



DPT

DEVELOPMENTAL PEDIATRICS TODAY



June 2020

Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

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Editorial

Dear Friends and respected Seniors,

Hope all of you are fine and coping up well with the new life style which all of us have been forced to adapt since last 3 months. Although there is gradual reopening of lockdown happening, we all know that we still need to be careful in view of the rising number of cases, with India now being number 3 in the world in terms of number of Covid 19 cases.



Webinars and dIAP have been a gift to all of us as a consequence of the lockdown. This has inspired us to upgrade our knowledge and acquire new skill of giving talk at webinars and doing online sessions.

June is "PTSD awareness month" and 4th June is International day of "Innocent Children victims of aggression ". As a consequence of lockdown, the domestic violence has increased as is being reported from across the globe. I too came across a case of severe domestic violence which made a 3 year old child to completely stop talking after having acquired a meaningful speech till 6 months back. In this issue I am sharing 2 cases of PTSD, kindly go through them and give your views or you can share your stories in the next issue.

3rd June is Tele healthcare awareness day, so we have a writeup on updated guidelines for media/screen time usage in AAP in 2016.

In this issue we are starting quiz questions. You are requested to send answers to lata2207@gmail.com and karwaljit000@gmail.com by 25th July. We will be giving the answers in the next issue and revealing names of people, who give at least 80% correct answers.

I request the fellows to share interesting cases for the upcoming issues.

Stay safe, stay connected.

Dr. Lata Bhat
Chief Editor



Chairperson's Message

Dear Friends and Colleagues,

Summer Greetings to all our readers. Presently nature is bedecked with wonderful blooms, so is this month's issue of DPT Newsletter coming with a variety of food for thought.



Covid 19 Pandemic has no doubt pushed us to a new era of communication style with video chatting, creativity and online presence. In our context the brunt of this change has been on the parents who are juggling between homeschooling, home keeping, their own office work and the piling up of ongoing screen inputs with heavy periods of screen time. All this has definitely taken a toll resulting in guilt, abuse and family violence.

As we celebrate Global Parents Day it is incumbent on every Paediatrician to empower parents to handle these situations with care, particularly on healthy screen hygiene. The technological devices have become a part of our environment and media researchers have been advocating a shift of screen time limits to screen quality.

It is difficult to determine the tipping point between beneficial and its adverse effects. But however emergence of certain inappropriate behaviours like meltdowns, defiance reactions, complaints of headaches, vision fatigue, trouble sleeping could be results of excessive stimulation from devices. So parents must be helped to identify their child's personal limits and their own limits. Help develop soothing skills to balance activities through maintenance of regular schedule to pace themselves throughout the day and to detox from the screen for a holistic development.

The articles in this issue should be able to guide you through this.

Happy reading,

Dr. Shabina Ahmed MD, FIAP

National Chairperson

Neurodevelopmental Pediatrics Chapter of IAP



Snippets from the Secretary

*“Continuous effort - not strength or intelligence -
is the key to unlocking our potential.”*

- Winston Churchill



Dear seniors and friends,

Hope this issue of newsletter find you all and your families in good health. June month started with UNLOCK 1.0 in the country with relaxation in various areas by the government. We have seen the maximum increase in the number of COVID cases in the last one month with the figure inching closer to 6 lakhs. With no vaccine and definitive treatment available at present, the scenario is not likely to change any time soon.

The last three months have been extremely difficult for children with neurodevelopmental disorders and their families as most of the child development centers have been closed due to the restrictions imposed due to the pandemic which has resulted in disruption of the ongoing therapies for these children. Some centres are now open and seeing patients.

The month of June has many important days which are celebrated world over, though this year the celebrations all over have been muted and more in the virtual world than in the real world. Parents form the most important part of a child's environment and their actions and behaviour has a long-lasting impact on the child. Global parents day is celebrated all over the world on 01 June every year since 2012 and honors parents for their support, sacrifice and commitments towards their children. The other important day is the International yoga day which is celebrated on 21 June every year since 2015 and highlights the importance of yoga in daily life. Yoga, as an alternative therapy, has a role in management of children with neurodevelopmental disorders such as ADHD, LD, anxiety etc as it facilitates the development of one's bodily awareness, concentration, memory and improves sensory integration and mindfulness. Other important days include international day of innocent children victims of aggression (04 June), world environment day (05 June), world day against child labour (12 June) and autistic pride day (18 Jun).

dIAP through its webinars has been a source of constant inspiration as well as connect with fellow pediatricians in these difficult times. The chapter had conducted a webinar on 'Cerebral palsy: from despair to hope, there is always scope' on 18 June which was well received. The chapter looks forward to more academic association with the dIAP with an aim to increase the awareness of the subject among general pediatricians.

“Yoga is the journey of the self, through the self, to the self.”

- The Bhagavad Gita

Jai Hind!

