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# Highlights from this issue

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## QUALITY OF LIFE

For a very long time one of the key metrics of the successful treatment of children's conditions has been school attendance. It has the advantage of being easily and objectively measured, and serves as a proxy for participation in social activities. But in the last 20 years, paediatricians have come to recognise that we need something more nuanced that can tell us about the lived experience of children with health conditions, regardless of the extent to which they make it to school. Measures of quality of life appear to be the best tools for this: quality of life is a multi-dimensional subjective experience that relates to the extent to which children are able to do what they want to do, and to their overall happiness. But not all of us fully understand these measures, nor are we all aware that such measurements can be of immense and immediate clinical value in the consultation. Haverman *et al* in their leading article help us to understand what we mean by health-related quality of life, and explain how and why we should use it in our practice. *See page 393.*

## CARDIOPULMONARY RESUSCITATION

Because the use of cardiopulmonary resuscitation (CPR)—meaning assisted ventilation accompanied by cardiac massage—is so much more common in neonatal than in paediatric care, it is not surprising that in recent years our *Fetal and Neonatal* edition has carried a significant number of papers in which various aspects of resuscitation have been evaluated. Indeed there are two more such papers this month. In contrast, much less work has been done in paediatric resuscitation, so it is good to have the paper by Gregson *et al* in which the use of direct feedback of both

rate of cardiac compressions and force of compression has been rigorously evaluated in relation to CPR effectiveness. The good news is that it seems to help. The accompanying editorial by DelSignore and Tasker picks up on the place of such enhanced training aids in relation to the key issue of skill retention over time: the very fact that CPR skills tend to be deployed more rarely in paediatric than neonatal practice places a premium on the effectiveness of training sessions and simulations. *See pages 403 and 389.*

## BEYOND BITE TO NEEDLE TIME

That 'Snake bite envenomation continues to be an important cause of mortality in children' might create some cognitive dissonance among a European readership, but at a global level it is distressingly true. Jayakrishnan *et al* take us 'beyond bite to needle time' in the sense that they analysed a range of factors associated with mortality but found that counter-intuitively the bite-to-needle time (for the injection of polyvalent anti-snake venom) was unrelated to mortality, while the severity of the systemic reaction, as indicated by the level of leucocytosis and presence of acute kidney injury, were significant independent associations. Though not the main focus of the paper, it was clear that many of the children could have potentially have avoided being bitten by wearing shoes, emphasising the links between injury and poverty the world over. *See page 445.*

## OBESITY

Last month we had a paper from Norway reporting a trial of a family based approach to treating obesity, which did not work. This month we have a British randomised trial evaluating the 'Families for Health'

programme, and this approach did not work either, as Robertson *et al* report. This trial included an economic analysis, so you can see just how much money can be wasted on plausible but ineffective obesity strategies, and how important rigorous trials are. It may be that, attractive as they seem, family based approaches are not the way to go. On a related point, fat young people suffer broadly the same health problems as those with normal weights, but Paulis *et al* find evidence in Australia that they present more often in general practice, thus creating an opportunity to initiate discussions about weight management. The authors remind us that weight, body shape and exercise are among the leading topics that young people want to discuss, so there is no real barrier to doing this. We need to work more closely with our GP colleagues in this respect. *See pages 416 and 434.*

## DEATH BY FOOD

Obesity may store up trouble for the future, but foods can also be an immediate hazard for children either by allergic reaction or by airway obstruction. This month Lumsden and Cooper report a cautionary tale in relation to choking on grapes, which can largely be avoided by cutting them in half before offering them to small children (the oldest here was 5 years). The effective removal of the grape by a paramedic using direct laryngoscopy saved the life of one of the children, but this was after a failed attempt by bystanders to dislodge the grape using the Heimlich manoeuvre. This is also a reminder that the Heimlich manoeuvre does not always work, though whether it was correctly done in this instance, we can't know. *See page 473.*