



# BC Pediatric Society Infoletter

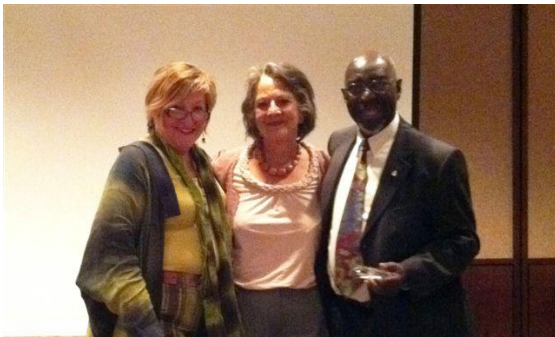
November 2011

## Winner of the Dr Judith Hall Award 2011

The BC Pediatric Society is pleased to announce Dr Kwadwo Asante as the winner of the Dr Judith Hall Award 2011 for the following reasons:

- He was involved in the early description of FAS
- He has been involved in a number of advocacy projects related to children and families with FAS what ultimately culminated in the formation of the Asante Center.

In recognition of this award, Dr Asante received a monetary award of \$500, which he donated to the Africana Children's Education Fund.



from the left:

Dr. Mary Ann Beimers-President of the BCPS, Dr. Judith Hall, Dr. Kwadwo Asante

## Winner of the Dr Parminder Singh Award 2011

The relationship between community and hospital-based pediatricians and subspecialists plays a significant role in the health outcomes of BC children and youth.

Each year, the BC Pediatric Society, in co-operation with the BC Children's Hospital Foundation, is pleased to present the **Dr. Parminder Singh Award of Distinction** to recognize the value of this interrelationship.

The winner of this year's Dr. Singh award is Dr. Hilary Vallance for her leadership of the newborn screening program.

In recognition of this award, Dr Vallance received a \$1000 prize.



Dr. Hilary Vallance

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## B.C. researchers find quick, low-cost tests can accurately identify childhood development delays

(Vancouver, BC) BC Children’s Hospital and University of British Columbia (UBC) researchers have found that two existing screening tests are accurate in diagnosing development delays in children and could be incorporated in a busy family practice setting with relative ease.

Parents can complete the Ages and Stages Questionnaire (ASQ) or the Parents’ Evaluation of Developmental Status (PEDS) at home or in the family physician’s office, with the physician scoring the tests and providing results in a matter of minutes.

“Only 30 per cent of children with developmental delays are identified prior to school age – whether that’s social, physical or learning – and most experts would agree that we should be identifying those delays earlier through regular screening,” says Dr. Marjolaine Limbos, principal investigator and a psychologist at BC Children’s Hospital, an agency of the Provincial Health Services Authority.

However, researchers believe the tests aren’t routinely administered by Canadian family physicians because they haven’t been validated (tested for accuracy) in a primary care setting (physician’s office) and because of physicians’ concerns about having enough time to administer such tests in a busy practice.

“Right now, the majority of family physicians do the eyeball test,” says co-author Dr. David Joyce, a clinical assistant professor in UBC’s Department of Family Practice and a Vancouver family physician. “But research shows that is not very accurate, and kids are falling through the cracks. It’s critical to catch and treat disabilities early because the longer you leave them, the more intractable they become. The brain becomes more hard-wired, and opportunities for change become narrower.”

The results were published recently in the online version of the [Journal of Developmental & Behavioral Pediatrics](#), a leading resource for clinicians, teachers, and researchers involved in pediatric healthcare.

Researchers recruited 334 children between the ages of one and five years old. Families were recruited from more than 80 physician offices in Ontario. The parents completed both the PEDS and the ASQ tests, and children underwent a full battery of psychological testing to serve as a comparison or gold standard. While both tests had reasonable accuracy in picking up abnormalities, the PEDS had a slightly lower accuracy than the ASQ.



The PEDS, the shorter of the two tests, takes five minutes to complete and is based on a parent's recollection of their child's abilities, with yes or no responses. The ASQ is a longer test, taking about 15 minutes, and asks parents about their child's ability to perform certain activities, such as throwing a ball to test motor skills. Both the sensitivity and specificity of the ASQ in identifying developmental delays was higher.

