



DPT

DEVELOPMENTAL PEDIATRICS TODAY



September 2021

Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS

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Inside

Editorial.....	2
Chairpersons Message.....	3
Snippets from the Secretary	4
Socio-Emotional Learning in Young Children : Need Of The Hour !	5
Journal Scan.....	9
Month in pics	14



Editorial

Respected teachers and dear friends ,

Greetings from the Neurodevelopmental Chapter of IAP!

Hope you all are fine. Festive season is here and with festivities going on we have to be more careful about maintaining Covid appropriate behaviour.



Covid 19 cases are dipping in India with total case being below 20000 for past many days, although there has been a rise in cases in some countries like UK, Russia and Australia. India achieved vaccinating 100 crore people by 21 October 2021 which by no means is a small feat to achieve in country like India. We are second only to China in terms of the total number of Vaccinations done. India has vaccinated 29% of 944 million eligible adults. Another good news is that, FDA has approved Pfizer's Covid 19 Vaccine for children ages 5 to 11 years old. The FDA has cleared kid size doses, just a third of the amount given to teens and adults for emergency use. India on 26 October recommended emergency use of Bharat Biotech's Covid 19 shot in children 2-18 years age group. The company is however in the process of securing an emergency use listing from WHO.

5th September is teachers' day and all of us would have fondly remembered our teachers on that day. We and our teams should aim to be good teachers for parents and children with neurodevelopmental disorders, because good counselling also involves teaching skills and empowering these kids to find their strengths. 1st to 7th September is National Nutrition Week and good balanced nutrition has a very important role in brain development. We should spend time talking to parents about feeding issues which are very common in kids with NDD. 10 sept is world Suicide prevention day. Nearly one out of every eight children between the ages 6 and 12 has suicidal thoughts. The suicide rate is approximately 4 times higher among males than among females, but females attempt suicide 3 times as often as males. When a suicide occurs, everyone is affected, including the people who are left behind. Children with NDD do face anxiety and depression which can lead to suicidal thoughts. We should keep this in mind when treating these children.

Wish you all a very happy, prosperous and safe Diwali !

Long live IAP!

Dr. Lata Bhat
Chief Editor



Chairperson's Message

Dear Readers,

Seasons greetings to you and your families !

The months of festivities have begun and this has certainly rejuvenated each one of us especially after the savage second covid wave. With the vaccine guidelines for children around the corner and the country completing 100 billion doses in adult vaccination, I sincerely hope that the worst is finally over and a new dawn is coming.



This issue of the DPT Newsletter has come with a variety of interesting articles to ignite our minds and to look beyond the disability while focussing on the person's potentiality. The latest trend of Classification of Function of persons with neurodevelopmental problems, particularly in cerebral palsy, is bringing a standardisation to the therapies and support systems as well as helping professionals to monitor progress. On the other hand, there has been a lot of focus on early markers of NDD and emergence of developmental care in the NICU. This will certainly go a long way in prevention of neurodevelopmental problems and this indeed is the focal point of our care.

We need to increase our fund of knowledge to support the best development in all the children that pass through our hands and heart.

Happy reading.

Dr. Shabina Ahmed MD, FIAP

National Chairperson

Neurodevelopmental Pediatrics Chapter of IAP



Snippets from the Secretary

“One child, one teacher, one book, one pen can change the world.”

- Malala Yousafzai



Respected Seniors and dear friends,

Seasons greetings to you all from the IAP Chapter of Neurodevelopmental Pediatrics. Hope this issue of the newsletter find you all and your families in good health.

At the outset, I want to salute all my teachers till date who have guided me in my life. 05 Sep is celebrated as Teacher's day in India in memory of Dr S Radhakrishnan who wanted his birthday to be remembered as a dedication to the endless contribution of a teacher in shaping a student's educational life much beyond the school years.

