

14% school kids suffer from stomach ache

Kamayani Singh | TNN

New Delhi: Next time your child complains of abdominal pain don't reprimand him for using it as an excuse to avoid school, studies or drinking milk. There is a chance he might not be lying about it. A recent study conducted by the centre for advanced paediatrics at Indraprastha Apollo Hospital in the Capital shows that, quite often, children do not fake abdominal pain and there are usually medical reasons for it.

The study that reviewed close to 1000 cases from private and government schools revealed that 14 out of 100 school children in the age group of 7 to 14 years suffer from recurrent abdominal pain.

Three important things were revealed in the study. Firstly, girls in both government and private schools displayed a higher incidence of recurrent abdominal pain — 18.9 percent as opposed to 11.5 percent in boys. Secondly, a higher number of students from private schools seemed to suffer from abdominal pain. Thirdly, it was also discovered that maximum complaints of abdominal pain came



NO EXCUSE

Girls in both government and private schools displayed a higher incidence of recurrent abdominal pain — 18.9% against 11.5% in boys

from children between the age group of 10-12 years — around 54.1 percent of total complaints.

Dr Anupam Sibal, senior consultant, paediatric gastroenterology and hepatology, Apollo Hospital explains: "There are more number of girls attending private schools. Higher incidence of abdominal

pain in private schools could be a result of that. Besides, 10-12 years is normally the age of menarche for girls, which could be a possible reason for girls showing more signs of abdominal pain."

Recurrent abdominal pain could be due to two reasons. One is organic and the other is non-organic or functional. Organic pain can arise out of ulcer, food allergy, inflammation of intestines, worms, tuberculosis and gynaecological reasons in case of girls. However, incidence of abdominal pain due to organic reasons was only 20 percent. Eighty percent of the cases were due to functional reasons.

Explaining functional reasons for abdominal pain, Dr Sibal adds: "It's hard to explain functional reasons, which are varied and hard to diagnose. However, some kids are more sensitive to pain which is known as hyperalgesia. Stimuli for hyperalgesia could be varied from diet to stress. Tension at home, poor performance in school, peer pressure and bullying could trigger off abdominal pain in children."

Many children also develop an abdominal pain only at a particular given time of the day which is

why parents treat it as tantrum. However, this could be due to something called secondary gain phenomenon in which the child develops abdominal pain in order to gain something. For instance, there are many kids who develop pain when they have to go to school or when their parents are going for work.

"This is not a way of blackmailing. Only 21 percent of the children suffering from recurrent abdominal pain end up consulting a doctor. Abdominal pain can be outgrown. However, if not paid attention to, it could continue to persist till adulthood," says Dr. Nishant Wadhwa, paediatric, Apollo Hospital. "While using abdominal pain as a tool for throwing tantrums is nothing new, we need to realise that there are a number of children who are not faking abdominal pain. The pain is certainly there but sometimes there is no organic reason for it. Only talking to the child and his parents and some counselling can help alleviate the condition of the child. Pitfalls of a modern lifestyle and stress amongst children are some of the reasons responsible for abdominal pain in children."

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Hindustan Times

LEAD EXPOSURE

Toys are not the only source of lead poisoning in India, it is also found in lead pencils, paint, batteries, water pipes, sealing cement and vermilion

Effect on children

- Can lead to learning disabilities, behavioural problems, malformed bones and slow growth
- Very high levels can cause seizures, coma and even death
- Affects the nervous and reproductive systems, kidneys
- Causes high blood pressure and anaemia
- Impairs brain development in fetuses and young children
- Interferes with the metabolism of calcium and Vitamin D

Lead comes from

- Dust contaminated by lead-based paint
- Drinking water from lead pipes
- Contaminated food
- Soil (lead does not biodegrade decay)
- Toys

How to minimise exposure

- Wash child's hands and face often to remove lead dusts and soil
- Regularly clean the house of dust
- Don't buy lead-based paints
- Run water for 15 to 30 seconds before drinking or cooking to rid it of any lead that may have come off the pipes



Chinese toy recalls

More than 80% of toys sold worldwide are made in China. Some recent major recalls (hazard type)

WORLDWIDE

18.2 million Mattel magnetic playsets (magnets), Aug 14, 2007

1.5 million Mattel Fisher-Price preschool toys (lead paint), Aug 1, 2007

2.4 million Mattel magnetic playsets (magnets), Nov 21, 2006

Graphic: SANJAY KAPOOR

Poisonous lead is all around you

Sanchita Sharma
New Delhi, August 16

KEEPING YOUR children away from toys containing lead will not make their environment safe from lead poisoning.