"Our research shows that overall, the ASQ and, to a lesser extent, the PEDS are accurate and can be administered effectively and at low cost," says Dr. Limbos. "The study results will hopefully provide physicians with the confidence that the tests can be incorporated into a busy physician practice with relatively little demand on staff time, with the results being easy to interpret and validate."

Children who are identified as having a developmental disability through the screening tests would then be referred to a specialist for further testing and treatment.

The findings are a part of a larger study the researchers are conducting to examine the accuracy of screening tests used in primary care and the factors related to physician screening for developmental delay.

Click [here](#) to read the full article **Comparison of the ASQ and PEDS in Screening for Developmental Delay in Children Presenting for Primary Care.**

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## On call help needed in Prince George

Prince George is acutely understaffed and needs help with on call coverage. Prince George qualifies under the Rural Specialist Program. There is a guaranteed minimum of \$1200/day as well as a \$1000 travel honorarium. In addition there is an on call stipend and 12.6% Rural Retention Program for MSP billings. Northern Health will pay for travel expenses, accomodation, meals and car rental. We have a level 2 NICU looking after neonates >30 weeks. There is usually a family practice resident and/or medical student on call as well. We are looking for help for the next 6 months at least.

Please contact Dr Simon Earl at ph [250 563-2257](tel:250-563-2257) or email [simon.earl@northernhealth.ca](mailto:simon.earl@northernhealth.ca)



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[www.bcpeds.ca](http://www.bcpeds.ca)

## IMMUNIZATION:

### Some parents still wary of following recommended vaccine schedule

A national survey of parents of young children found more than 1 in 10 use an alternative vaccination schedule, and a large proportion of parents using the recommended schedule seem to be “at risk” for switching to an alternative schedule.

In the study, “[Alternative Vaccination Schedule Preferences Among Parents of Young Children](#),” published in the November 2011 issue of *Pediatrics* (published online Oct. 3), researchers at the University of Michigan surveyed 771 parents of children ages 6 months to 6 years. Among this group, surveyed in May 2010, 13 percent reported using some type of alternative vaccination schedule, though only 2 percent refused all vaccines.

Most of the parents using an alternative schedule said they themselves (41 percent) or a friend (15 percent) developed the schedule, and only 8 percent reported using a well-known alternative schedule. Using an alternative vaccine schedule was strongly associated with not having a regular health care provider for the child.

The vaccines most commonly delayed were the measles-mumps-rubella (45 percent) and diphtheria-tetanus-acellular pertussis (43 percent) vaccines. A large minority (30 percent) of parents using an alternative schedule said they had initially followed the recommended vaccination schedule; most said they switched because it “seemed safer.”

Additionally, 1 in 5 parents who followed the regular vaccination schedule thought that delaying vaccine doses was safer. Study authors conclude this highlights the need to develop strategies to prevent the spread of attitudes and beliefs that counter vaccination.

### [AAP backs safety of HPV vaccine for girls](#)

The medical community responded swiftly to erroneous statements about the safety of the human papillomavirus vaccine made during a Republican presidential campaign debate. Rep. Michele Bachmann, R-Minn., said a vaccine designed to protect girls from HPV that can cause cervical cancer “can have very dangerous side effects.” The AAP disputed the statement that the vaccine is dangerous and is linked to mental retardation, saying there is absolutely no scientific validity to this statement, and emphasizing the vaccine's excellent safety record.



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Committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

## IMMUNIZATION continued:

### [AAP recommends pertussis vaccine for grandparents of newborns](#)

Individuals older than 65 who are around infants younger than 6 months should receive the tetanus-diphtheria-acellular pertussis vaccine to prevent transmission of pertussis or whooping cough, according to a [policy statement](#) released by the AAP. The group also recommended Tdap booster shots for children between ages 7 and 10 who are behind on their diphtheria-pertussis-tetanus immunizations.

