Research has shown that a significant number of preschool children are overweight/obese, thus posing a major public health problem that can be considered a cause of non-communicable diseases at a later age. In this regard, intensifying primordial and primary prevention of excess weight from earliest youth should be taken in consideration. The KIDMED index may serve as a useful screening tool for assessing of children's eating habits and nutritional status quality and should be included in the daily pediatric practice.

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ARE PRIMARY CARE PEDIATRICIANS READY TO CARE FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS (ASD): CHALLENGES AND TASKS

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Given the prevalence of autism spectrum disorder (1-2%), all primary care pediatricians should be prepared to care for children with ASD and their families. However, children with ASD often have poor access to appropriate medical support all over the world, including the developed countries. In this paper we describe challenges and tasks in providing of primary health care for children with ASD in Russia.

Methods. Serie of foresight-sessions 'Pediatric health care service for children with ASD' (4 sessions). During the sessions, working group was created, which included parents of children with ASD, pediatricians, psychiatrists, neurologists, gastroenterologists, immunologists, public health professionals. Working group compared Russian pediatric practice with guidelines for pediatrician's care for children with ASD from different countries (UK, USA, Australia, Israel) and analyzed evidence-based interventions.

Results The main problems of the primary pediatric care for children with ASD were described.

1. Pediatricians are not competent enough in early identification of ASD.

2. Pediatricians are not involved widely in assessment for comorbidities as possible aetiology (metabolic, endocrine diseases, epilepsy, genetic disorders and others). As a consequence, can be delayed diagnosis of rare diseases (mitochondrial disorders, etc).

3. Pediatricians are not familiar with specialty of medical comorbidities in patients with ASD such as gastrointestinal issues, nutrition status, food selectivity, allergy, pain or discomfort in children with ASD. The high comorbidity of gastrointestinal disorders in children with ASD (up to 84%), which can affect the behavior, is confirmed by a large number of studies.

Meanwhile, the Russian clinical guideline for ASD care does not pay attention to this. Eating disorders ('food selectivity', 'perverted appetite') are often regarded as psychopathological symptoms. At the same time, proper treatment of these abnormalities reduces the intensity of mental disorder.

4. Pediatricians are not aware how to conduct proper medical exam for children with behavioral problems. There is no special service to support child with ASD and family during medical procedures (blood sampling, ultrasound etc.).

5. There are no references between pediatricians and mental services.

6. Continuing stigma of mental disorders between pediatricians.

Conclusion It is important to increase significantly pediatrician's activity in identification, evaluation and management for children with ASD.

We conduct the initiative in the development of evidence-based guidelines for pediatricians to care children with ASD and families.

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PARENTS PERCEPTIONS OF DIAGNOSTIC PROCESS AND TREATMENT IN CHILDREN WITH DEVELOPMENTAL DISABILITIES

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Children with developmental disability are specific population in paediatric primary care that need timely diagnostic and intervention and enough time to communicate.

The aim of this study is to examine parents perceptions and satisfaction with diagnostic process and treatment and on the basis of the results, point out problems and good sides of mutual cooperation between professionals.

The participants were 23 parents of boys and girls with developmental disabilities who came to primary care practice and were invited to participate in anonymously survey that was approved by ethical committee.

They were questioned about first signs of developmental disability, duration of diagnosis and inclusion in treatment. Parents were also questioned about cooperation with the primary paediatrician, hospital specialists, kindergarten teachers and rehabilitation team. One of the most important question was parents satisfaction with progression after the child joined the specialised treatment. Satisfaction and progress was rated on a series of 5-point Likert scale.

The mean age of children was 6,5years and 15 patients (65%) were male. Among children 12 have ASD, 4 have speech disorder, 3 behavioural disorder and one girl has Rett syndrome. Three patients are still in diagnostic process. Two patients also have epilepsy.

Parents were the first person to raise the suspicion of developmental disabilities in 73% of children, usually at the age of 1,7 followed by family members (13%). First sign of disability was speech disorder (60%) so they were referred to speech therapist. Diagnosis of developmental disability was established at 2,4 years. In six (26%) children diagnose was established before the age of 24months.

Average duration of diagnostic is 8,4 months and rehabilitation started after 7,2 months. Most of children do the treatment at specialised center.

Most of parents are very satisfied with cooperation with primary care paediatricians and rehabilitation team but less satisfied with hospital specialists and professionals from centre for social care. Also parents are contented with improvement in child's behaviour, social skills, motor skills and cognition and less contented with progression in communication and attention.

Developmental disabilities are now more widely recognised by parents and family members but still the main problems are long diagnostic delays and later start of treatment due to