Wg Cdr (Dr) KS Multani

National Secretary

IAP Chapter of Neurodevelopmental Paediatrics



Updated guidelines for media/screentime usage in children by American Academy of Pediatrics in 2016

Dr. Puja Kapoor

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In 2011, American Academy of Paediatrics published its recommendations on media usage in children, which were revised in 2016 with new, more relaxed media /screen time guidelines. Previous guidelines were prohibitive with the timings of screentime and highlighted the negative impact of sceentime on cognitive development, speech, behaviour in the toddler and preschooler. It also restricted the screentime for teenagers, for less than 2 hours, as it causes sedentary lifestyles leading to obesity, hypertension etc. The present guidelines focuses more on the content and how to manage the children when they are indulged in the media. Although for young children, especially less than 2 years, still the best way to teach higher-order cognitive skills (including attentional and emotional control) is through parent-child interactions, unstructured and social play but extensive research on the usefulness of media on the young brain and the explosive use of screentime in today's world, the previous guidelines are updated. Media usage is now accepted as an environment rather than an intrusion in today's world of technological advancement. Media is refered as television program, prerecorded videos, Web based programming, and DVDs viewed on either traditional or new screen technologies. The excerpts as published in 2016 are as follows :

- **Make your own family media use plan.** Media usage can be planned according to the

daily routine of the family members, their free timings, their sleep schedule, their age age group etc. Various planners are their on internet to formulate as how to use the media in best way, according to the family needs. (HealthyChildren.org/MediaUsePlan).

- **Media is an integral part of daily living:** As media has become like an environment in our daily living, the parents should be aware of the various platforms the child is using, his web history details, his friend list etc. These details of the virtual world will help to know the child and guide him , if required. Also, set up time limits of screentime on his device and percuade him for more reasoning, constructive games.

- **Screen time shouldn't always be alone time.** Like as we enjoy playing regular board games with our children, media games should also be played together. Playing with your child helps in bonding, improves socialising, and create a better home environment.

- **Two way communication.** Very young children learn best through two-way communication. Engaging in back-and-forth "talk time" is critical for language development. Conversations can be face-to-face or, if necessary, by video chat with a traveling parent or far-away grandparent. Research has shown that it's that "back-and-forth conversation" that improves language skills—much more so than "passive" listening or



one-way interaction with a screen. Thus, video chatting is included for children less than 2 years of age, which was not advised in previous guidelines of 2011.

- **Limit digital media for your youngest family members.** Avoid digital media for toddlers younger than 18 to 24 months other than video chatting. For children 18 to 24 months, watch digital media with them because they learn from watching and talking with you. Limit screen use for preschool children, ages 2 to 5, to just 1 hour a day of high-quality programming. Again co-viewing is best when possible and for young children they learn best when they are re-taught in the real world what they just learned through a screen.

- **Create tech-free zones.** Keep family mealtimes, other family and social gatherings, and children's bedrooms screen free. Turn off televisions that you aren't watching, because background TV can get in the way of face-to-face time with kids. Recharge devices overnight—outside your child bedroom to help avoid the temptation to use them when they should be sleeping. These changes encourage more family time, healthier eating habits, and better sleep.

- **Don't use technology as an emotional pacifier.** Media can be very effective in keeping kids calm and quiet, but it should not be the only way they learn to calm down. Children need to be taught how to identify and handle strong emotions, come up with activities to manage boredom, or calm down through breathing, talking about ways to solve the problem, and finding other strategies for channeling emotions.

- **Apps for kids – do your homework.** More than 80,000 apps are labeled as educational, but little research has demonstrated their actual quality. Products pitched as “interactive” should require more than “pushing and swiping.” Look to organizations like Common Sense Media ([\[commonsensemedia.org\]\(http://www.commonsensemedia.org\)\) for reviews about age-appropriate apps, games and programs to guide you in making the best choices for your children.](http://www.common</div><div data-bbox=)

- **It's OK for your teen to be online.** AAP has become lenient with the online platforms as these are the future trends of the next generation. It accepts online relationships are part of typical adolescent development. Social media can support teens as they explore and discover more about themselves and their place in the grown-up world. Just be sure your teen is behaving appropriately in both the real and online worlds. Although they need to be reminded that a platform's privacy settings do not make things actually “private” and that images, thoughts, and behaviors teens share online will instantly become a part of their digital footprint indefinitely. Keep lines of communication open and let them know you're there if they have questions or concerns.

- **Warn children about the importance of privacy and the dangers of predators and sexting.** Teens need to know that once content is shared with others, they will not be able to delete or remove it completely and includes texting of inappropriate pictures. They may also not know about or choose not to use privacy settings, and they need to be warned that sex offenders often use social networking, chat rooms, e-mail, and online gaming to contact and exploit children. These guidelines will keep changing with the technological advancements of the world and the research on the impaction of media on the development and growth of children. As for today's world this leniency is the need of the hour due to restrictions of movement and play ground activities and digital classes due to COVID 19 pandemic.

Reference : AAP. (2016). Media and young minds. Pediatrics. <http://doi.org/10.1542/peds.2016-2591>.