### [Single pediatric dose of A/H1N1 vaccine can prevent hospitalization](#)

A Canadian study in [Pediatrics](#) found that one pediatric dose of the AS03-adjuvanted vaccine against pandemic influenza A/H1N1 in children aged 6 months to 9 years old was effective for preventing influenza-related hospitalization starting 10 days after vaccination. Researchers reported an 85% overall vaccine effectiveness when administered 14 days or more before illness onset. The results were based on the vaccination status of hospitalized and nonhospitalized children with pH1N1 in 2009. [DoctorsLounge.com/HealthDay News](#)

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### [A Child in Pain: What Health Professionals Can Do to Help by Leora Kuttner](#)

At the BCPS conference Children's Health. Today Dr. Leonora Kuttner lead the workshop **Approaches to Abdominal Pain in Children and Adolescents**. Many delegates showed interest in her book and we would therefore like to provide you with more information about her publications.

Please click [here](#) for details.

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### [Study finds no differences in BMI between formula, breast-fed infants](#)

A German study in the American Journal of Clinical Nutrition revealed that children who were given formula for the first few months of life had no differences in body mass index at age 10 compared with those who were exclusively breast-fed as infants. The researchers said previous studies showed some formulas were linked to low weight gain at 1 year, but the current findings indicate no long-term consequences. Reuters



Dr. Leonora Kuttner

### **Pesticides in food raise risk of ADHD in children, study finds**

Canadian researchers reported in *Pediatrics* that children with higher concentrations of neurotoxic organophosphate pesticides in their urine were two times more likely to be diagnosed with attention-deficit/hyperactivity disorder than those with lower levels. The main exposure to the pesticides is through food, and the findings suggest that parents should buy organic foods for their children, researchers concluded.

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### **Study links early anesthesia exposure to learning disability risk**

An FDA-backed study in *Pediatrics* found that children who had more than a single exposure to general anesthesia with surgery before age 2 had a twofold increase in learning disorders. The findings add to evidence linking early anesthesia exposure to an increased risk of learning disabilities, but does not prove the connection, lead researcher Dr. Randall Flick said. The study included 1,050 children born between 1976 and 1982 in Rochester, Minn.

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### **Fast-paced TV programs may affect children's executive function**

A study in *Pediatrics* found that 4-year-old children who watched "SpongeBob SquarePants" were less likely to perform well in activities that required them to follow rules and delay having snacks compared with children who drew or watched an educational program. Fast-paced television programs may overstimulate the brain, which can affect a child's executive function abilities, the lead author said.

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### **Workplace pollution exposure during pregnancy linked to asthma risk**

A Danish study of 45,658 7-year-old children and their mothers found that 18.6% of children whose mothers were exposed to workplace pollutants during pregnancy had asthma compared to 16.1% of the general population. Dr. Klaus Bonnelykke of the Danish Pediatric Asthma Center said while other factors can play a role, "there is increasing evidence that the prenatal period may be a critical period affecting the offspring's risk for later development of asthma and other (allergic) diseases." Reuters

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### **Study: Children in smoking households miss more school**

Researchers evaluated data from a 2005 national survey of nearly 3,100 families and found that children ages 6 to 11 who live with people who smoke inside the house tend to miss more school and suffer more chest colds and ear infections than those who lived in nonsmoking households. The findings show how tobacco affects child and family well-being and poses an academic and financial burden, the researchers wrote in the journal *Pediatrics*.



**NO SMOKING**



## AAP NEWS

### [AAP expands safe sleep guidelines for babies](#)

The AAP released [updated guidelines](#) on safe sleeping for babies to lower the risk of sleep-related infant deaths, including sudden infant death syndrome. Additions to previous recommendations include breast-feeding and immunization of babies and a ban on bumper pads in cribs. The guidelines were presented at the AAP conference in Boston. [Nurse.com](#)

### [AAP mission extends north of the border thanks to Canadian chapters](#)

Canadian chapters account for seven of the Academy's 66 chapters. Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan are individual chapters, while New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island comprise the Atlantic Provinces Chapter. Like their U.S. counterparts, Canadian chapters fall into one of 10 regional districts. Canadian chapter membership ranges from 14 to 213 voting Fellows. AAP national members who reside in Canada are automatically considered members of their respective chapters.

Click [here](#) and read the full article about Canadian AAP chapters.



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