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### International Pediatric Association (IPA) Newsletter Editorial Team

#### Chief Editor

Prof. Manuel Moya (Spain)

#### Co-Editor

Dr. Samir Dalwai (India)

Newsletter Editorial Team  
contact information  
[newsletter@ipa-world.org](mailto:newsletter@ipa-world.org)



## Message from the President

Dear colleagues,

Greetings from the International Pediatric Association (IPA)!

Please allow me to share with you some of our recent news since our latest issue of our newsletter.



We, at the International Pediatric Association (IPA) could not remain passive to the latest disaster caused by the earthquake centered near Kathmandu and extended our condolences to the victims of this terrible event. All members of the world's pediatric community express their sorrow and heartfelt support during these challenging times. We all mourn the loss of life and send our prayers to the people of Nepal. The IPA has assured the Pediatric Society of Nepal about its intention to provide assistance as they address the needs of children and families affected by this disaster.

The International Pediatric Association Executive and Standing Committees recently met in London, UK for a 2-days comprehensive meeting where we had the chance to exchange our views and ideas on how we envision the future of IPA. The meeting was held in February 27<sup>th</sup>, 28<sup>th</sup>, & March 1<sup>st</sup>, 2015 and we had the opportunity to discuss among others the progress made so far in the 10 IPA Technical Advisory Groups, as all the TAG Chairs were present and reported on actions and priorities.

As far as news around the world, I recently had the opportunity to visit Veracruz in Mexico, where I attended the **XV National Pediatrics Congress of the National Pediatric Confederation of Mexico (CONAPEME)** the meeting took place on **April 23-26, 2015**. I also had the chance to attend the **20<sup>th</sup> Union of Arab Pediatric Societies & 15<sup>th</sup> Jordan Pediatric**

**Society joint conference** that took place in **Amman-Jordan** on **April 29-May 2, 2015**. I must say that I was very impressed by the quality of the scientific program and the outstanding faculty of both meetings!

Last but not least, as already said highlighted in my previous message, preparations for our **IPA 2016 Congress**, scheduled to take place in **Vancouver-Canada, on 17-22 August 2016**, are progressing. The first version of the program has already been drafted, in the light of ensuring speakers' participation from all around the world. At this point I would like to congratulate the **Scientific Committee Chair, Dr. Jean-Yves Frappier** for the excellent job accomplished so far. I would also like to invite all of you to visit the official congress website [www.ipa2016.com](http://www.ipa2016.com) and secure your participation in the IPA 2016 Congress early in advance. Join the congress mailing list, in order to receive regular news and updates regarding the highlight of activities of IPA – the IPA Congress!!

With my warmest regards and wishes for peace and prosperity all around the world,

**Prof. Andreas Konstantopoulos**  
IPA President



IPA President, Prof. Konstantopoulos, awarded on the occasion of the 20<sup>th</sup> Union of Arab Pediatric Societies & 15<sup>th</sup> Jordan Pediatric Society joint conference



## Message from the Chief Editor

Dear Readers,

The present issue of the IPA Newsletter (2015- 10:2) brings some changes that are related to the publication itself. The first, with formal traits, is the ISSN (International Standard Serial Number) permanent assignment. This number now appearing in the front and every page of each issue, will identify internationally the NL as a periodical publication (ISO standard 3297). This is a satisfactory achievement. The second under the new aim information/ formation has a clear trait of pragmatism. In the new section



Hot Points in Pediatric Care & Prevention you will find from now specific subjects (Hearing loss prevention in the present issue) treated in a very concise way. The last point concerning the NL is the growing distribution which at this very moment is of 14269. Despite this steady growth it is convenient to keep on increasing it to cover all the IPA world regions. Please read the framed text at the end of this message.

The fixed sections continue to give an updated view of IPA motions: The President' and Executive Director's messages are particularly informative in this issue. Also the new opportunities for grants given by the IPAF are of great interest for our members. In this way of general interest is the fixed section on the 26<sup>th</sup> International Congress of Pediatrics (2016, Vancouver), where besides the own information are some description and possibilities of pediatric care in Canada.

In Ongoing Activities appears as well a report on the Executive and Standing Committees taking place last February in London with a brief summary with the relevant issues and Technical Advisory Groups activities.

Global Clinical Practice approaches a situation not very well solved presently which is the blood pressure assessment and consequently the hypertension with its late consequences. As this is followed by the new Hot Point section, the formative aspects of the NL begin to take shape.

I would like to thank to all contributors to this issue for their good job, but another good job could also come from our audience. A feedback from you will definitely improve the quality of the publication. Please do not hesitate giving us your opinion particularly if it can improve the quality of information/ formation of the IPA Newsletter

**Manuel Moya**

IPA Newsletter Chief Editor

### JOIN THE IPA NEWSLETTER DISTRIBUTION LIST!

In IPA we are putting all our efforts in keeping the pediatrician up to date, not only with information related to clinical practice, but also with news and updates of the Pediatric community from all around the world. Among our tools for reaching pediatricians is the IPA newsletter. The newsletter is a very powerful tool and we are encouraging all our member-societies to join our mailing list, in order to receive each issue, on a permanent basis.