Post-Traumatic Stress Disorder

Dr. Lata Bhat

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Palak Child Development Centre, Delhi

Chief Editor DPT

June is PTSD month, so I decided to share my experience of PTSD in the form of two cases, which I dealt with in my practice.

I will present two case histories here: -

First case

Parents of a 3 year old male child took video consultation with me on 25th June 2020 while they were in complete lockdown since last 3 months.

Chief complaint : He is not speaking beyond a few words like mummy, papa, Nani, come, aa jao(in hindi).

History of presenting complaint :

He was speaking in small sentences till 6 months back. That's when he and his mother shifted back to stay with his father from his maternal grandparent's house where they were living since past 2 years. Since then gradually there was regression in his speech but more so since last 3 months , that is since lockdown due to Covid 19.

His eye contact is good

Social smile is present

He points with his index finger

Name call response is good

No hand flapping or toe walking or spinning

Plays appropriately with toys

Screen time is more than 4 hours/day especially since last 6 months

Eats everything

Wears all textures

No sensory issues

Note : On Further questioning it emerged that his dad abuses the mother and beats her very often in front of him. However child has never been scolded or beaten by either of the parents.

Birth history : Normal

Developmental Milestones : All milestones are normal except speech where there is regression

Medical history : No history of any major illness, meningitis, head injury or seizures

Medication : Child is not on any medication

Examination findings:

No dysmorphic features

No stigmata of neurocutaneous syndrome.

He has a shy smile.

eye contact is good.

He doesn't seem to be aloof.

MCHAT: Score 2

In MCHAT score 1 each for no pretend play and doesn't copy. Rest all normal.

According to mother he was doing pretend play and was copying till 4-6 months back.

Diagnosis: Speech regression secondary to domestic violence. Can be labelled as PTSD.

Treatment

Parental counselling to stop domestic violence



Behaviour Therapy for child to cope with his fear and anxiety

Second case:

Chief Complaints :

Severe social anxiety since the age of 11 years

Intermittent depression

Sometimes especially in social setting, she feels emotionally numb

History:

The child was born in India and the birth history was normal, she stayed with her parents in a middle east country since the age of 1.5 years and then shifted with her parents to UK when she was 10 years old. Till then she studied in middle east country.

Developmental milestones: Normal

She was a beautiful, intelligent and lively girl, who was a voracious reader and she used to love singing. Academically she was very good.

After few months of shifting to UK, her parents started noticing that she would have a very sad face while going to school and wouldn't get ready fast. When her mom used to drop her off at school, her face used to look very anxious but despite repeated questioning she wouldn't tell about any adverse happening in the school.

One day her mother decided to talk to the principal of the school. She told the principal that her daughter is most probably being bullied in school because she looks very anxious while going to school and otherwise most of the time she lives with her fairies (Lost). The principal enquired and found out that children of her class were bullying her very badly, socially isolating her, spitting at her, kicking her, pinching her etc. After that day action was taken and she was never bullied again. Then the family shifted back to India. But that trauma left a long-term impact on the child. She developed severe social anxiety and sometimes she feels emotionally numb. She also developed lack of concentration in studies.

All this persisted even when she reached college. She has overtly negative thoughts and assumptions about herself and the world. She is not on any medication.

She was also diagnosed as ADHD at the age of 10 years. A child with ADHD has worse coping mechanism than other kids.

Family background: Very understanding and supportive mother and elder sister. Father is very affectionate but fails to understand her social anxiety and inability to participate in social events.

Diagnosis: Post Traumatic stress disorder secondary to bullying at school with ADHD

Treatment:

Behaviour Modification since 11 years age

However, Counselling by a Psychoanalytical psychotherapist at the age of 21 years, made her understand that all this anxiety and negative thoughts were related to her childhood experience of bullying in school.

Medication:

Methylphenidate for ADHD, helped her in increasing her concentration and thus get good scores academically

Medication for Anxiety : She was given medication for anxiety sometimes which she took irregularly.

PTSD: Treatment

Careful Evaluation is necessary before a clinician decides how to intervene

Behavioural :

Aim to create a safe environment for the child. Psychotherapy that helps children to speak, draw, play or write about their trauma.

Behaviour modification and CBT to teach a child to address his/her fear instead of addressing the trauma. Involve the family member or caregiver in therapy.

Medication in case of severe anxiety or depression



Journal Scan

Controlled trial of lovastatin combined with an open-label treatment of a parent-implemented language intervention in youth with fragile X syndrome

Angela John Thurman, Laura A. Potter, Kyoungmi Kim, Flora Tassone, Amy Banasik, Sarah Nelson Potter, Lauren Bullard, Vivian Nguyen, Andrea McDuffie, Randi Hagerman & Leonard Abbeduto

Journal of Neurodevelopmental Disorders, volume 12, Article number: 12 (2020)

Background

The purpose of this study was to conduct a 20-week controlled trial of lovastatin (10 to 40 mg/day) in youth with fragile X syndrome (FXS) ages 10 to 17 years, combined with an open-label treatment of a parent-implemented language intervention (PILI), delivered via distance video teleconferencing to both treatment groups, lovastatin and placebo.

