

# Atoms



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## PUBLISHING AHEAD OF PRINT

We are pleased to announce *ADC* Online First. This innovation will allow the publication of all original articles and related perspectives shortly after acceptance, and months before they appear in the print version. These selected articles will appear in raw manuscript form (not edited or typeset) in a new section on the *ADC* website indicated by the Online First logo). This will ensure that important clinical and scientific data are available as soon as possible.

The unedited manuscripts will be published weekly, and edited, typeset versions may also be posted as they become available. The final print version will be stamped with the *ADC* Online First logo and highlighted on the table of contents within the issue. This version will include the date of the initial online publication and all versions will be linked online. A unique code—digital object identifier (DOI)—is assigned to all articles and guidance on how to cite the article will appear on the website.

Articles published, as part of Online First, are indexed by PubMed/Medline within days of initial publication. They are searchable through the usual search engines (PubMed, Google, etc) and through *ADC* Online; search results will default to the most recent version. We welcome your feedback on this latest development.

## PARENTS AND PAEDIATRICIANS PERCEPTION OF PAIN/DISCOMFORT

Using a reliable and valid measure, investigators from the Netherlands have measured the quality of life of 181 children with acute lymphatic leukaemia, asthma, cystic fibrosis, and juvenile idiopathic arthritis. The ratings of parents were compared to those of paediatricians who cared for the children. Not surprisingly, there was general agreement on objective measures such as vision, hearing, and speech, but substantially less agreement on the measure of pain/discomfort. What does

this tell us? We continue to struggle with measures of health that are subjective, such as pain. Unfortunately, there is never likely to be an “objective” measure of some health attributes and so we will need to continue to listen closely to our patients. In some regards, the addition of BackChat to *ADC* is an attempt to give parents a “voice” in helping us to maintain our skills.

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## OBESITY – CROSSING THE ATLANTIC AND COMING TO A TRUST NEAR YOU

One in four American children is overweight and/or obese. The epidemic in the US is staggering, and professional societies and government have convened numerous national meetings and produced white papers, consensus statements, guidelines, and alarming statistics. Jones and colleagues, from the University of Wales, Swansea, detail the changes in body mass index (BMI) and percentage of children considered overweight or obese in their NHS Trust. The news is not surprising, nor good—between 1986/87 and 2001/02 the mean BMI rose from 15.8 to 16.2 in boys, and from 15.7 to 16.2 in girls. The proportion of boys and girls considered obese doubled from 2.5% to 4.6% and 3.6% to 6.9%, respectively. Those considered overweight also increased significantly (boys 11.3% to 13.7%; girls 13.5% to 19.5%). Although these data are not new or nearly as disturbing as those from the US, they demand our attention. What to do? I fear the answer will not be found in medicine, at least not for most children. In the US there has been an impressive national campaign to change many factors that contribute to obesity—lack of exercise, eating habits (types of food, portion sizes) both at home and in school, and TV viewing. I suspect we are having some success, at least on the “average” BMI of American children. Unfortunately, data about the impact on morbidly obese children are limited. For post-pubertal, extremely obese adolescents surgery is becoming more common. As safety and long term follow up data become available, it may be increasingly difficult to deny these families surgery as an option, particularly when a child needs to lose 25 to 75 kilograms!

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## ACADEMIC PAEDIATRICS IN THE UK

Professors Levene and Olver report on the changes in academic staffing in 24 university departments of paediatrics where undergraduates are taught. Although there has only been a 7.2% decline in academic staff, among lecturers there has been a 26% reduction. In an accompanying perspective, Professor Savill urges young paediatricians to participate in established research networks. I have spent my career in academic medicine, both as a Division Director for a group of 18 faculty and fellows who conduct clinical and health services research, and more recently as Vice Chair of Academic Affairs. Lessons learned: mentoring is critical and, at least for clinical research, for a young faculty member to be successful (that is to ultimately obtain support from outside of the institution to conduct research) they must be appropriately trained in epidemiology and biostatistics, focused on a successful research career, and work in an environment that can provide intellectual and financial support.

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## THIS MONTH IN FETAL AND NEONATAL EDITION

Numerous ethical issues are discussed this month in the *Fetal and Neonatal Edition* (vol 90(3)). Martin Ward Platt provides a perspective on two articles (Hoehn *et al* and Morley *et al*) that explore parents’ views of neonatal research. Doctors Paris, Schreiber, and Elias-Jones struggle with the resuscitation of preterm infants against parental wishes. Ethical dilemmas are common in the NICU, but remain unexplored in a systematic fashion and are rarely discussed or debated in the scientific literature. In addition, Cowan and colleagues evaluate the diagnostic accuracy of cranial ultrasound for detection of cerebral infarction in full term infants (good, but magnetic resonance imaging (MRI) is definitive); and in a group of 20 pigs, Fugelseth *et al* extend the clinical data that resuscitation using 21% or 100% oxygen makes little difference at least with respect to cardiac troponin levels, cardiac output, and pulmonary artery pressure.