To this end, many IPA societies, such as the Hong Kong Pediatric Society are receiving a copy of the newsletter, which, in their turn, will be redistributed to all their members. Please feel free to contact the IPA Newsletter Editorial Team ([newsletter@ipa-world.org](mailto:newsletter@ipa-world.org)), so as to make sure that your email is being added to our database in order to receive our news and updates.

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[newsletter@ipa-world.org](mailto:newsletter@ipa-world.org)



## IPA Ongoing Activities

### EXECUTIVE DIRECTOR'S REPORT

Importantly, I am happy to report that in recent months the IPA coordinated with the International Pediatric Association Foundation to raise more than \$90,000. These funds were distributed to the Lebanese Pediatric Society, the Jordan Pediatric Society and the Turkish National Pediatric Society to assist their efforts on behalf of refugee children from Syria.



The IPA Executive and Standing Committees met together in March, 2015, to discuss current and future activities. The Executive Committee had met earlier and identified 33 priority items for action during 2015. Each member of the IPA leadership is engaged in strengthening the advocacy and communication agendas of the IPA.

Representatives from the IPA helped highlight child health needs and engage global leadership during the September, 2015, UN meetings in New York as well as the World Health Assembly (WHA is the governing body of WHO) in May of 2014 and January, 2015.

As most readers know, much of the leadership for IPA's range of activities and programs comes from its ten Technical Advisory Groups (TAGs). The TAGs sponsor symposia and trainings, help create curricula and carry on the advocacy programs of the IPA. The ten TAGs and their chairs include: **Adolescent Medicine**- Dr. Helena Fonseca, **Better Medicines**- Dr. Kalle Hoppu, **Child Survival** co-chairs Drs Zulfiqur Bhutta and Dou McMillan, **Early Childhood Development**- Dr. Joseph Haddad, **Environmental Health**- Dr. Ruth Etzel, **Humanitarian Emergencies**- co chair Drs. Saleh Al Salehi and Maria Herron, **Immunization**- Dr. Lou Cooper, **Non-Communicable Diseases**- Dr. Jonathan Klein, **Nutrition**- Dr. Manuel Moya, and **Quality of Care**- Dr. Shanti Raman. The scope of TAG activities,

members of the committees and contact information for the chairs/co-chairs can be found at [ipa-world.org](http://ipa-world.org).

The next general session of the WHA is occurring May 17-24<sup>th</sup> in Geneva, Switzerland. The IPA with the leadership of the TAG chairs will present position papers related to: Non-Communicable Disease and Equity for Children, Foci Required for Improving Neonatal Survival and Preparation of the Health Work Force to Meet the Needs of Adolescents.

The preparations for the IPA Congress, Vancouver, August 17-21 are in high gear. Leadership from the Canadian Paediatric Society, Drs. Jean-Yves Frappier and Doug McMillan have linked with Dr. Andreas Konstantopoulos, IPA President, to skillfully blend the art and science of pediatrics into an exciting program. The Congress begins with a wide variety of pre Congress workshops and continues with the best of pediatric thought and global policy. The Congress will bring high value to the attendees. See you in the wonderful setting of Vancouver, August 17-21, 2016.

**Dr. William J. Keenan**  
IPA Executive Director



The IPA Executive, Standing Committee members & TAG Chairs during their meeting in March'15, in London, UK

## IPAF REPORT

In the annals of the International Pediatric Association's 105 year History, Prof. Dr. İhsan Doğramacı stands out as one of the most renowned and influential leaders to have raised the bar in advancing child health as an international imperative. He's been called "The Amazing Turk," an "Architect of Miracles," and "A Reformer with an Iron Will," and although he is no longer with us today, I feel so fortunate to have worked with him and witnessed his leadership in the national and international arenas.

In April, I had the honor and privilege of being invited to Turkey to speak at Bilkent University on the commemoration of the 100<sup>th</sup> anniversary of the birth of their founding father, Prof. Doğramacı. My fellow speakers, including UNICEF's own Tezer Kutluk, and I did our best to convey the lasting impact the beloved figure has had on ourselves as individuals and the world as a whole.



**Dr. Errol Alden speaking at Bilkent University**

As a former IPA board member and the current President of the International Pediatric Association Foundation (IPAF) I feel uniquely positioned to acknowledge that our organization's ambition and direction are still directly tied to the momentum that he started so many years ago.



**Dr. Errol Alden and UNICEF's Tezer Kutluk**

He spent decades at the IPA's helm, both as President and Executive Director. His precedence and impact serve as a stark reminder of our own roles and responsibilities in honoring the pediatricians who came before us. The IPAF's advocacy and grant programs in response to international issues, are one major way such momentum continues to be felt to this very day. Disasters, such as the child refugee situation resulting from the continuing conflict in Syria, serve as the perfect example of where IPA grants and programs have confronted global child health challenges head-on and continue to push for progress in affected regions worldwide.