Method

A randomized, double-blind trial was conducted at one site in the Sacramento, California, metropolitan area. Fourteen participants were assigned to the lovastatin group; two participants terminated early from the study. Sixteen participants were assigned to the placebo group. Lovastatin or placebo was administered orally in a capsule form, starting at 10 mg and increasing weekly or as tolerated by 10 mg increments, up to a maximum dose of 40 mg daily. A PILI was delivered to both groups for 12 weeks, with 4 activities per week, through video teleconferencing by an American Speech-Language Association-certified Speech-Language Pathologist, in collaboration with

a Board-Certified Behavior Analyst. Parents were taught to use a set of language facilitation strategies while interacting with their children during a shared storytelling activity. The main outcome measures included absolute change from baseline to final visit in the means for youth total number of story-related utterances, youth number of different word roots, and parent total number of story-related utterances.

Results

Significant increases in all primary outcome measures were observed in both treatment groups. Significant improvements were also observed in parent reports of the severity of spoken language and social impairments in both treatment groups. In all cases, the amount of change observed did not differ across the two treatment groups. Although gains in parental use of the PILI-targeted intervention strategies were observed in both treatment groups, parental use of the PILI strategies was correlated with youth gains in the placebo group and not in the lovastatin group.

Conclusion

Participants in both groups demonstrated significant changes in the primary outcome measures. The magnitude of change observed across the two groups was comparable, providing additional support for the efficacy of the use of PILI in youth with FXS.

Reviewer's remarks

This randomized control trial provides strong evidence of usefulness of parent mediated therapy for improving language in children with Fragile X syndrome via telemedicine route.



Journal Scan

Lovastatin has a promising role in the treatment of the pathophysiology of FXS as it reduces the activation of the small guanosine triphosphatase (GTPase) Ras and reducing the activation of a signaling molecule downstream to the activation of mGluRs, specifically ERK1/2.

Cognitive correlates of attention-deficit hyperactivity disorder in children and adolescents with high intellectual ability

María Cadenas, Catharina Hartman, Stephen Faraone, Kevin Antshel, África Borges, Lianne Hoogeveen & Nanda Rommelse

Journal of Neurodevelopmental Disorders volume 12, Article number: 6 (2020)

Background

There is an ongoing debate as to whether attention-deficit hyperactivity disorder (ADHD) in highly intelligent individuals has a similar presentation as in average intelligent individuals. The aim of this study was to examine the cognitive correlates of ADHD in highly intelligent children and adolescents with ADHD.

Method

Two independent samples (N = 204 and N = 84) of (1) high intelligence quotient (IQ) (IQ \geq 120) children and adolescents with ADHD were used, carefully matched on age, gender, ADHD severity, and IQ with (2) control participants with high intelligence, (3) participants with ADHD with an average intelligence (IQ 90–110), and (4) control participants with an average

intelligence. These samples were selected from the Dutch node of the International Multicenter ADHD Genetics (NeuroIMAGE) and Tracking Adolescents' Individual Lives Survey (TRAILS) cohorts, respectively, in which a large battery of cognitive tasks was administered. Linear mixed models were used to examine the main effects of ADHD and IQ and their interaction on cognitive performance.

Results

ADHD-control group differences were not moderated by IQ; mostly equally large ADHD-control differences in cognitive performance were found for high versus average intelligent groups. The small moderating effects found mostly indicated somewhat milder cognitive problems in highly intelligent individuals with ADHD. Overall, highly intelligent children and adolescents with ADHD performed at the level of the average intelligent control children.

Conclusions

Our findings indicate the cognitive profile of ADHD is similar in highly versus average intelligent individuals with ADHD, although ADHD-related cognitive deficits may be easily overlooked in the high intelligence population when compared to the typical (i.e., average intelligent) control group.

Reviewer's remarks

ADHD children with high IQ have cognitive deficits similar to ADHD children with average IQ and thus provide an opportunity to target and improve their potential.



Journal Scan

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Chief Editor DPT

The Dimensionality of Proposed DSM-5 PTSD Symptoms in Trauma-Exposed Young Children

Anna McKinnon, Michael S.Scheeringa , Richard Meiser-Stedman, Peter Watson, Alexandra De Young, Tim Dalgleish ;Journal of Abnormal Child Psychology, 2019 Nov; 47 (11):1799-1809

