Deeply entrenched socio-cultural norms dictate everyday life in Pakistan and it is vital that correct attitudes towards Child and Adolescent Mental Health (CAMH) are fostered. In a sub-specialist field where early diagnosis is imperative in securing the best possible outcome, its importance cannot be overemphasised and is of public interest. Despite having potentially life-long consequences, there is inadequate awareness, scarce CAMH facilities and a significant dearth of research about CAMH in Pakistan. This study aims to explore the views of doctors and students towards Paediatric Psychiatry in Pakistan.

Doctors were recruited by convenience sampling and a snowballing method was used to recruit participants. They were asked to complete an online survey and data was analysed both quantitatively and qualitatively. Approval was granted by the Research & Development Department at South West London and St George’s Mental Health NHS Trust, UK.

There were 80 participants; the vast majority 50(62.5%) were Paediatric doctors, 30(37.5%) were other specialists/student doctors. 85% of all participants felt that increasing the number of child psychiatry specialists would be beneficial and all participants felt that the main issues facing CAMH in Pakistan are related to parents, infrastructure and taboos/socio-cultural stigma.

Of the 50 paediatric doctors, 30/50(60%) had <10 years experience in Paedics. Identifying and referring to mental health specialists was the most common role of paediatric doctors 32/50(64%) in CAMH cases whereas 15/50(30%) reported that they are involved in initiating psychotropic treatment. Paediatric doctors felt less competent in prescribing psychotropic medication in children than in counselling parents where they felt more competent: 46/50 (92%) of paediatric doctors reported being ‘little/not at all’ competent in prescribing psychotropic medication to children whereas 47/50(94%) reported feeling ‘little/very’ competent in counselling parents about CAMH issues.

Taboo and socio-cultural stigma form a large barrier in CAMH in Pakistan and a specific anti-stigma campaign is needed to lift the veil of socio-cultural taboos, broaden the nation’s vision and gain a clear perspective. The way forward requires multidisciplinary collaboration to educate, empower and engage all levels of society. Improving infrastructure, living environment and economic stability as well as promoting public and professional education is vital. Media campaigns involving celebrities/influential figures and leaders (political and religious) need to be disseminated to bring Paediatric Psychiatry into the limelight.

Increased emphasis on identifying and managing CAMH disorders will help shift socio-cultural norms to remove the shackles of stigma and relieve the silenced agony.

Goal Our aim is to identify, analyze and compare the international guidelines or national consensus reports on the management of acute otitis media (AOM) in children.

Method We performed a systematic search on PubMed database using the keywords: ‘acute otitis media’ AND ‘children’ OR ‘pediatric’ OR ‘paediatric’ AND ‘[guideline’ OR ‘consensus’]. We excluded publications in other languages than English or French and animal studies. A total of 249 papers have been initially found. After exclusion of those that were not relevant (reviews, case series, case reports) we ended up in gathering 27 publications. After full text screening, we excluded papers that did not specifically refer to AOM diagnosis and management. Finally 13 papers matched the criteria.

Results We found out 11 countries having specific AOM guidelines published in Pubmed: USA, Spain, France, Germany, South Africa, Australia, Korea, Canada, Italy, UK and Japan. Prompt antibiotic treatment is recommended for: 1. all children with temperature over 39 gr C or with otot oorhea (Germany, Italy), 2. all children with intracranial complications and/or a history of recurrence (Italy, South African), 3. all children under the age of 2 years (Italy, South Africa, France), 4. children over 2 years old with severe bilateral AOM (Italy), or with failure to respond to symptomatic treatment after 48 to 72 hours (Australia), 5. all children with signs of severe infection (temperature > 38, othoarea, otolagia> 48hours) (South Africa, France), 6. children with risk factors: malnourished, immunodepression, ear malformation) (France and South Africa), day-care attendees or siblings of children attending day care centers (South Africa). Amoxicillin is universally accepted as the first-line antibiotic therapy in all included guidelines. The alternative for children allergic to penicillins is the use of macrolides. Some of the guidelines mention the importance of preventive strategies (Italy, Germany, Australia, USA, Spain, Japan, Korea, South Africa). Besides reducing the risk factors, almost all the guidelines encourage pneumococcal and influenza vaccination. The exception is the Spanish guideline which refers to previous studies that showed no direct beneficial effect after vaccination.

Conclusion These guidelines revealed similarities in many aspects, with variations in specific recommendations, due to local epidemiology and follow-up possibilities. In order to reduce the healthcare burden, there is a special need for developing a global guideline with specific recommendations according to epidemiological differences.