Lucina

Extremely low birthweight (1000g or less) infants born in the 1980s in the Netherlands, Germany, Canada, and the USA (Lancet 2001;357:1641–5) had similar behaviour problems at age 8–10 years. They had higher total problem scores than normal birthweight controls (significant only in the European countries) but their difficulties were mainly with attention, thought, and social interaction. It is suggested that monitoring of these children might lead to early detection and possibly to amelioration of the difficulties.

In a rural community in upstate New York in the 1980s, an 87% of 214 people developed chronic fatigue syndrome (Pediatrics 2001;107:994–8). Forty-six of them were children or adolescents and 35 of these were followed up for an average of 13 years. At the end of follow up, 13 reported that they were completely recovered, 15 that they were well but not completely recovered, 4 that they were chronically ill, and 3 that they were worse than at the start of follow up. Whether the prognosis is the same for sporadic cases is not known.

Eighty-five children in North Carolina (Pediatrics 2001;107:1037–42) were followed up between the ages of 6 months and 4 years. On average they had bilateral or unilateral otitis media with effusion (OME) 30% of the time and hearing loss 20% of the time but there was no correlation between either of these and attention or behaviour assessed by parents, teachers, or doctors.

Watching television is thought to be an important factor in childhood obesity, and workers in New York state have come up with a novel solution (Pediatrics 2001;107:1043–8): they devised a television set which only works if you pedal a cycle ergometer at a set rate. Ten obese 8–12 year olds were randomised to use such a set (experimental) or one for which watching was not dependent on pedalling (control). The experimental group watched 1.6 hours of television and pedalled for 64 minutes per week and the controls watched for 21 hours and pedalled for 8 minutes. The experimental group lost more body fat.

Parent support groups develop a large experience of their particular conditions and may provide valuable information. The largest support group for children with oesophageal atresia is in Germany (Journal of Pediatric Surgery 2001;36:605–10) and its members have provided long term data on 128 patients. Food sticking in the oesophagus was a long term problem in about a third of patients and a shorter term problem in another third. Patients dealt with the problem by making themselves vomit. Gastro-oesophageal reflux was common (58 patients) and parents considered that symptoms could often be prevented by not eating late in the evening. Some patients chose unusual food combinations (such as chips and ice cream or chocolate and tomatoes) and others avoided chocolate and sweets.

Androgen treatment of boys with constitutionally delayed puberty speeds up growth but does not increase final height. A study of 38 boys in Helsinki (Lancet 2001;357:1743–8) has shown that the addition of an inhibitor of oestrogen synthesis (letrozole, a specific and potent inhibitor of aromatase) delays bone maturation and increases final height. During 18 months of treatment boys given testosterone and placebo had a mean increase in bone age of 1.7 years whereas boys treated with testosterone and letrozole had an increase of 0.9 years. Predicted adult height was unchanged by testosterone treatment alone but increased by 5 cm with testosterone plus letrozole.

Data from Tigrai, Ethiopia (International Journal of Epidemiology 2001;30:447–55) illustrate the effects of war and famine and of parental education on early childhood mortality. Mortality in children up to the age of 5 years is high (15–20%) with the highest rates in children of illiterate parents. During periods of greater famine the increase in mortality is less in the children of literate mothers and the protective effect is even greater in the children of fathers with more than primary education. In the crises of war only paternal education had a protective effect. The details of the mechanisms behind these effects are uncertain.

A systematic review (Archives of Pediatrics and Adolescent Medicine 2001;155:641–7) has led to the conclusion that oral steroid treatment may result in faster resolution of otitis media with effusion but there are no long-term benefits. The treatment is not recommended.

There is debate about whether childhood onset schizophrenia (COS) and adult-onset schizophrenia (AOS) are basically the same disease. Family data from a US study (Archives of General Psychiatry 2001;58:581–8) suggest that they are.

Psychiatric morbidity was compared in the parents of three groups of probands: one group with COS, one with attention-deficit/hyperactivity disorder, and one of community controls. Schizophrenia and schizotypal personality disorder were both much commoner in the parents of the COS probands and the psychiatric disorders in the parents of COS probands were similar to those previously described in the parents of people with AOS.

Infection control measure in neonatal intensive care units may prevent normal bacterial colonisation as well as colonisation by pathogens. In Japan (Clinical Infections Diseases 2001;32:1399–407) babies colonised with viridans group streptococci were much less likely than those not so colonised to acquire oral colonisation with methicillin-resistant Staphylococcus aureus (MRSA) (10% vs 45%). In vitro testing (Ibid: 1408–13) suggested that the inhibition of MRSA colonisation was due to hydrogen peroxide produced by the streptococci.

Of 97 children assessed 6 weeks after a road traffic accident in Bath (British Journal of Clinical Psychology 2001;40:197–208) 36 had post-traumatic stress disorder (PTSD). Sixteen of the 36 were reassessed at 8 months when eight of the 16 still had PTSD. Children with PTSD used more coping strategies than those without PTSD with distraction, social withdrawal, emotional regulation, and blaming others being the most prominent strategies.

If you have been worried that tympanic thermometry might be unreliable in children with otitis media with effusion worry no more. A study of 95 children having grommets inserted (International Journal of Pediatric Otorhinolaryngology 2001;59:195–200) showed no effect of middle ear fluid on the relationship between axillary and tympanic temperatures.

A randomised controlled trial (Lancet 2001;357:1551–64) and a systematic review (Ibid: 1565–70, see also commentary Ibid: 1546), both sponsored by the World Health Organisation, have given support to a move to reduce the number of routine antenatal visits. The new-model antenatal care can, apparently, be done safely, with no significant effect on maternal, fetal, or neonatal health and possibly with some lowering of costs for both providers and receivers of care. Some women in more developed countries, though, are resistant to the change.