Abstract

A subtype of the posttraumatic stress disorder diagnosis for children 6 years and younger (PTSD-6Y) was introduced in the Diagnostic and Statistical Manual, Fifth Edition (DSM-5). This study utilized confirmatory factor analytic techniques to evaluate the proposed DSM-5 PTSD-6Y factor structure and criterion and convergent validity against competing models. Data for N = 284 (3–6 years) trauma-exposed young children living in New Orleans were recruited following a range of traumas, including medical emergencies, exposure to Hurricane Katrina and repeated exposure to domestic violence. The model was compared to DSM-IV, a 4-factor 'dysphoria' model that groups symptoms also associated with anxiety and depression, and alternate 1- and 2- factor models. Convergent

validity was established against the Child Behavior Checklist (CBCL). Criterion related validity was established by comparing each model to a categorical rating of impairment. The Dysphoria and PTSD-6Y models offered the better accounts of symptom structure, although neither satisfied minimum requirements for a good fitting model. These two models also only showed small levels of convergence with CBCL dimensions. The 1-factor model offered the most compelling balance of sensitivity and specificity, with the 2-factor model and the Dysphoria model following closely behind. These CFA results do not support the symptom clusters proposed within the DSM-5 for PTSD-6Y. Although a 4-factor Dysphoria model offers a better overall account of clustering patterns (relative to alternate models), alongside acceptable sensitivity and specificity for detecting clinical impairment, it also falls short of being an adequate model in this younger age group.

Reviewer's remarks :

When it comes to diagnosing PTSD in children < 6 years ,the latest tool is DSM 5 (PTSD- 6Y). But it also seems to fall short of being an adequate model in this age group.



Quiz

Dr. Arun Prasad

Jt. Sec , Neurodevelopmental Chapter of IAP

1. The chances of severe life-threatening skin reactions such as Stevens-Johnson syndrome are greatest with which of the following anticonvulsant medications?

1. Phenobarbital
2. Gabapentin
3. Carbamazepine
4. Lamotrigine
5. Sodium valproate

2. A 2-yr-old boy with the spastic diplegia form of cerebral palsy is being evaluated. MRI of his brain is most likely to show?

1. Multicystic encephalomalacia
2. Periventricular leukomalacia
3. Normal anatomy
4. Basal ganglia abnormalities
5. Agenesis of the corpus callosum

3. A 5-yr-old girl is evaluated for severe mental retardation, microcephaly, hand-wringing movements, poor growth and weight gain, and seizures. Genetic analysis indicates a mutation in a transcription factor called MeCP2 that normally functions to silence transcription of numerous genes. This finding indicates that she has which of the following disorders?

1. Juvenile Huntington disease
2. Metachromatic leukodystrophy
3. Rett syndrome
4. Adrenoleukodystrophy
5. Menkes disease

4. A 13-year-old girl presents with the sudden loss of sight following the violent death of her mother. On physical examination, her pupils are round and equal and constrict briskly to light. When instructed to do so, she is unable to touch the examiner's hand held in front of her. There are no other neurologic findings on examination. Results of head magnetic resonance imaging are normal, and a dilated ophthalmologic evaluation reveals no abnormalities. Of the following, the MOST likely diagnosis is:

- A. body dysmorphic disorder
- B. conversion disorder
- C. hypochondriasis
- D. malingering
- E. somatic delusions

5. During the health supervision visit for an 18-month-old boy, his parents express concern that he is vocalizing but not saying any real words. He is holding a small piece of string that he moves back and forth repeatedly. When you call his name, he does not respond. You point to the light in the room and say "look," but he continues to look at the string with a sideways glance. You try to get him to look at you, but he avoids eye contact.

Of the following, the MOST likely diagnosis for this boy is:

- A. Asperger disorder
- B. autistic disorder
- C. expressive/receptive language disorder
- D. Obsessive-compulsive disorder

Cause



Quiz

6. The following may cause deafness in children

- A) meningococcal septicaemia
- B) maternal rubella
- C) congenital syphilis
- D) hereditary nephritis
- E) Pendred's syndrome

7. The following are characteristic of early tetanus

- A) Rigid abdomen
- B) Rigid jaw muscles
- C) Dysphagia
- D) Hyperpyrexia
- E) Carpopedal spasm

8. In DSM-IV-TR intellectual disabilities are divided into a number of degrees of severity, depending primarily on the range of IQ score provided by the sufferer. One of these is Mild Mental Retardation, corresponding to an IQ score between:

- a) 60-65 to 80
- b) 40-55 to 60
- c) 50-55 to 70
- d) 70-75 to 90

9. Which of the following is an example of a peri-natal cause of intellectual disability when there is a significant period without oxygen occurring during or immediately after delivery?

- a) Anoxia
- b) Pronoxia
- c) Anaphylaxia
- d) Dysnoxia

10. In autistic spectrum disorder when an individual exhibits immediate imitation of words or sounds they have just heard, this is known as:

- a) Echoastic disorder
- b) Phonological inhibition
- c) Echolalia
- d) Grapheme dysfunction

11. When an individual with multiple cognitive disabilities has extraordinary proficiency in one isolated skill, this is known as?