We also honor the famed Turkish doctor through the creation of the IPAF grant that also bears his name, The İhsan Doğramacı Research Award. This year, \$20,000 USD will be awarded to a pediatrician for a one-year project focusing on child health and/or child wellness. We are currently vetting this year's pool of applicants and look forward to sending the winning researcher to the IPA's next Congress in Vancouver, Canada in 2016 to report on his or her findings. We also issued 14 smaller grants last year and eagerly look forward to sharing some of the insights from their annual reports in the next issue of this newsletter.

Finally, I want to take this moment to affirm my unwavering commitment to this organization. As many of you may know, this summer, I will be stepping down as CEO and Executive Director of the American Academy of Pediatrics (AAP) after 28 years of service



and 11 amazing years at the helm. Although I may be retiring from the AAP, I am pleased to say that I will continue to serve proudly as the President of the IPAF. It is a unique post that allows me the opportunity to match my experience with my passions and interests in advancing global health for all children.

As far as IPA leaders go, Dr. Dođramaci certainly left large shoes for us all to fill. I certainly don't know of anyone else who served as an original signer on the charter creating the World Health Organization, or one who could so deftly navigate the waters of diplomacy and his own determination while seamlessly entertaining with that perfectly prescribed mix of languages and leadership. This is why I am asking you all for your help. Above all, Dr. İhsan Dođramaci was a man of action, who gave of himself so intensely and achieved so much that the best tribute we can pay him is to follow his example and do everything we can to give all children the opportunity to grow and reach their full potential. If there is a new way to contribute to our mission or if you happen to know that perfect pediatrician who should take advantage of one of our grants, let us know at [office@ipaf-world.org](mailto:office@ipaf-world.org), or visit our website: [www.ipaf-world.org](http://www.ipaf-world.org). May what he was to us, and wished for others, live on for generations to come.

**Errol Alden, MD, FAAP**  
Executive Director

## IPA EXECUTIVE & STANDING COMMITTEE MEETINGS

### SC Meeting general approach

Out of the 30 points treated, the following aspects have been summarized for our readers. The head officers' reports reflect an active and fulfilling life of IPA. It is worth stress the IPAF grants that allow some (clinical) research. The IPA media represented by the Website and the Newsletter show a reasonable ongoing state of development. The Regional and Subspecialty reports describe the IPA worldwide activity whether direct or through sponsoring.

Constitutional Amendments are necessary as IPA is acting in a changing pediatric world, but a modification that directly could directly affect all members is the cadence change of the International Pediatric Congress. From 2019 it will take place every 2 years instead the present 3 year period. This is relevant not only for the new updating capacity but also for the increased turnover of the government committees.

Special mention requires the activities of the Technical Advisory Groups (TAGs), that can sharply summarized as follows:

- **Humanitarian Emergencies.** The inherent difficulties are once more evident. The necessity of better communication was stressed.
- **Child Survival.** IPA will have a role in the transition from MDG (unfinished goals 4 and 5) to Sustainable Developmental Goals.
- **Adolescent Medicine.** Advocating for worldwide expansion of pediatric age to 18 years.
- **Environmental Health.** Importance of E-learning platform.
- **Quality of Care.** New survey for Regional / National pediatric societies
- **Immunizations.** Besides the achieved results is the problem of 'Success has become our worst enemy' due to the States relaxed policies.



- **Non-Communicable Diseases.** Importance of post-2015 / Sustainable Developmental Goals was stated.
- **Early Childhood Development.** ECD concept and program. The question of TAGs overlapping was raised.
- **Nutrition.** Activities related to obesity (WHO) and to Undernutrition (FAO). Research project on Under/ Overweight in LMIC.

Other important issues as Advocacy and Messaging, Opportunities, Communications, IPA Brochure were also thoroughly treated but they are covered in the main messages.

### WHO COMMISSION ON ENDING CHILD OBESITY

WHO Commission on Ending Child Obesity (14<sup>th</sup> October, Geneva). This session was chaired by Sir George Alleyne and Dr. Tim Armstrong with the participation of World Heart Federation, World Medical Association, International Pediatric Association, World Obesity Federation, International Diabetes Federation, Cochrane Collaboration, up to 18 NGO.

IPA TAG-N made a presentation focused on the obesity and comorbidities already present in pediatric ages and their tracking up to adult ages. Despite the political and medical workforce applied the prevalence is rising almost everywhere. We raised the point of the minor involvement of the primary care pediatrician or health care provider in the prevention chain. They can identify and assess the pediatric population at risk very early (overweight at 2 years of age) and start obesity prevention through a simple and feasible program straightaway. The final document is in progress.

## News

### IPA – COMMUNICATION MADE EASY WITH NEW TOOLS

The communication in IPA is done through various means with a vision to reach the every pediatrician and parent. We have adapted various methods for effective communication.

