Diet, health and advertising
Infectious diseases have historically been the major problem in relation to child health. The development of vaccines and antibiotics has significantly reduced mortality and morbidity from infectious diseases. Unfortunately, lifestyle which has a major impact on health in adults is now having a major impact on illnesses in children. This is illustrated by three papers described in this month’s Archives.

What we eat—cardiovascular risk in severe obesity
Obesity is recognised as a significant problem in adults and children. We usually think of obesity in children only resulting in problems in adulthood. A prospective Dutch study of 500 children with severe obesity (defined by significantly high body mass index), however, has identified problems in childhood. Over half (56%) had hypertension. 14% had a high blood glucose and 0.7% had type 2 diabetes. Two-thirds of the children had at least one cardiovascular risk factor. Sixty-two percent of the severely obese children aged 12 or under already had one or more cardiovascular risk factors. See page 818

What we eat and drink—dental caries
What individuals eat and drink is determined by a variety of factors. This is especially the case for children and young people. Watt and Rouxel highlight the problems of dental caries which affects 40–90% of 12-year-old children. They highlight the contribution of sugar, sweets and soft drinks. They point out how the food industry spends billions in advertising and promoting unhealthy products. Legislation and regulation of the food industry could have a significant impact on the prevention of dental caries in children and young people throughout the world.

The points they make in relation to regulation of the food industry are relevant not just to dental caries but also to obesity. Similar points can be made in relation to regulation of the alcohol industry and increasingly this is being recognised by health professionals. See page 769

Global child health
Archives is an international journal with an interest in child health throughout the world. The global child health section is a welcome addition to the journal. Hesketh and colleagues have explored the psychosocial impact on children in India and the Philippines who have formally been involved in domestic work. Child domestic workers (CDWs) are children who work in someone else’s home—cooking, cleaning, providing child care or care of the elderly. Questionnaires were completed by 500 CDWs in India and 200 in the Philippines. An equal number of controls were obtained from each country. Indian CDWs are forced into domestic work through poverty. The children in India are more likely to experience either physical beating or food deprivation (one-third) than attend school (one-quarter). In contrast, 87% of CDWs in the Philippines attend school and only 1% were either physically beaten or deprived of food. There was no difference in the psychosocial data between the control children and the CDWs in the Philippines. In contrast, significant issues were identified in Indian CDWs in comparison with controls. See page 773

Clinical trials in low income countries
Clinical trials are essential to provide scientific evidence for the rational use of medicines and other procedures to treat children. The practical problems associated with clinical trials in low income countries are described by Molyneux and colleagues. The importance of close collaboration with local researchers and clinicians and the importance of interaction with local health services and the local community are emphasised. These are essential prerequisites for good quality, relevant, ethically sound clinical trials in low income countries. See page 848

In F&N this month
Detecting abnormally pale stools in neonates (FNN) Biliary atresia is usually diagnosed on the basis of pale stools. Early diagnosis is associated with a better long term prognosis. In a simple but highly relevant study investigators showed photographs of normal and abnormal neonatal stools to over 80 health professionals. One third of the stools were incorrectly labelled by health professionals. The authors propose the use of stool colour charts to identify pale stools associated with biliary atresia.
Highlights from this issue

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