# **Paediatric Twenty**

Sunil Mhaske\*, Ramesh B. Kothari\*\*, Sandeep Deokate\*\*\*, Pavan Suryawanshi\*\*\*, Nishad Patil\*\*\*, Rahul Maski\*\*\*

\*Professor & Head, \*\*Assistant Professor, \*\*\*Residents, \*\*\*\*Intern, Dept. of Paediatrics, Padmashree Dr. Vithalrao Vikhe Patil Medical College & Hospital, Near Govt. Milk Dairy, Vilad Ghad, Ahmednagar - 414111, Maharashtra, India.

#### **Abstract**

Paediatric Twenty 20 is Latest concept enlighting on problems that paediatrician is going to face in upcoming years till 2020. Paediatric Twenty 20 encircles all age group starting from birth as neonate and includes toddler, preschool, school, and adolescent children Because of fast and competitive life, westernization, free money, effect of media, lack of parental space the problems in coming years in pediatrics population will be brain storming to the parents, pediatricians and to the nation also. So in this topic we will see the next ten years (2020) of pediatrics practice.

**Keywords:** Pediatrics; Year-2020; Child; Problems; Parenting.

### Introduction

Paediatrics as a separate specialty is very young in India. Since last 40-50 yrs this branch had started functioning separately, though the reference may go up to Vedas. And in this young branch the youngest population of the world is included, which are very prone to physical, mental, social, geographic, political, religious changes. These multifactorial parameters are affecting these developing brains. As a pediatrician we have to think of the short term as well as long term effects on childhood population.

As Problems of neonats ,infants are declining these days with infant mortality rate of 64.9 in year 2000 to current rate of 46.07 per 1000 live births in 2013, with decreasing trends of female faeticide and sex determination. Adolescent age group is most vulnerable to changing trends fast and

competitive life, westernization, free money, effect of media, lack of parental space the problems in coming years So in this topic we will see the next ten years 2020 problems of pediatrics practice specially on adolescence age group.

### Maternal Health Problems

Safe motherhood begins before conception with good nutrition and a healthy lifestyle. It continues with appropriate prenatal care and preventing problems if they arise. The greatest threat was maternal mortality, Although a high number, this was a significant drop from 1980. This improvement was caused by lower pregnancy rates in some countries; higher income, which improves nutrition and access to health care; more education for women; and the increasing availability of "skilled birth attendants" — people with training in basic and emergency obstetric care — to help women

Corresponding Author: Dr. Sunil Mhaske, Professor & Head, Dept of Paediatrics, Padamashree Dr. Vithalrao Vikhe Patil Medical College & Hospital, Near Govt. Milk Dairy, Vilad Ghat, Ahmednagar - 414111, Maharashtra, India.

E-mail: Sunilmhaske@rocketmail.com

give birth. The situation was especially led by improvements in large countries like India and China.[1]

Whereas lower education rate continues to be major problems in rural mothers. Current problem is servicing mothers in Urban zone who during her pregnancy is not able to take proper physical and mental rest give that results in increase chances of premature birth. also increasing use of computers, mobile, internet etc., future science may show terratogenic effects of all these. After delivery also mother is always worried about her job security, that's why educated mothers are many times facing problem of lactation failure. As such milk letdown reflex and milk secretion totally depends on mood changes of mother.[2]

### Problems in Adolescence

Adolescence is defined as a process of growing up, youth, the peroid between childhood into the wonderful period recently labelled as EPHEBIATRICS - the brief exciting period of youth and maturity.[3]

Adolescent (age group 13-19 years) comprise 22.5% of total world's population. These population is very important in building the nation. Common problems to be encountered in adolescence age group in next ten year will be.

### Social Problems

Nowadays this fruitful children are wrongly under the influence of politicians' in the form of youth forums, addictions, overconfidence or over religiousness, All these and so more factors put these children under stress and shows wrong direction to their future.

Once they come under these things they are very prone for unlegel, unethical things as well as psychiatric problems.

Today's parents has very few time for parenting & to compensate that they give money to their kids. This easy money give rise to many problems in their life. Now a days children are always away from parents because of education, where there is no one to

super wise crucial time of their life.