Most children with neurodevelopmental disorders have social, emotional issues which need to be addressed. At the same time, we should also look at the family structure and support systems as many families have lot of unmet needs and desires which can be looked at easily and will go a long way in making a strong bond within the family as well as with the doctor. Covid pandemic has brought many such stories to the forefront highlighting the need for urgent attention in this direction and it is heartening to see that these issues are finally being discussed in conferences and research studies. The nutrition issues of children with neurodevelopmental disorders need special mention as many children have macro and micronutrient deficiencies due to the primary disorder and/or from the medications.

In the journal scan section of this issue, we have selected few journal articles related to sleep issues in children with neurodevelopmental disorders and socio-emotional issues in children.

“The true teachers are those who help us think of ourselves.”

- Dr S Radhakrishnan

Long live IAP,

Jai Hind!

Wg Cdr (Dr) KS Multani

National Secretary

IAP Chapter of Neurodevelopmental Paediatrics



Socio-Emotional Learning in Young Children : Need Of The Hour !

Dr Haneesha Pinnamaraju¹ | Dr Nandini Mundkur²

Socio-Emotional development is one of the important aspects of neuro-development in a child. So much so, that a healthy social and emotional development in a child, sets a strong foundation for promoting all other domains of development. During the first 18 months of life, the social and emotional areas of the brain grow and develop more rapidly than the language and cognitive areas.¹

Hence , the quality of the child's early social and emotional experiences create lasting implications into adulthood.¹ Like all other milestones in neuro-development , social and emotional development also progress through predictable stages. Overall early socio-emotional development comprises of experiencing and regulation of emotions, developing secure relations and learning by exploration.

Information on the stages of social and emotional development outlined below is adapted from Bright Futures.²

As early as new born period, a baby is developing awareness of the mothers smell, her touch and voice. By 3 months, the child develops social awareness towards the caregiver and recognises their voices. The child smiles responsively and has a reciprocates during social interactions. By 6-7 months , the child starts understanding family versus strangers. He/she begins to notice

strangers initially and subsequently develop stranger anxiety. By around the same time, neurotypical babies like to observe and interact with human faces more than inanimate objects. They also jointly attend to actions and objects with caregivers. By 9-12 months of age, the infant becomes more active in locomotion. Hence, to reassure safety the child starts social referencing.

By about 1 year, children start modulating different sensory experiences and respond more meaningfully with appropriate gestures like pointing and nodding. Subsequently develop joint attention and good imitation skills.

By 2 years child starts developing symbolic and pretend play and by 2-3 years child starts sharing a reciprocal engagement with age matched peers. By 3-5 years they develop co-operative imaginary play which requires a lot of social problem solving and abstract thinking. They also develop theory of mind and perspective taking skills. These serve as prerequisites to face the social world as get ready for school. The development continues into adulthood.

SOCIO-EMOTIONAL LEARNING (SEL) is defined as “the process of acquiring a set of social and emotional skills—self-awareness, self-management, social awareness, relationship skills, and responsible decision making—in a safe, supportive environment that encourages

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social, emotional, and cognitive development and provides authentic opportunities for practising social-emotional skills”³

Components of SEL

1. Self-awareness: which is being aware of one’s own thoughts, emotions and appropriate communication & behaviors to express it.
2. Self- management : The ability to express one’s emotions appropriately and deal with personally upsetting situations in healthy and effective ways.
3. Relationship management : The ability to form and sustain healthy and rewarding relationships with individuals and groups. To have meaningful social interactions with friends, family and others.
4. Social awareness: Understanding another peer’s perspective and empathy are skills under the social awareness competency.
5. Decision making : The ability to make constructive choices about personal behavior, relationships in tune to the social, ethical and safety norms. Understanding the rationale behind different rules and examine consequences of one’s actions.

For instance, why don’t we just yell at a colleague in our work place?

