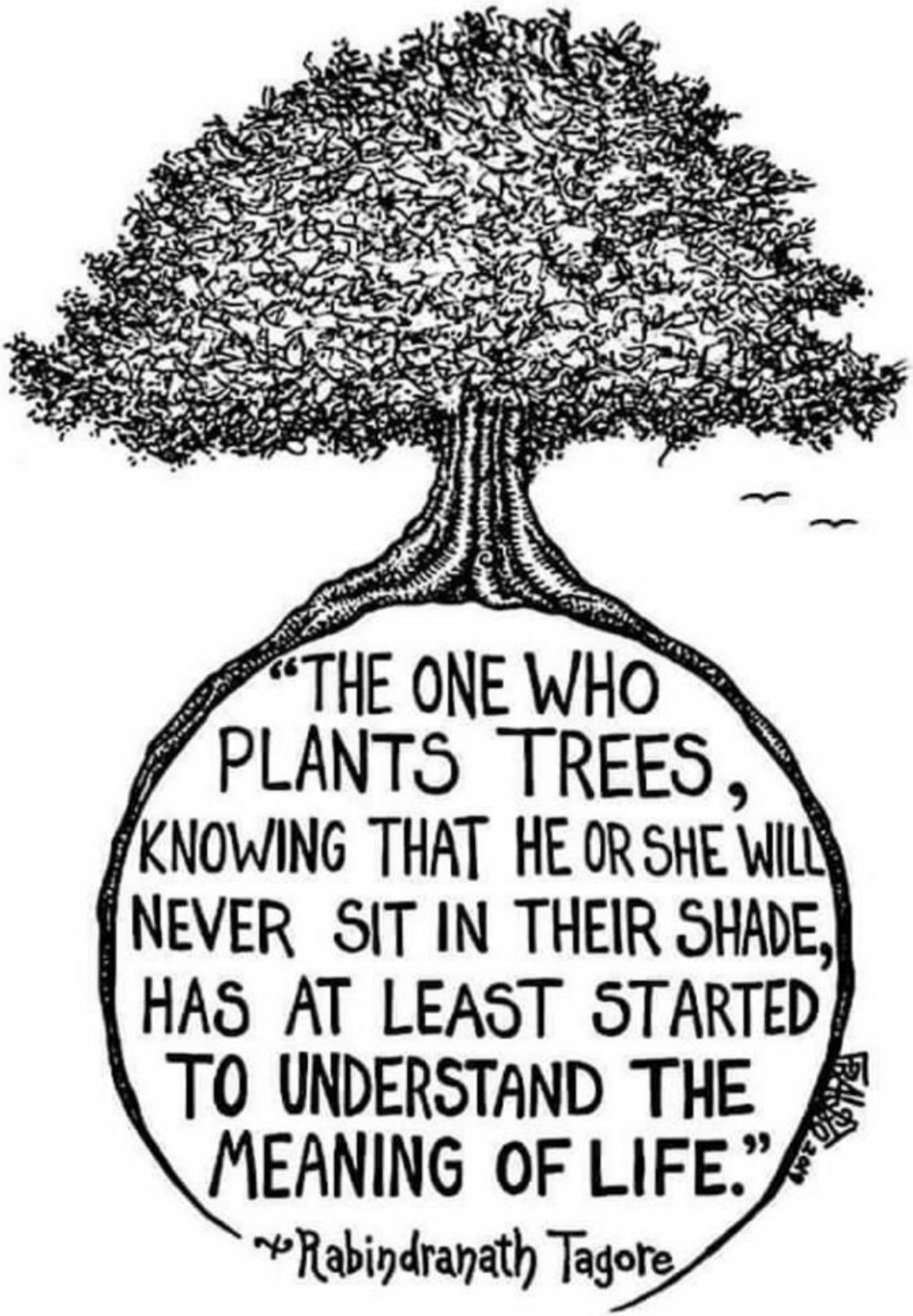
Go to **diapindia.org/event-calendar** or click here
(NOT AVAILABLE ON YOUTUBE)

Quiz Corner

Identify these famous personalities of India

Lockdown Laughs




"THE ONE WHO
PLANTS TREES,
KNOWING THAT HE OR SHE WILL
NEVER SIT IN THEIR SHADE,
HAS AT LEAST STARTED
TO UNDERSTAND THE
MEANING OF LIFE."
~Rabindranath Tagore