- 1) For regular updates on news & events in child health- Visit us on **IPA WEBSITE-** [www.ipa-world.org](http://www.ipa-world.org)



- 2) New tools:

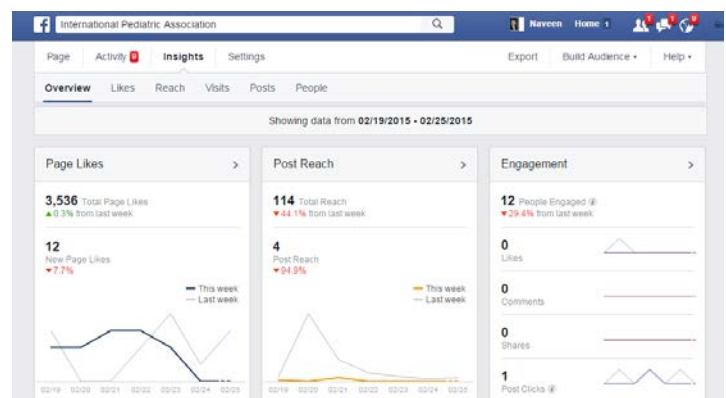
- a) **IPA App** - Android app for easy communication including new feature “My IPA”, a platform for internal communication. To install App , go to Google Playstore & type IPA App , install the app)



- b) **E learning Platform-** E learning mobile app for easily attending the IPA e learning courses related to child Health ( To install go to Google Playstore & type IPA e learning and download the app )



- 3) Follow us on **Facebook-** International Pediatric Association [www.facebook.com/InternationalPediatricAssociation](https://www.facebook.com/InternationalPediatricAssociation)







4) Follow us on Twitter for updates - IPAWorldorg



By,  
**Dr Naveen Thacker**  
[\(\[drnaveenthacker@gmail.com\]\(mailto:drnaveenthacker@gmail.com\)\)](mailto:drnaveenthacker@gmail.com)  
**Ms Lincy Sobin**

### INTERNATIONAL PEDIATRIC ENVIRONMENTAL HEALTH LEADERSHIP INSTITUTE

To better prepare the world’s pediatricians to address environmental issues that affect children’s health, the International Pediatric Association launched the International Pediatric Environmental Health Leadership Institute. Curriculum, Credentials, and Communication constitute the 3 C’s of the virtual Institute. The objective is to prepare each participating pediatrician to achieve the following competencies: 1. Understand the influence of environmental agents on children’s health; 2. Recognize signs, symptoms, diseases and sources of exposure relating to common environmental agents and conditions; 3. Complete a pediatric environmental health history and record potential environmental hazards and sentinel illnesses; 4. Recommend a course of preventive action or make appropriate referrals for conditions with probable environmental etiologies; 5. Demonstrate a knowledge of risk communication in patient and community intervention with respect to the potential adverse effects of the environment on health; 6. Recognize the full range of resources available to support their work in the field of pediatric environmental health; and 7. Understand the reporting requirements and regulations in the country or community.

IPA sponsored Workshops in 2005, 2007, 2010, and 2013 to fulfill the needs of pediatricians wishing to learn more about child health and the environment. In each workshop, participants were encouraged to begin working towards a special certificate in environmental health. To be eligible for sit for the examination, pediatricians are required to fulfill the following criteria:

1. Attend a training workshop in its totality and take the pre- and post-workshop individual evaluation.
2. Present a seminar about children's environmental health at their home hospital or university.
3. Record, file and analyze the pediatric environmental history forms from children with illnesses from



- environmental contaminants and record and report environmentally-related cases from their practices.
4. Propose and discuss a community project on an environmental health problem. Both the seminar and the community project proposal are to be initiated by the candidate in his/her country within the first 6 months after the workshop in order to share with others in the home institution the knowledge acquired and to begin community-oriented actions.
  5. Present a second seminar after the community-oriented project has been implemented, in order to present and discuss the results with the community.

The next training workshop for the International Pediatric Environmental Health Leadership Institute will be a Pre-Congress Workshop on Child Health and the Environment in August 2016 immediately before the Congress of Pediatrics in Vancouver, British Columbia. Pediatricians wishing to attend should contact their national pediatric society and also send a note to Dr. Ruth Etzel at [RETZEL@EARTHLINK.NET](mailto:RETZEL@EARTHLINK.NET) to request an application form.

**Ruth A. Etzel, MD, PhD**

### **WORLD IMMUNIZATION WEEK (WIW)**

This is a global campaign aimed at promoting the use of vaccines to protect people of all ages against diseases. In the present year aims are on closing the immunization gaps as outlined in the Global Vaccine Action Plan, which is the framework dedicated to extending full benefits of immunization to all people by 2020. This campaign is endorsed by WHO, UNICEF, United Nations Foundation and CDC.

As a part of WIW and with a pediatric profile the 2015 Measles & Rubella Initiative (M&RI) in its Fact Sheet outlines the challenges to be overcome for the global eradication of measles. As a fresh example the growing list of countries declared as measles free gains Japan, Cambodia and Brunei Darussalam that achieved the elimination in the Western Pacific Region. In this region the success has been evident, measles deaths dropping to 1500 in 2013 from 10400 in 2000. This mortal quota together with the precise cost caused by the outbreak in Disneyland gives an idea of the clinical burden carried by measles. To these we should add the negative consequences of interrupting vaccinations as occurred in Western Africa after the recent Ebola outbreak that is bringing an upsurge of cases of measles because it is far more contagious than Ebola: 18 versus 2 new cases for an infected person.