That’s because, we worry about how other people will think of us if we behave this way (social awareness- expected behaviors in social places) & how our extreme reactions hurts’ the feelings of our dear ones with us (perspective taking). So, we are expected to calm down for which we need to have emotional self awareness (awareness of our thoughts and feelings) and self-regulation strategies (like deep breathing) to manage our emotions and behaviours while we are in social situations.

Leah M Kuypers, Zones of Regulation is a very helpful framework for parents to teach their kids as it helps kids to be aware about their emotional self & encourages kids to group emotions into one of four categories, each identified by a colour.

Blue Zone (low states of alertness or down emotions),

Green Zone (neutral emotions and a calm, organized state of alertness),

Yellow Zone (heightened state of alertness),

Red Zone (extremely heightened states of alertness or very intense feelings).





So, who all can educate children on sel, right from young age?

Care givers and school play a great role in teaching children, not just about being able to recognize and label their emotions, but also to regulate and react appropriately, keeping in mind social behaviors and perspective taking. Children mostly learn by imitation. So, when parents and teachers serve as a good role-model to these children, it often helps support them in SEL.

The role of caregivers in building Socio-emotional learning is by laying strong foundations and strengthening their Emotional Quotient (EQ) from a very young age. Children have feelings which they often express in the form of a behaviour. These together help the child to communicate and express themselves. Often we face a complex social situations right from childhood and adolescence up to adulthood. We need a variety of emotional and social competencies, to be able to navigate through these complex social situations. The foundations to these skills should be laid in early childhood, as early as 4-6 years.

Caregivers can take an opportunity to teach, by role modeling across various situations in their daily life – like during play or during conversations with children. It's important that children feel safe to express their feeling without being judged or scolded and help them have an opportunity to learn appropriately.

Benefits of SEL:

- By SEL children learn what is socially appropriate and be their best during social interactions.
- They learn to recognize their thoughts/emotions, and regulate accordingly.
- This in turn, helps them recognize others feelings too and act accordingly with empathy.

- They establish and maintain healthy relationships.
- They also learn to appreciate and feel happy for others success.
- Overall, it helps the child to be an emotionally confident and socially acceptable individual. Like we all know, not just IQ but EQ is playing a big role in an individual's life.

Caregivers play a key role in imparting these social and emotional management skills to their children, who then feel empowered to handle challenging situations, maintain friendships, take better decisions and reach their complete potential in all areas of life.

Role of schools in SEL:

Schools also have an important role in imparting these skills right from a younger age.

ASER 2019 data provides quantitative evidence to assess SEL of young children in India, an important preliminary step in deconstructing the complexities of measuring social and emotional skills. The study accommodated wide cultural, linguistic, and social diversities – 26 districts across 24 states and in 14 languages. The results reveal both the limited skills that children acquire in SEL and its consequences. Reinforcing how SEL is the need of the hour.

The National Education Policy 2020 (NEP 2020) underscores the importance of SEL to ensure holistic development of children and states that education system must aim to “develop good human beings capable of rational thought and action, possessing compassion and empathy.

Also, the chapter on Early childhood care and education, gives SEL comparable importance as other academic competencies.

A meta-analysis including all the documented SEL programmes in the world was conducted



in 2011.⁴ The study highlighted the SAFE approach as an effective SEL program among the many others used. SAFE approach has these components of the program:

1. **Sequenced:** Program is sequenced i.e coordinated and connected set of activities are involved.
2. **Active:** Active forms of learning new skills through the program.
3. **Focused:** The programme has at least one component devoted to developing personal or social skills.
4. **Explicit:** The program targets specific SEL skills rather than general skills.

We as pediatricians, should take every opportunity to educate parents on normal socio-emotional development, track for age-appropriate milestones and empower SEL. We play a huge role in promoting SEL as these serve as building blocks for their future and helps them go ahead a long way, as socio-emotionally mature adults with a good community relationship and building capacity to one's success. Needless to say, a small investment in SEL at an early stage can go a long way in making Indian citizens more responsible community members. This ought to be a national priority!