Violence such as accidents, homicide or suicide accounts for 70% off all deaths in adolescents. The suicide rates for adolescents have increased by 200% over the last decade. [4] The high incidence of suicide attempts in children and adolescent is a cause of major concern now. Though recent Indian data is not available, old figures show that 12.7% of the total suicides were committed by children and adolescents. [5]

Today's youngsters have totally lost the traditional moral values that we usually talk about and no parent is likely to accept the view that their own little area is at high risk of getting sexually transmitted infections. Unprotected sex specially paid sex is highly dangerous in term of getting STD or HIV infections. [6] Sexually transmitted disease is a higher health problem among youth in much of Asia. As many as 25% of patients attending government STI clinics in India are younger than 18 years old. [2]

In well cultured India the incidence of teenage pregnancy is 10%.[7]

Health Problems

Obesity

In India, one end we are fighting against malnutrition where as other end is alarming the emerging overweight and obesity. Childhood overweight and obesity are a global problems that are on rise. Obesity in children appear to increase the risk of subsequent morbidity, hypertension, type 2 diabetes mellitus, myocardial infarction, psychiatric problems etc.

According to W.H.O. 22 million children (under 5 years age) are overweight. The prevalence of overweight children has increased from 5% to 11%.[8]

As per one study 6.2% children in India are obese and another 8.4% are overweight. World wise 27% of children are overweight and 17% are obese. That means obesity has become an important medical problem in children and adolescents.[9]

## Hypertension

In infancy and childhood is rare, though it is now a recognized concept that roots of essential hypertension extends back into childhood, with persistence of rank order with age, a concept known as 'tracking'. Hypertension in children is often secondary to an identifiable etiology, predominantly renal or vascular disease. However as a result the more frequent routine blood pressure recording in children, hypertension is being increasingly diagnosed. The frequency in healthy newborn is about 0.2% it increases to about 1% in the first decade of life and even more in adolescence.[10]

But days are not far away that essential hypertension will peep the pediatricians door. The alarming signals are ringing in the form of overweight, obesity, school stress, toppers in all examinations, strong family history etc.

### Childhood Tuberculosis

In the history of human civilization, seldom single disease received so much attention as tuberculosis. In spite of so many advances in diagnosis and antitubercular drugs, today one third world's population is infected with mycobacterium tuberculosis. This pool is ever growing with 8-9 million new cases of tuberculosis occurring every year. The death rate due to tuberculosis is as high as 2-3 million deaths worldwide per year. In India more than 40% of our population is infected with same disease. The number the under 5 children exposed to tuberculosis due to contact with open bacillary adult case is as high as 40 millions, of them about 3.5 million under 5 children are infected and by the time of reaching 6 yrs almost 40% of children have already developed infection. That means today also there is quite high load of tuberculosis in India, which affects childhood nutrition, school performance and health.[11]

### Diabetes and Convulsion Disorder

Among youth ages younger than 10 years, the rate of new cases was 19.7 per 100,000

each year for type 1 diabetes and 0.4 per 100,000 for type 2 diabetes. Among youth ages 10 years or older, the rate of new cases was 18.6 per 100,000 each year for type 1 diabetes and 8.5 per 100,000 for type 2 diabetes.[12]

The diabetic child is not difficult to manage. As a rule, the diabetic adult is a relatively stable individual who, if he does not become overweight, presents relatively few problems. But the adolescent diabetic can be "dynamite". To the variables of exercise and diet are suddenly added rapid growth, a rapidly changing hormone structure, rebellion against the realities of a handicapping condition and a "Why did this have to happen to me?" frame of mind. The co-operation of the adolescent diabetic is all-important if complications are to be avoided. If the physician has not already made sure that his little patient understands his disease and has healthy, realistic but optimistic approach to its various problems, then he had better lose no time in making sure this defect in management is set right. This is the time to discuss the probable effect of rapid growth on insulin and diet requirements, the ways and means of minimizing the few restrictions which are necessary, viewing the disease in perspective with other much more handicapping conditions, and reminding the patient of all he can accomplish provided he adheres to the "diabetic life". The physician must be an evangelist as well as a doctor.[13]

### Children with Diabetes and Epilepsy

45,000 children under the age of 15 develop epilepsy each year and this incidence is increasing as years passes.

The epileptic child presents special problems. Most are normally endowed intellectually and do quite well in regular school classes. Nevertheless, even these children have problems imposed by the uncertainties associated with their disease. With regular medical supervision and good control of attacks with anticonvulsants, their difficulties are few. Even these need encouragement, support and a sympathetic discussion of their problem so that they can face the future with courage and con-

fidence. The physician responsible for the medical care of an adolescent with epilepsy must do more than prescribe drugs and change drug dosage at each visit. He must create opportunities for frank discussion with the teenager, stressing the potentialities he possesses for success in later life and outlining the limitations in a sympathetic and tactful manner. [13]

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