IPA history shows the strong commitment to immunization and more recently through TAG-Immunization has been cooperating very actively with the idea of closing the immunization gap for all children, but also actively counterposes though real information for vaccination obstacles whether natural or pseudoscientific

#### XV NATIONAL CONGRESS OF PEDIATRICS, CONAPEME

The “XV National Congress of Pediatrics, Lady Dr. Enriqueta Sumano Avendaño”, took place in Boca del Rio, Veracruz, Mexico on April 23<sup>rd</sup>-26<sup>th</sup>. This year’s event was named after Dr. Enriqueta Sumano because she has dedicated her life to attend adolescents and founded a very important school to train young pediatricians in this discipline.

Prof. Carlos Alonso, CONAPEME’s President and Executive President of the Congress managed to put together a great scientific program and the result was the presence of more than 5,000 attendees from all over Mexico and other countries of Latin America, a total of 176 Mexican and 30 foreign Professors from the American Academy of Pediatrics and hospitals like Texas Children’s, Boston Children’s, Miami Children’s, Cook Children’s, Rady’s San Diego Children’s.

Special mention to the fact that besides the usual conferences, and symposia for pediatricians, there were 4 workshops dedicated to parents on topics like school harassment, health care for children with Down’s Syndrome, normal development, breast feeding, all of which were a complete success.

Also as an important part of the Congress, there was an investigation contest for pediatric medical residents with had total of 100 participants and prizes like complete sponsorship to attend different Pediatrics and Investigation Congresses.

Honoring CONAPEME’s social commitment to children, the Veracruz State Welfare Secretary received a donative to equip a children play center.

It’s very important to note that we had the pleasure of having the presence of Prof. Andreas Konstantopoulos, President of IPA and Prof. Sandra Hassink M.D., Lady President of AAP, Prof. Christian Urbina, President of the Mesoamerican and Caribbean Pediatrics Federation, to whom we want to express our great

appreciation for the effort made to join us for this important event.



Prof. Andreas Konstantopoulos, IPA President, Prof. Carlos Alonso, CONAPEME President and Dr. Enriqueta Sumano Avendaño, during the congress Opening Ceremony



## Global Clinical Practice

### **HYPERTENSION- A SIGN TO BE SCREENED FOR EARLY ON IN OVERWEIGHT CHILDREN AND ADOLESCENTS**

**Manuel Moya**

**Vicente M Bosch**

In adults blood pressure is regularly assessed, particularly if suffering from overweight. This is not the case in pediatric patients where primary hypertension is not very common and once detected its management usually leads to normalization. This situation together with other factors to be commented on later has led to a certain neglect in the regular pediatric check-up. Unfortunately this also occurs in obese children. However, according to the U.S. Preventive Service Task Force data, 11 % of obese children have high blood pressure (1). The increasing prevalence parallels the degree of obesity (2). The interest of rising blood pressure in children is that this already implies an organic alteration although it is not clinically apparent. In a previous study of ours (3) on 101 obese children the thickness of interventricular septum and greater left ventricular mass were already present in comparison to the matched control group. This is in agreement with the findings that hypertension leads to left ventricular hypertrophy (4). Another deleterious fact is the association with heart failure, coronary disease and death before 55 years of age which has been linked to hypertension in pediatric ages (5). The Iceland study (6) on target-organ damage later in life at a mean of 58 years showed a significant correlation between both coronary disease and adult hypertension when the adolescent blood pressure was  $\geq$  95<sup>th</sup> centiles. Karen McNiece (7) using the National High Blood Pressure norms, to be commented below, disclosed in adolescents not only the left ventricular hypertrophy but higher insulin levels with similar glucose levels compared to the controls. This is an additional fact favoring insulin resistance with all the well-known consequences

In this present and particularly future frame the appropriate identification of pediatric elevation in blood pressure or better the pre-hypertension, is vital. It is worth taking into account that hypertension in the young children is normally secondary to identifiable causes; whereas primary hypertension normally appears in pre-adolescence but moderate hypertension can do so at earlier ages when overweight or obesity develops. It is important to be aware of the family antecedents of hypertension, food patterns, sleep habits, physical activity (hours per week and light, moderate or vigorous intensity), also whether the child is on 'hypertensive medicines for ADHD or asthma. In adolescence smoking or substance abuse should also be considered. The physical examination must be thorough enough to reveal renal failure or aorta coarctation. Thus the cooperation of other subspecialists including ophthalmologists (retinal vessels) should always be considered. Renal and cardiac ultrasonography is mandatory in hypertensive children. From the biochemical point of view, fasting glycemia, insulinemia and HDL cholesterol are basic; furthermore they will help to discover the presence of metabolic syndrome and consequent prediction of comorbidities.