- a) Rainman syndrome
- b) Asperger ability
- c) Intellectual isolation
- d) Savant syndrome

Please send answers to lata2207@gmail.com / Kawaljit000@gmail.com before 25 July 2020. Correct answer will be published in next issue



Month in pics

INDIAN ACADEMY OF PEDIATRICS
diAP

CEREBRAL PALSY: from despair to hope, there is always scope



DEAR MEMBERS,
GREETINGS FROM IAP!

Join us for a very enriching discussion on **Cerebral Palsy**

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 Zafar Meenal | Dr Shambhavi Seth

EXPERTS

Dr Lata Bhat | Dr Jeelson Unni
Dr Anjan Bhattacharya | Dr Naridini Mundkur

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

With warm regards
DR BAKUL JAYANT PAREKH
DR GV BASAVARAJ

DATE | THURSDAY, JUNE 18
TIME | 2 PM TO 3.30 PM





Month in pics



Log in ID : 811 5127 6537
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Assessment & Management of Autism Spectrum Disorder

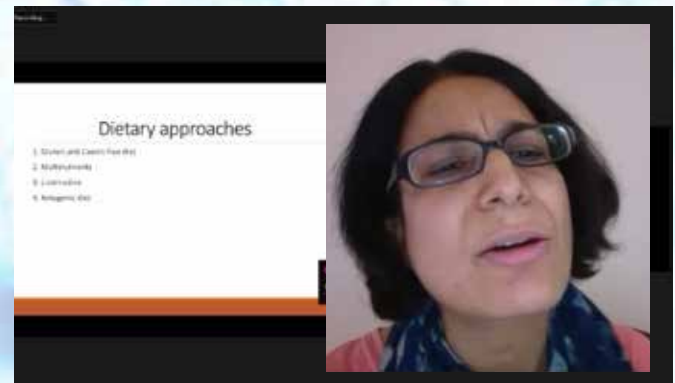
<p>Speaker</p> <p> Dr Puja Grover Kapoor, Consultant Pediatric Neurologist</p> <p>Cofounder and Director of CONTINUA KIDS, Consultant Pediatric Neurologist, Rainbow Children Hospital, New Delhi, Paras Hospital, Gurgaon.</p> <p>Topic : Management Strategies & Approach to Treatment of ASD</p>	<p>Speaker</p> <p> Dr Himani Narula Khanna, Consultant Developmental Paediatrician</p> <p>Cofounder and Director of CONTINUA KIDS, Consultant Developmental Paediatrician at Madhukar, Rainbow Children Hospital, New Delhi, CK Birla Hospital, Gurgaon, Asian Institute of Medical Sciences, Faridabad.</p> <p>Topic : Early Identification & Tools for Assessment of ASD</p>
<p>Moderator</p> <p> Dr Manmeet kaur Sodhi, MD, Paediatrics</p> <p>Professor & HOD Dept. of Paediatrics Government Medical College, Amritsar.</p>	<p>Moderator</p> <p> Dr Neerja Arora, MD, Paediatrics</p> <p>Consultant Paediatrician & Paediatric Neurological Disorders, Dr Neerja's Child Clinic, Dr Prabhjeet's Neuro Centre, Amritsar.</p>

In Association with IAP Amritsar

 **Dr Narinder Singh, President of IAP Amritsar.**
Associate Professor , Dept. of Pediatrics, GMC, Amritsar
Nodal officer Hemophilia & Thalassemia GMC, Amritsar
Deputy. Medical Superintendent, Guru Nanak Dev Hospital , Amritsar. President IAP, Amritsar.

Date : **19 th, June 2020**
 Time : **5.00 - 6.00 PM**

Host by
Brio Bliss Life Science Pvt. Ltd.
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Month in pics

Webinar for IAP South Delhi - Dr. Lata Bhat gave a talk on Red flags in Autism

Meeting ID : 166 106 4257
Password : SZwigZu843
Host key : 448800

LIVE

Red flags in Autism - to pickup in a busy Paediatric Clinic

2nd July 2020
Thursday

Time
8.30 PM - 9.30 PM

Moderators
Dr Manu Agarwal, Senior Consultant Paediatrician
Pediatric Endocrinologist at Max and Sitaram Hospital.
Residing in Vasant kunjli.

Speaker
Dr Lata Bhat,
Senior Consultant Developmental Paediatrician
Indraprastha Apollo Hospital, Delhi and Director,
Palak Child Development centre, Delhi,
State Coordinator Neuro Developmental Chapter of IAP
Chief Editor e-Journal Development Paediatrics Today

Please click the link below to join the webinar
<https://briobliss.webex.com/briobliss/j.php?MTID=m5cec2dfb353a2734cd0e94f647133a7>

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Brio Bliss Life Science Pvt. Ltd.
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CogniCare





Month in pics

MEETING ID : 84244564919 **DATE : 12TH JUNE 2020**
PASS WORD : COGNICARE **TIME : 5.00PM TO 6.00PM**

WEBINAR ON BEHAVIOURAL & DEVELOPMENTAL PAEDIATRICS

IAP DELHI **ZOOMLIVE**

Delhi

MODERATORS: DR. R.K. NABH (PRESIDENT IAP DELHI) & DR. SMITA MISHRA (SECRETARY IAP DELHI)

