

## Moving beyond rates of obesity

This Journal and others have detailed the worldwide obesity epidemic. With the rare exception, despite numerous submissions, we have declined to publish additional reports that further describe the epidemic. However, two related papers in this issue describe important work that will help define potential interventions. Dr Lammers and colleagues from Great Ormond Street provide normal values for the 6-minute walk test in children aged 4–11 years. Based on a sample of 328 children, as discussed in a perspective by Ulf Ekelund, this study provides preliminary data on cardiorespiratory fitness in children. Assuming that this test measures the right thing – oxygen saturation – and it proves to be reliable, than it can be used to assess various interventions. In a second preliminary study, investigators adopted two very popular US programmes, Planet Health and Eat Well Keep Moving, that focus on healthy eating, increasing physical activity and reducing TV viewing, in a cluster randomised controlled trial in 19 primary schools in South West England. Although there was no difference in body mass index or likelihood of obesity at the end of the trial, there was a reduction in the amount of TV viewing. The authors suggest that these programmes can be further adopted to be more appropriate for children in the UK. Rather than always creating new interventions, we can adopt existing ones to reflect the cultural needs of patients. **See pages 455 and 464**

## Caring for children with pneumonia in resource-limited countries

Approximately 2 000 000 children die from acute respiratory tract infection each year. The World Health Organization recommends that children with severe pneumonia or very severe pneumonia be

hospitalised for treatment, although in many countries this simply is not possible. In a report from Bangladesh, investigators from Dhaka, report the results of using a day-care centre (8:00 to 17:00) to provide care to 251 children with severe or very severe pneumonia, without co-morbidities such as malnutrition, who were denied care on an inpatient facility because of lack of beds. The results are extremely encouraging; however, before there is widespread acceptance of this approach, a randomised clinical trial with 3–6 months of follow-up is necessary to truly inform policy. **See page 490**

## Consequences of newborn screening

As newborn screening expands to include rarer and rarer diseases, the precision of the screen often declines. This is also true for universal neonatal hearing screening (UNHS), in which we know that the test has a substantial false positive rate. In a study from The Netherlands, van der Ploeg and colleagues assessed how anxious and worried a group of parents were 6 months after UNHS. They compared parents whose children tested positive or inclusive in at least one of three tests with a random sample of parents whose children passed the first test. Although there was no difference in parental anxiety measured on the state-trait anxiety inventory, more of the case parents were worried about their children's hearing and this was related to the number of tests performed. These results are not surprising—diagnostic testing can make parents anxious—our responsibility is to discuss the results of these tests with families and try to allay their fears when appropriate. **See page 508**

## Autism: finding answers

The reported prevalence of autistic spectrum disorders (ASD) has increased in both Great Britain and the United States—from 1 in 2000 to approximately

1 in 200. Whether this represents diagnostic shift or a true increase in prevalence can be debated, but regardless, the recognition that ASD is more common than previously thought, has led to new research initiatives around the world. In a review article from Caronna and colleagues from Boston, they discuss clinical, epidemiologic, genetic and cognitive-neuroscience issues. They also discuss exciting new work around siblings of children with ASD. Clearly, the broad phenotypic presentation of this disorder complicates the diagnostic and therapeutic process. **See page 518**

## Does vitamin D supplementation protect against type 1 diabetes?

One of the more recent trends in medicine is the measurement of vitamin D levels in various groups—children and adolescents who are obese, breast-fed infants, etc. It appears as though many children and adolescents are vitamin D deficient. The increasing prevalence of type 1 diabetes, particularly in the northern hemisphere, has led to the search for possible causes. In a meta-analysis, that included five observation studies, investigators from Manchester found that infants who were supplemented with vitamin D had a lower risk of developing type 1 diabetes. This result is provocative. **See page 512**

## This month in *Education & Practice*

- ▶ *Education & Practice* contains a problem solving case (bile-stained vomiting in an infant), best practice (back pain), pharmacy update (analgesia and sedation in critically ill children), a guideline review (atopic eczema), and a dermatophile review. **See pages ep84, ep73, ep87, ep93 and ep98**
- ▶ If you have ideas for any other sections for *E&P* please let me know (howard.bauchner@bmc.org)—we are developing an education section and one on new diagnostic tests.