Due to the normal variation of blood pressure as growth progresses the norms given in 2004 by the Working Group on High Blood Pressure in Children and Adolescents (8) have been widely accepted. The cutoff values refer to gender and height (instead of age) of the child and results are registered in 50<sup>th</sup>, 90<sup>th</sup>, 95<sup>th</sup> and >95<sup>th</sup> centiles for both systolic and diastolic values. Because the heights of children are grouped in percentiles (5<sup>th</sup> to 95<sup>th</sup>) the use of ad hoc programs (9) facilitates the use of this important tool. Pre-hypertension is considered when the mean of the three (or two) figures for systolic or diastolic is between 90<sup>th</sup> and 95<sup>th</sup> centiles and hypertension when above 95<sup>th</sup> centile. A simpler tool for identifying children and adolescents needing further evaluation of blood pressure was required when the dense tables 3 and 4 of the National High Blood Pressure (8) norms



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are not available. A simplified table was originally conceptualized by Kaelberg and Pickett (10) with a reduction of 412 values over the original 3 and 4 tables. This idea was also taken by others and later on these simpler cutoff values were gathered by Ingelfinger (11) as appear in the Table. This simplification has a small disadvantage, any reading equal or above the figures appearing in the simplified table indicates potentially abnormal blood pressure that cannot be identified as prehypertension, hypertension stage 1 and hypertension stage 2. These can be ascertained by means of the referred National High Blood Pressure tables facilitated by the National Heart, Lung and Blood Institute web ([http://www.nhlbi.nih.gov/files/docs/resources/heart/hbp\\_ped.pdf](http://www.nhlbi.nih.gov/files/docs/resources/heart/hbp_ped.pdf)).

Before accepting this diagnosis, three measurements on separate occasions should be taken in order to ensure a minimal tracking of blood pressure. This is the most appropriate way to evaluate the obtained blood pressure results, but if these cutoff points are not available, then the crudest one of 120/80 mm Hg should be the last resource. Traditionally the auscultatory techniques (mercury column or aneroid devices) have been recommended and can still be considered as a reference, but the device variability and the subjectivity that they imply and the frequent persistence of the 5<sup>th</sup> Korotkoff sound are giving way to the modern automated oscillometric devices. These types of instruments have the advantage of their accuracy due to the observer subjectivity elimination. They measure the oscillation of the arterial wall and from this they derive systolic and diastolic pressures. Their weak point is that they are designed basically for adults, then the experience on children is probably insufficient and deviation of +/- 5 mm Hg are not infrequent. The next step is the technique itself, it is compulsory the appropriate cuff (infant, child, adolescent-adult), and the most important point is that the measurements must be repeated three times, discard the first one and average the other two in

order to minimize the stress of the measurement action (12).

## TABLE

**Table 1. Blood-Pressure Thresholds Indicating the Need for Further Evaluation, Intervention, or Both.\***

Years of Age	Boys		Girls		Boys and Girls	
	SBP	DBP	SBP	DBP	SBP	DBP
	<i>mm Hg</i>					
3	100	59	100	61	≥100	>60
4	102	62	101	64	≥100	>60
5	104	65	103	66	≥100	>60
6	105	68	104	68	≥105	>70
7	106	70	106	69	≥105	>70
8	107	71	108	71	≥105	>70
9	109	72	110	72	≥110	>75
10	111	73	112	73	≥110	>75
11	113	74	114	74	≥110	>75
12	115	74	116	75	≥115	>75
13	117	75	117	76	≥115	>75
14	120	75	119	77	≥115	>75
15	120	76	120	78	≥120	>80
16	120	78	120	78	≥120	>80
17	120	80	120	78	≥120	>80
≥18	120	80	120	80	≥120	>80

\* The threshold for further evaluation or intervention is based on cutoff points for hypertension from the fourth report of the National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents.<sup>4</sup> DBP denotes diastolic blood pressure, and SBP systolic blood pressure.

JR Ingelfinger (ref 11)

General prevention and early stages of hypertension actions are the same as those of pediatric obesity prevention. Preventing obesity from pregnancy, modification of lifestyle from early childhood and appropriate diet is the most efficient and normal way to keep blood pressure below 90<sup>th</sup> centile. Treatment



(ACE inhibitors) is restricted to severe cases (95<sup>th</sup> centile +5 mm Hg) or secondary hypertension.

One may conclude that the routine measuring of blood pressure in overweight/ obese children and adolescent is necessary. We should assume that all these mentioned requirements should not impair this important action as in some places or institutions occur nowadays (13). This has a special connotation when dealing clinically with obesity comorbidities whether in children or adults. Due to the important future consequences, particularly when in the case of overweight or obesity a weight reduction can push back not only the present alterations but also the risk of a serious condition such as cardiovascular disease when these children reach adult ages.

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## Hot Points in Pediatric Care & Prevention

### 1100 MILION OF PEOPLE AT RISK OF HEARING LOSS

With this meaningful title WHO ([www.who.int/mediacentre/news/releases/2015/ear-care/](http://www.who.int/mediacentre/news/releases/2015/ear-care/)) highlights serious threat by exposure to recreational noise, the main facts being:

- Hearing loss has potential devastating consequences for physical and mental health, education and employment.
- Teenagers and young adults are at risk by personal audio devices including smartphones and by exposure to damaging levels of sound of entertainments venues or sporting events.
- Data from middle and high income countries analyzed by WHO indicate that this population is exposed to unsafe sound levels in 50% of the cases through personal audio devices and in 40% in the entertainment venues.
- Unsafe sound levels are: 85 decibels (dB) for eight hours or 100 dB for 15 minutes.