TOPIC: APPROACH TO A 5 YEAR OLD CHILD WITH NO FRIEND IN SCHOOL

SPEAKER : DR. LATA BHAT

Senior Consultant Developmental & Behavioural Paediatrician IndraPrastha Appolo Hospitals
Director Palak Child Development Center, Delhi
State Coordinator Neuro Developmental Chapter of IAP
Chief Editor e- Journal Development Paediatrics Today



TOPIC: APPROACH TO A 5 YEAR OLD CHILD WITH IRRITABILITY & AGGRESSION

SPEAKER : DR. PRASHANT JAUHARI

Associate Professor, Child Neurology Division
Dept. of Paediatrics
AIIMS, Delhi



Dr. Lata Bhat and Dr. Prashant Jauhari (Associate Professor in AIIMS) did a webinar on 12 June. It was attended by 89 Paediatricians across India



Topic : 5 year old child with no friends in School - Dr.Lata Bhat

5 year old child with irritability - Dr. Pradhant Jauhari

It was Moderated by Delhi IAP President and Secretary



Month in pics





Live webinar
June 16th 7:30 PM


TOPIC:
“Panel discussion on Gut Dysbiosis in ASD, “Is it a cause, effect or a contributing factor ?

****Followed by Q&A Session on ASD Management.**


Senior Expert Panelists :




Dr. Samir Dalwai
 Founder-Director of New Horizons Child Development Centre, Mumbai
 Consultant at Nanavati Super Speciality Hospital & Hinduja HealthCare
 National Joint Secretary of Indian Academy of Paediatrics




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




Dr Jeelson unni.
 Editor-in-chief, IAP Drug Formulary
 Sr. Associate Consultant, Aster Medcity, Kochi
 Chairperson - IAP Neurodevelopment Chapter



June 16^h 2020
7:30 PM



Moderator
Dr. Himani Narula Khanna
 Developmental Behavioural Paediatrician
 Co-founder and Director continua kids



Meeting ID:
9306584****
Password : 4746**

Scanned with CamScanner

“Panel Discussion on Gut dysbiosis in ASD”
Experts Dr Samir Dalwai, Dr.Kawaljit, Dr.Jeelson Unni
Moderator Dr. Himani Narula Khanna



IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS



IAP Fellowship in Developmental and Behavioral Pediatrics

Under the aegis of Indian Academy of Pediatrics

List of IAP Accredited Child Development Centres / Institutes 2020-2021

S. No	Name of the Institute	Course Coordinator	E-Mail	Number of Seats Per Institute
	Child Development Centre Medical College Campus Trivandrum - 695011	Dr. Babu George Director, 0471-2553540, Fax :- 0471-2447061	dir@cdckerala.org cdckerala@rediffmail.com	2
	New Horizons Child Development Centre, Saira Mansion, Pahadi School, Road No. 2, Aarey Road, Goregaon (East) Mumbai - 400063	Dr. Samir Dalwai Founder - Director 9820026503	samyrdalwai@gmail.com	1
	New Horizons Child Development Centre, 1st Floor, Jeevak Nursing Home, Sai Kung, MMSG Marg, Dadar (East), Mumbai - 14	Dr. Samir Dalwai Founder - Director 9820026503	samyrdalwai@gmail.com	1
	Centre for Child Development & Disabilities, No. 6, Chitrapur Bhavan, 8th Main, 15th Cross, Malleshwaram, Bangalore - 560003	Dr. Nandini Mundkur 9845347740	cddnandini@gmail.com nandinimundkur@gmail.com	1
	Dept. of Pediatrics Bharati Vidyapeeth Medical College & Hospital, Katraj, Pune - 411043	Dr. Leena Shrivastava 020-24375541, 9822792826	bharatiped@rediffmail.com leena.sri2012@gmail.com	1
	Ummeed Child Development Centre, 1-B, 1/62, Ground Floor, Mantri Pride, N.M. Joshi Marg, Lower Parel, Mumbai,	Dr. Roopa Srinivasan 9930495210	roopa.srinivasan@ummeed.org	1
	Developmental Pediatrics Unit, Christian Medical College, Vellore, Tamil Nadu-PIN 632004	Dr. Samuel Philip Oommen 9442039476	devpaed@cmcvellore.ac.in	2
	Sethu Centre for Child Development & Family Guidance, 640/2, Bhutkivaddo, Sucorro Porvorim, Bardez, Goa - 403501 Ph: (0832) 6513749	Dr. Nandita D Souza 0832- 6513749 9422634356	nandita@sethu.in reachus@sethu.in	1