Lead, now scientifically linked to impaired intellectual and physical growth in children, is also found in house and furniture paint, water pipes, ceramic tableware and batteries.

"Toys are just one more source of lead poisoning in India, where lead is found in commonly-used things such as lead

pencils, house and furniture paint, batteries, water pipes, sealing cement (*safeda*), crystal glass, ceramic tableware and even vermilion used by women on their forehead," says Dr J. N. Pande, former head of medicine at the All India Institute of Medical Sciences, who is currently with the Sitaram Bhartia Institute and Research Centre.

Lead is a malleable metal previously used to improve the durability and lustre of paint used in homes and on steel structures, such as bridges. Among children, a common source of

exposure is paint used on wood and metal swings, slides and railings in playgrounds.

"Since the symptoms of lead poisoning are very generalised, doctors should get blood levels of lead in children tested at the first signs of anaemia, mineral deficiencies and frequent headaches and stomach cramps," says Dr Anupam Sibal, paediatrician and director, health services, Apollo Hospitals.

"Basophilic stippling that can be observed in a peripheral smear test used to determine type of anaemia is a character-

istic pointer to lead poisoning," he adds. Regulation of lead in consumer products makes a difference. "After unleaded fuel was introduced in Delhi, lead levels in children's blood dropped by half," says Dr Pande.

Paint from China is not the only culprit. A study done by the University of Cincinnati last year found that over 75 per cent of the consumer paint tested from nations without controls — including India, Malaysia and China — had levels exceeding US regulations.

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THE TIMES OF INDIA

INCLUSIVE OF DELHI TIMES AND JAIN FEATURE

Insomnia in kids may spell big trouble Sleep Disturbance Likely To Lead To Depression; Hits Girls Harder Than Boys

Kounteya Sinha | TNN

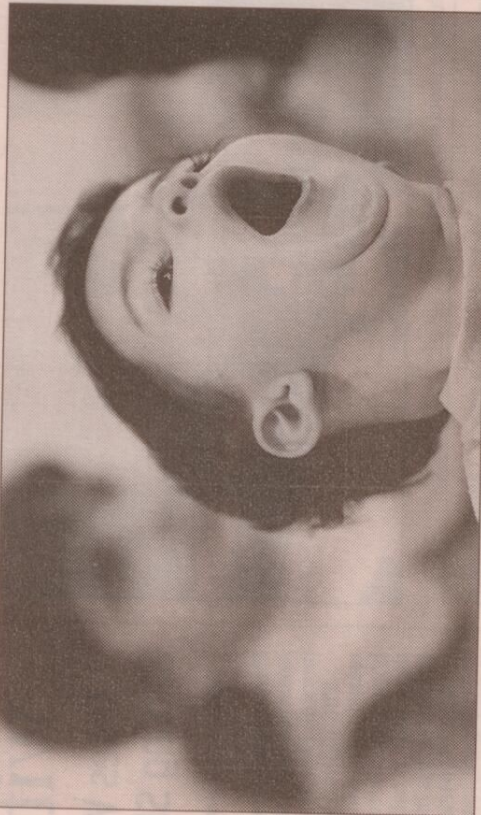
New Delhi: Does your child suffer from regular disturbed sleep? Beware, he or she could grow up to be depressed and suffer from various 'co morbid anxiety disorders'.

According to a study published in the January 1 issue of journal *SLEEP*, sleep-disturbed children have been found to be more severely depressed and suffering from co morbid anxiety disorders compared with children without sleep disturbance.

The study, authored by Xianchen Liu and colleagues from the University of Pittsburgh, was conducted on 553 children with a depressive disorder in Hungary. Out of this study group, 72.7% had suffered from some kind of sleep disturbance, of which 53.5% had insomnia, 9% hypersomnia (prolonged night time sleep and daytime sleepiness) and 10.1% had both disturbances.