Considering the growing market for personal audio devices and the present fashion among young people for going to discos or disco bars and the eventual permanent damage, it is not extraordinary that in the same publication appeared a clear set of **recommendations** that we have reproduced for their interest and applicability.

- a) The first is to spread the knowledge of safe limits and times above expressed.
- b) Then a series of personal recommendations such as to keep the volume down of audio devices and avoid their use for more than 1 hour per day.
- c) To wear ear plugs or noise cancelling headphones and take short listening breaks when in such atmospheres.

As a final consideration, 360 million worldwide people have moderate to profound hearing loss due to various causes going from genetic conditions to sound trauma, but the important thing is that half of the causes are avoidable. Then the WHO initiative 'Make Listening Safe' is a good opportunity to sensitize not only health authorities, but also health providers and individuals. Perhaps if the big smartphones companies include an app warning when the safe limit is overpassed it will be of great help and certainly they will be ready if asked.



Healthy children  
for a healthy world



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## 28<sup>th</sup> International Pediatric Association Congress

**Allison A. Eddy, MD.** Professor and Head, Department of Pediatric, University of British Columbia and Chief of Pediatric Medicine, BC Children's Hospital

**Maureen O'Donnell, MD.** Child Health BC Executive Director and Associate Professor, Department of Pediatric, University of British Columbia

### Pediatrics in Vancouver and Beyond in 2015

#### Background and Demographics

British Columbia (BC) is the third largest of the ten Canadian provinces by population (4.6 million total; 1.0 million children and youth) and by land size (944,735 square km). The latter is larger than the United Kingdom and France combined. Just over 50% of the population lives in the greater Vancouver. BC Children's Hospital (BCCH) first opened in 1982 adjacent to BC Women's Hospital and is the only tertiary care children's hospital in the province. A new BCCH, under construction on the same site, is scheduled to open in late 2017. The BC College of Physicians and Surgeons, the provincial licensing body, reports 302 active certifications in pediatrics, with 42% holding a second certification, primarily in a pediatric subspecialty.

#### Medical Care Funding

The Medical Services Plan in British Columbia, funded by federal and provincial taxation, is managed by the BC Ministry of Health and provides coverage to all BC residents. BC is one of three provinces that also charge individuals an annual premium. Optional supplemental coverage is available through employer and private health insurance programs. PharmaCare is BC's public drug insurance plan that maintains a database of all

registered prescribed medications and provides payment assistance for eligible drugs and medical supplies.

#### Medical Education

The University of British Columbia (UBC), founded in 1950, is the only medical school in the province. In 2014, UBC (pre-clinical and health) was ranked #30 by *Times Higher Education World Rankings*. Over the last decade, the medical school has undergone a major expansion and distribution province-wide to address a critical shortage of primary care family physicians. The largest campus remains in Vancouver (192 students/year), while three cities are the primary education site for cohorts of 32 students/year at each: Kelowna (Southern Medical Program affiliated with UBC Okanagan campus); Victoria (Island Program partnered with the University of Victoria); and Prince George (Northern Program, affiliated with the University of Northern BC). The UBC Department of Pediatrics has 185 full-time faculty based at BCCH (including PhD scientists) and 170 community-based clinical faculty who are actively engaged in medical education at both the undergraduate and postgraduate level.

To become a pediatrician in Canada, medical student graduates must successfully complete a 4-year pediatric residency in one of 17 Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited programs and pass both written and oral final examinations to become certified as a Fellow of the RCPSC in Pediatrics. After completing a minimum of three training years, a physician may choose to pursue subspecialty training for an additional 2-3 years. UBC/BCCH has 16 accredited subspecialty training programs.

#### Pediatric Clinical Practice

Pediatricians in BC function as consultants; primary care is provided by family physicians. Compensation of community-based pediatricians is primarily by fee-for-





service billing to the provincial Medical Services Plan. Occasionally pediatricians are contracted for sessional work to provide specific services. Financial incentives are paid for working in rural/underserved rural communities. Each community pediatrician works within one of five geographic Health Authorities that are the health care services branches of the Ministry of Health (Figure 1). In 2013 a province-wide First Nations Health Authority was created, the first of its kind in Canada. Approximately 5% of the BC population is Aboriginal. Pediatric subspecialists are primarily based at BCCH, but actively engage in province-wide educational programs and pediatric subspecialty care through travelling outreach clinics and growing tele-health services. The majority of the pediatric subspecialists are salaried (with some fee-for-service legacy arrangements for a minority) through agreements that are administered by the Provincial Health Service Agency (PHSA) that has responsible for a variety of provincial one-of-a-kind medical services that includes BC Children's Hospital.