Karthikeyan Child Development Unit, Department of Pediatrics, Shri Ramachandra Medical College, No. 1, Ramachandra Nagar, Porur, Chennai, Tamil Nadu, -600116	Dr. Udayakumar 9840113030	drnuday@gmail.com ramachandran_dr@rediffmail.com	1
Child Development Centre, Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi -110060	Dr. Praveen Suman 9811244200	praveensuman@gmail.com	1
Child Development Centre, Pushpagiri Medical College, MC Road, Thiruvalla, Kerala- 689101	Dr. Manju Geroge 9961137357 +91 4692700755 Fax +91 4692701044	mysticmanju@rediffmail.com info@pushpagiri.in	2
Saveetha, Child Development Centre, 1st floor, Saveetha Medical College, Saveetha Nagar, (Near Queensland amusement park), Thandalam, District Kancheepuram, Tamil Nadu	Dr. Lav Devayani Vasudevan Nair 7299938038 044-6726616; Extn 2179	drlaldv@gmail.com	1
NIMS-Spectrum-Child Development Research Centre, NIMS Medicity Campus, Aralumood the Neyyattinkara, Thiruvananthapuram, Kerala – 695123	Prof MKC Nair Phone - 9447121689	cdcmkc@gmail.com	2
St. John's National Academy of Health Sciences; St. John's Medical College Hospital, Sarajpur Road, 560034, Bangalore	DR MARIA LEWIN +918022065000 +918025530724 FAX - +918025530070	sjmchadmin.office@stjohns.in www.stjohns.in	Under Inspection (Delayed due to Covid Pandemic Situation)
Indira Gandhi Institute of Child Health, Govt Of Karnataka Autonomous Institute, South Hospital Complex, Dharmaram College Post, Bengaluru- 560029 - Karnataka Website – www.igich.org	Dr Ambika Subramanya Udupa Phone Number – 9739065215	ambikaudupa89@gmail.com	Under Inspection (Delayed due to Covid Pandemic Situation)

National Chairperson – IAP Chapter of Neuro developmental Pediatrics – Dr Shabina Ahmed
National Secretary – IAP Chapter of Neuro developmental Pediatrics - Wing Commander Dr Kawaljit Singh Mul-
tani

GOVERNING COUNCIL TEAM IAP FELLOWSHIP IN DEV & BEH PEDIATRICS

Dr. SS Kamath – Chairperson Advisory Committee
Dr. Abraham Paul – Chairperson Accreditation & Inspection Committee
Dr. Jeeson Unni – Co Chairperson Accreditation & Inspection Committee
Dr. Samir Dalwai – Chairperson Academic Committee
Dr Chhaya Sambharya Prasad – National Coordinator, IAP Fellowship in Dev & Beh Pediatrics
IAP Chapter of Neuro Developmental Pediatrics



IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS



Admissions for Academic Year 2020-2021

IAP Fellowship in Developmental and Behavioral Pediatrics Under the aegis of Indian Academy of Pediatrics

The IAP Chapter of Neuro developmental Pediatrics, under the aegis of Indian Academy of Pediatrics announces admission to the course -IAP Fellowship in Developmental and Behavioral Pediatrics- for qualified pediatricians. The one year Fellowship Academic program has been designed for pediatricians who are yearning to learn more about Neuro developmental Disorders, Developmental Assessments, Early Identification, Diagnosis, Interventions, Pharmacotherapy, Behavior Management, Psychological Interventions, Multidisciplinary Rehabilitation, Educational Remediations for children and adolescents with developmental and behavioral disorders.

Last date to apply: 31st JULY 2020

How to apply: Please download Application form from the website www.iapndp.org

Please send the application form, and DD with Application fees to the respective course coordinator of the child development center / institute the candidate wishes to apply at.

Details of Application, Eligibility Criteria, List of IAP Accredited Institutes and other details can be obtained from the website www.iapndp.org-

For Further enquires Contact:	
Dr. Shabina Ahmed National Chairperson, IAP Chapter of Neuro Developmental Pediatrics 7399018530 shabinaloveschildren@gmail.com	Dr Kawaljit Singh Multani National Secretary, IAP Chapter of Neuro Developmental Pediatrics 8472087960 kawaljit000@gmail.com
Dr. Chhaya Sambharya Prasad National Coordinator, IAP Fellowship in Developmental and Behavioral Pediatrics, IAP NDP 9356108559, 8146558559 chhaya_sam@yahoo.co.in	

GOVERNING COUNCIL IAP FELLOWSHIP IN DEV & BEH PEDIATRICS

Dr SS Kamath – Chairperson Advisory Committee

Dr Abraham Paul – Chairperson Accreditation & Inspection Committee

Dr Jeeson Unni – Co Chairperson Accreditation & Inspection Committee

Dr Samir Dalwai – Chairperson Academic Committee

Dr Chhaya Prasad – National Coordinator, IAP Fellowship in Developmental & Behavioral Pediatrics


IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS 2020



July 1st

Happy Doctor's Day

Héroes médicos: 198 caídos en la lucha



LATEST TV

You Are the Saviour of Many,
You Are Being Called
As God's Hands,
Thank You for
Choosing This Profession
and Saving the Lives of Many.

**Happy
National Doctor's Day!**