References:

1. Cozolino L. *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain*. New York, NY: W.W. Norton & Company; 2006
2. Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017
3. Collaborative for Academic, Social, and Emotional Learning. (2005). *Safe and Sound: An Educational Leader's Guide to Evidence-Based Social and Emotional Learning (SEL) Programs*.
4. The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. Joseph A Durlak , Roger P Weissberg, Allison B Dymnicki, Rebecca D Taylor, Kriston B Schellinger. *Child Dev*. 2011 Jan-Feb;82(1):405-32.



Journal Scan

**Sleep problems in children with autism spectrum disorder and typical development, Nipaporn Inthikoot, Weerasak Chonchaiya.
Pediatr Int. 2021 Jun;63(6):649-657.**

Abstract

Background: Although higher sleep problems have been mostly reported in children with autism spectrum disorder (ASD) compared with typically developing (TD) children, particularly in Western countries, such evidence is relatively scarce in developing countries. We therefore investigated sleep difficulties in Thai children aged 3-16 years with ASD compared with age- and gender-matched TD children by using the Children's Sleep Habits Questionnaire (CSHQ)-Thai version.

Methods: Sixty-five children with ASD (mean age 97.7, SD 44.5 months; boys 70.8%) and 65 TD individuals (mean age 98.5, SD 43.5 months) were enrolled at a university-based hospital in Bangkok. Background characteristics, sleep duration variables, and the CSHQ were completed by the participants' parents. The CSHQ subscales and total score between children with ASD and TD controls were then compared.

Results: Children with ASD were more likely to have longer sleep latency than TD individuals for both weekdays and the weekend. Those with ASD had higher CSHQ subscales including bedtime resistance, sleep onset delay, sleep anxiety, and night waking in addition to the CSHQ total scores than TD controls. In the ASD group, those who took psychostimulants for treatment of ADHD had lower scores on the sleep duration subscale compared with unmedicated individuals.

Conclusions: Sleep difficulties were more prevalent in children with ASD compared with TD individuals. Parents should be advised to be aware of sleep problems in individuals with ASD. As such, sleep disturbances will be identified early, resulting in appropriate management and improved quality of life, not only for those with ASD but also their families.



Month in pics





Month in pics





IAP – GAPIO

International lecture series



GAPIO
Global Association of Physicians of Indian Origin



Developmental Disorders

Saturday, 28th August 2021

9:00PM - 10:00PM (IST)
Corresponding Time: 8:30am PST, 10:30am CST, 11:30am EST, 4:30pm BST