Child Health BC, an initiative of BC Children's Hospital that began in 2005, is a unique network that links all provincial Health Authorities, the three child-serving Ministries, UBC and health professional organizations, with the goal of improving the health of BC's infants, children and youth through a collaborative approach to planning and health service delivery across the continuum of care. Using an operational framework called the "Tiers of Service", Child Health BC is working to establish standardized levels of clinical services for all pediatric patients in BC from (1) local universal and primary care services (2) community-based pediatric services (3) regional pediatric teams (4) a provincial one-of-a-kind child health team. While BCCH is the only designated children's hospital, 73 hospitals admit children for medical or surgical reasons (Figure 2) and 19 hospitals have designated "pediatric beds". Pediatric patients may be seen at 108 emergency departments across the province, with ~15% of pediatric ER visits occurring at BCCH.

### How are we doing?

Despite the availability of high quality universal healthcare, the health of BC's children needs continued enhancement. The 2013 UNICEF report on child well-being in developed countries ranked Canada 17/29. One of our greatest challenges is the number of children living in poverty (19% according to the BC 2014 Child Poverty Report Card) - underscoring the critical importance of the social determinants of health. Children of female single-parents and First Nations children living either on or off reserves are 2.5 times more likely to live in poverty compared to other children living in Canada. BC pediatricians find themselves increasingly involved as advocates for vulnerable populations. This is a challenge, not only in BC but world-wide, that must be addressed at the societal level as our ultimate social responsibility.

Address correspondence to:  
 Dr. Allison A. Eddy  
 BC Children's Hospital  
 4480 Oak Street, 2D15  
 Vancouver, BC V6H 3V4  
 Canada  
[allison.eddy@cw.bc.ca](mailto:allison.eddy@cw.bc.ca)

**August 17 - 22, 2016**

Community, Diversity, Vitality

**28th International Congress of Pediatrics**  
 17-22 August 2016, Vancouver, Canada

 international pediatric association  
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**www.IPA2016.com**

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## Calendar of Events

### European Society for Pediatric Infectious Diseases Meeting (ESPID)

May 12-15, 2015

Leipzig – Germany

<http://espid2015.kenes.com>

### European Pediatric Association Conference (EPA/UNEPSA)

May 13-16, 2015

Florence – Italy

[www.epa-unepsa.org/7th-europaediatrics](http://www.epa-unepsa.org/7th-europaediatrics)

### 2<sup>nd</sup> Primer in Paediatric Nephrology for Asia, Singapore

August 19-22, 2015

Singapore

<http://www.nuh.com.sg/wbn/slot/events>

### International Society of Social Pediatrics (ISSOP) Annual Meeting

September 7-9, 2015

Geneva – Switzerland

<http://issop2015.org/>

### 37<sup>th</sup> Malaysian Paediatric Society Association (MPA) Congress & Asia Pacific Vaccinology Update

September 16-19, 2015

Kuala Lumpur – Malaysia

<http://www.mpaweb.org.my>

### 36<sup>th</sup> Union of Middle Eastern and Mediterranean Pediatric Societies Meeting (UMEMPS)

October 1-3, 2015

Athens - Greece

[www.upemps2015.gr](http://www.upemps2015.gr)

### 54<sup>th</sup> European Society for Paediatric Endocrinology Meeting (ESPE)

October 1-3, 2015

Barcelona - Spain

[www.espe2015.org](http://www.espe2015.org)

### 14th Scientific Meeting, Commonwealth Association of Pediatric Gastroenterology and Nutrition in Association with Indian Society of Pediatric Gastroenterology, Hepatology and Nutrition (ISPGHAN)

October 2-4, 2015

New Delhi – India

<http://www.capgan2015.com>

### American Academy of Pediatrics 2015 National Conference (AAP)

October 24-27, 2015

Washington DC – USA

[www.aapexperience.org](http://www.aapexperience.org)

### 12<sup>th</sup> World Congress of Perinatal Medicine

November 3-6, 2015

Madrid – Spain

[www.wcpm2015.com](http://www.wcpm2015.com)

### Update in Paediatric Respiratory Diseases 2015 & Paediatric Respiratory and Critical Care Workshop

November 13-15, 2015

Shatin – Hong Kong

<http://www.pae.cuhk.edu.hk/>

### Neonatal Update 2015 “The Science of Newborn Care”

November 30 – December 4, 2015

London – UK

[www.symposia.org.uk/neonatal](http://www.symposia.org.uk/neonatal)



**15th Asia Pacific Congress of Pediatrics (APCP) & 53<sup>rd</sup> Annual Conference of Indian Academy of Pediatrics (PEDICON 2016)**

January 19-24, 2016

Hyderabad – India

[www.apcppedicon2016.org](http://www.apcppedicon2016.org)

**53<sup>rd</sup> Philippine Pediatric Society Annual Convention 2016**

April 3-6, 2016

Hyderabad – India

[www.pps.org.ph](http://www.pps.org.ph)

**28<sup>th</sup> International Pediatric Association Congress (IPA 2016)**

August 17-22, 2016

Vancouver – Canada

[www.ipa2016.com](http://www.ipa2016.com)

**8<sup>th</sup> Asian Congress of Pediatric Infectious Diseases (ACPID)**

November 7-10, 2016

Bangkok – Thailand

<http://www.acpid2016.com/>

**August 17 - 22, 2016**



[www.IPA2016.com](http://www.IPA2016.com)