Researchers said depressed girls were more likely to have sleep disturbance than boys, but age had no significant effects.

In an e-mail interview with TOI, Liu said the study also found that across sleep-disturbed children, those with both insomnia and hypersomnia had a longer history of illness, were more severely depressed and were more likely to have an-



UNHEALTHY SIGNS: Lack of sleep affects attention span, memory and academic performance

hedonia (a key symptom of depression associated with lack of pleasure in everyday pleasurable activities), weight loss, psychomotor retardation and fatigue than those with either insomnia or hypersomnia.

Liu is an assistant professor of psychiatry and has been conducting sleep studies for more than 10 years with a focus on sleep in children and adolescents

for 5 years and on sleep and depression and suicidality for about 3 years.

"We know that depression is associated with sleep problems. But what this study shows is that in depressed youths, not all sleep problems are the same. In-

somnia is the most common problem, but having a combination of insomnia and sleeplessness is double trouble. Youths having both of these had more severe de-

pression than youths with just one sleep problem," he stated. The study, conducted in 23 mental health facilities in Hungary, also pointed out that 90% of depressed adults had sleep complaints and over two-third of depressed children had significant sleep onset problems.

"The surprising finding of the study was the relationship between sleep disturbances and depressive symptoms. Insomniacs suffered from depressed mood, diurnal variation and agitation, hypersomnia caused weight loss and worthlessness," Liu said.

Said Dr Anupam Sibal, paediatrician at Delhi's Apollo Hospital, "Sleep deprivation leading to health complications is a common problem in adolescence. School children should get between 10-11 hours of sleep a night to achieve good health and optimum performance. We see the hours reduce to 8 in adolescence due to late night television and internet chatting. This impacts their health, attention span, reaction time, memory and motivation, ultimately affecting their academic performance."

To ensure the most effective care, researchers in the study have advised parents of sleep-disturbed children to first consult a paediatrician, who may issue a referral to a sleep specialist for comprehensive testing and treatment.



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Docs discuss jaundice in children

HT Correspondent
Jammu, April 7

"IF A child continues to suffer from jaundice for more than two weeks, the patient should be taken to the doctor immediately," expressed leading doctors during the two-day National Paediatric Gastroenterology Midterm Conference, which commenced here today.

The conference is the first ever to be held in the state. More than 250 delegates from Jammu and Kashmir and other parts of

NATIONAL PAEDIATRIC GASTROENTEROLOGY CONFERENCE

and SKIMS Srinagar.

During the day, doctors with expertise in paediatric gastroenterology discussed the latest information regarding the diagnostic and management aspects of the ailments of the stomach, intestines, liver, etc., in children.

Earlier, before the start of the first session of the conference, Director Medical Services, Indraprastha Apollo Hospitals, New Delhi, Dr Anupam Sibal said, "People should not take jaundice among children lightly. They should consult doctors immediately if jaundice is not cured even after 14 days."

Dr Sibal, who originally belongs to Kashmir, said, "Many times newborns suffer from the

disease and it needs to be diagnosed at an earliest. In some cases, it is diagnosed that the liver has no connection with intestines, so an operation is required immediately. Though the surgery is expensive, it is cheap if one compares it with other countries of the world."

He said if the operation was conducted within 50 to 60 days of birth, the success rate was 70 per cent and if it is conducted after 90 days, the success rate was reduced to 30 per cent to 40 per cent.

"Liver re-grows. Even if one or two of the total of eight segments of the liver are diseased, they can be replaced if someone from the family donates them,"


he said.

"The first operation of the kind was conducted in Apollo Hospital in India in November 1998 and since then, 90 similar operations have been conducted so far," highlighted Dr Sibal, adding, "Apollo has recently tied up with the local Maharishi Dayanand Hospital, Rehari, where doctors of Apollo New Delhi are available for consultations once a month. If the response is good, doctors would be made available for consultations twice a month."

Talking about the overall performance of doctors here, Dr Sibal said, "Despite the pressure, doctors in Jammu and Kashmir are performing excellently."

The conference has been organised by the upcoming paediatricians, including Dr G.S. Saini, Dr S.S. Slathia and Dr Ravinder Kumar Gupta.

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