CLICK HERE FOR REGISTRATION
(Limited seats join early) ZOOM

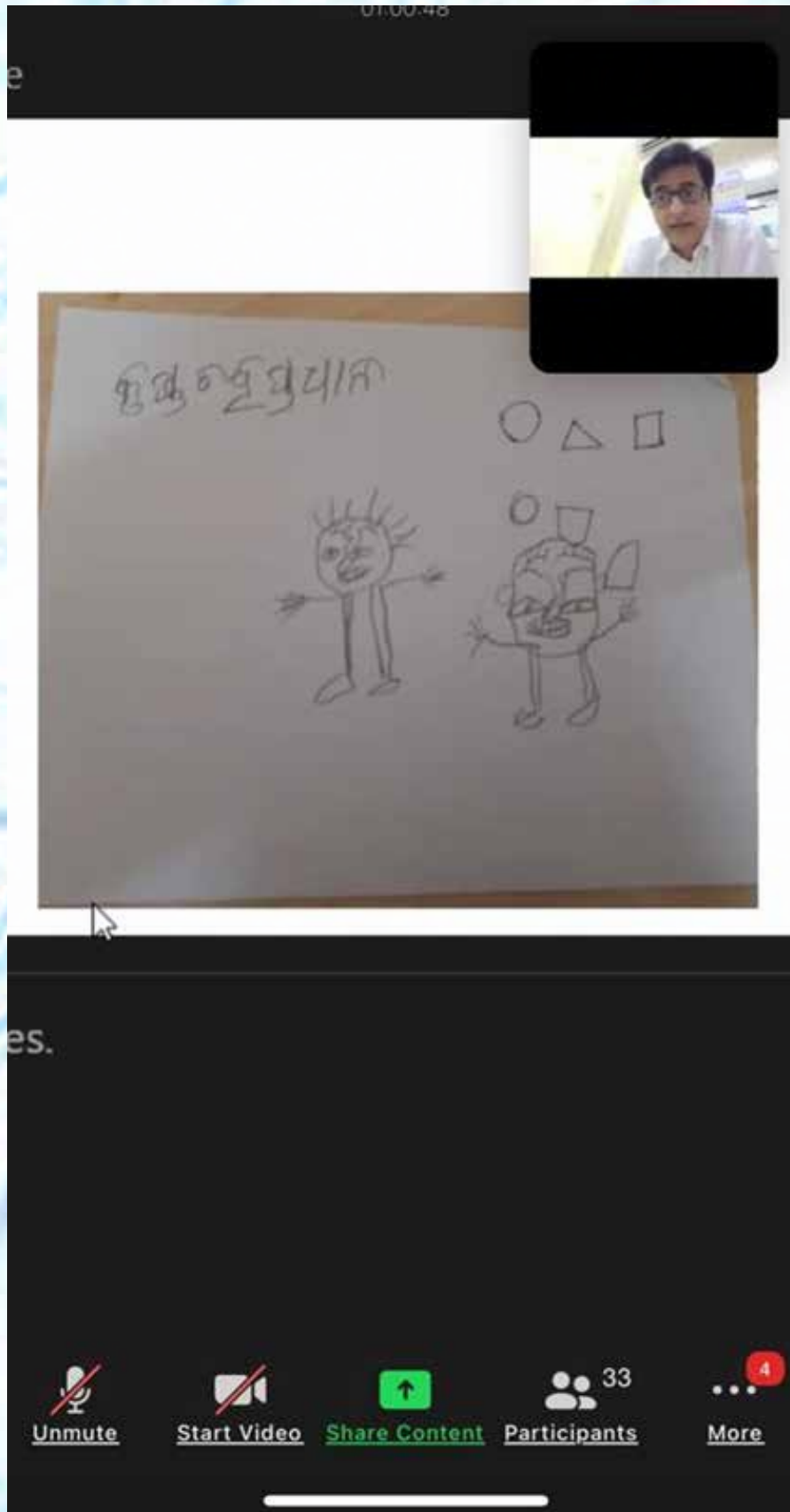
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if unable to view on zoom, join us
[Go to diapindia.org/event-calendar](https://go.to/diapindia.org/event-calendar) or [click here](#)
[Go to gapio.in/event-detail](https://go.to/gapio.in/event-detail) or [click here](#)

Online fellowship training activities



Month in pics





Month in pics

	
DIRECTOR IGICH	Haneesha Pinnamaraju
	



Month in pics

The screenshot shows a Zoom meeting interface. At the top, there is a speaker icon, the Zoom logo with a dropdown arrow, and a red 'End' button. The meeting duration is 56:23. Below the Zoom controls, there is a video feed of a man wearing glasses and a white shirt. At the bottom, there is a slide titled 'SUMMARY' with a bulleted list of clinical details. To the right of the slide is a video feed of a woman wearing a striped shirt. The slide content is as follows:

SUMMARY

- 16yr old male child with complaints of speech delay, restless always on the move, aggressive behavior since 6y of age
- Evaluated and started on therapy at 10y of age and showing significant improvement of symptoms
- Is 2nd born to a NCM couple, delayed cry & LBW
- Delayed development in all domains
- Affected sibling

Below the slide, there is a 'No Notes' indicator.