



Peer Reviewed Journal

Volume : 1

Issue : 1

Year : 2022

Postgraduate Journal of **PEDIATRICS & ADOLESCENT MEDICINE**

(Official Journal of Research in Child Health Society - a Subspecialty
Group of Indian Academy of Pediatrics)



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About Indian Academy of Pediatrics–Research in Child Health Society (IAP RiCHS)

The Indian Academy of Pediatrics was established in 1963, in Mumbai with a little more than 150 paediatricians as its members.

In its Golden Jubilee year, 2013, there were over 23,000 members across the country. It has 26 state-level and 303 district and city-level branches. IAP now has a strength of nearly 34,000 members.

Aims and Objectives:

- To promote research in child health
- To recognise and felicitate researchers in the field of child health
- To develop need-based training modules for training in areas related to research in child health
- To conduct training in research methods related to child health; quantitative research, qualitative research, secondary data analysis, etc.
- To conduct and facilitate research in various fields related to child health
- To establish and maintain a registry for various types of research

Focus and Scope

This journal will focus on the learning needs of postgraduate students in Pediatrics, Neonatology, Adolescent Medicine, Pediatrics Emergency Medicine and Family Medicine. This journal will have the articles written by post-graduate students, senior residents, and young as well as senior faculty members. Various sections of PJPAM will include editorials, original research articles, reviews/ seminar on a relevant topic, clinical grand rounds, journal clubs, pictorial essays, interesting cases, research protocols, and letter to the editor. This will also have articles on postgraduate training and assessments. The articles published by the postgraduate students will also fulfill the need of publication of a research paper to become eligible for university examination. The National Medical Commission guidelines requires a postgraduate to publish at least one research article in a journal and it does not make it mandatory to publish in 'indexed journal'. Publication of an article in PJPAM fulfills this need. The PJPAM accepts articles from postgraduate medical and nursing students, senior residents, resident medical officers, demonstrators, clinical instructors, faculty members and researchers.

Introducing the Postgraduate Journal of Pediatrics and Adolescent Medicine (PJPAM)- The Official Journal of the Research in Child Health Society



Welcome Message

We, on behalf of the Research in Child Health Society (RiCHS), a sub-specialty group of the Indian Academy of Pediatrics, are delighted to welcome you to the inaugural issue of the Postgraduate Journal of Pediatrics and Adolescent Medicine (PJPAM). One might wonder, with the ever-increasing number of medical journals in India and globally, is there a need for another paediatrics journal? Yes, definitely, we feel that there is enough space and need for journals like PJPAM, while the medical academicians and trainees interested in academics are under pressure to publish or perish. In countries like India, in view of the limited number of clinician researchers, there is a need to stimulate and encourage young paediatricians to get interested in research. Publications from the thesis or clinical work during their residency period are good incentives for the young clinicians to motivate for research and academics. The existing journals in the paediatrics discipline have limitations and face challenges while accommodating and encouraging publications from postgraduate students. Very few postgraduate students and senior residents in India publish their thesis and clinical work.

The RiCHS has an aim to promote research and evidence-based practices among paediatricians and young postgraduate students. The PJPAM journal is an effort in the same direction. Many postgraduate theses are of good quality with potential for publication in journals with a good impact factor. We shall encourage young postgraduate students and paediatricians to submit their theses and clinical works for publication.

Publication is an integral part of clinical training, especially for those who have ambitions for an academic clinical career. Most of the journals with good impact factors have limited space to accommodate case reports and learning articles with more orientation towards randomised trials, applied, translational studies, systematic reviews, and practice updates.

PJPAM is expected to serve as an important medium and space for young aspirant paediatricians and related discipline students and researchers to publish their work. It will provide opportunities to postgraduate students, clinicians, and researchers for publishing their research articles, review papers, practice updates, interesting learning images, and also research protocols.

This journal subjects the manuscripts to a rigorous peer-review process. This peer-review process is also expected to serve as an academic and research training process beyond the academic and clinical curriculum. We also invite and request paediatricians, pediatrics and related super-specialty, researchers, and related surgical colleagues to disseminate their work and learnings through this new and vibrant journal.

We hope that PJPAM soon establishes itself as a valuable asset and sustains the enthusiasm of young clinicians and budding researchers.

Manoja Kumar Das
Chairperson, Research in Child Health Society

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Editorial

Filling the Gap for Postgraduate Teaching and Learning in Paediatrics and Adolescent Medicine

Harish K Pemde

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How to cite this article:

Pemde HK. Filling the Gap for Postgraduate Teaching and Learning in Paediatrics and Adolescent Medicine. Postgrad J Pediatr Adol Med. 2022;1(1):1-2.

I am very happy to present to you this inaugural issue of the journal Postgraduate Journal of Pediatrics and Adolescent Medicine (PJPAM).

Postgraduate education prepares a basis on which the future of a specialist practitioner is built. It is this foundation that matters the most. We, in India, need not only a specialist practitioner but also a lifelong learner with the capacity to act as a researcher, trainer, and spokesperson for the subject. It is this specialist who takes the subject ahead along with modern developments in science. Thus, the postgraduate training should fulfil all these requirements and prepare a postgraduate student to carry out these responsibilities appropriately. However, several institutes lack such training. This journal, PJPAM, has been envisaged to fill these gaps and to bring forth the opportunities to learn the subject using various activities described as articles in this journal.

PJPAM has several sections including original research, interesting cases, video cases, grand rounds, journal club, narrative reviews, research protocols, etc. The purpose is to present these activities to the postgraduate students and the faculty in paediatrics as all institutions may not carry out these activities regularly.

Another aim of this journal is to promote research in the field of Paediatrics and Adolescent Medicine. Adolescent Medicine is being increasingly recognised as a part of Paediatrics and more and more Departments of Paediatrics are adopting an age limit of up to 18 years. PJPAM will have articles addressing adolescent health and medicine issues also. All postgraduate students and the faculty need publications for their examination and for career progression. Although this journal begins as a non-indexed one, it is likely to be indexed with retrospective effect after a few years and all the articles published are likely to be recognised as 'indexed' articles.

This humble attempt is to create a space for postgraduate students and their teachers to share their experiences and the materials that will help the postgraduate students in resource-limited settings. Thus, the authors can contribute to teaching and training beyond the borders of their institutions and help us to achieve some uniformity in postgraduate education.

I urge the postgraduate teachers and the students in Paediatrics and Adolescent Medicine to contribute to this journal and participate in this movement of promoting quality postgraduate education in India and other similar nations.

Editorial

Integrated Screening for Physical Health and Psychosocial Health of Adolescents: Small Investment, Big Returns

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How to cite this article:

Kukreti P. Integrated Screening for Physical Health and Psychosocial Health of Adolescents: Small Investment, Big Returns. Postgrad J Pediatr Adol Med. 2022;1(1):3-5.

Adolescence is a dynamic phase of transitions happening hormonally, socially, biologically, and cognitively. The brain and body are continuously evolving and trying to keep pace with the changing societal roles and expectations. A developing brain of an adolescent is going through the roller coaster ride of impulsivity, reward-seeking, low-risk perception, and search of a new identity in an accelerated phase, but with the break-applying region of the brain, i.e., prefrontal cortex, yet in development. Adding to this are social challenges like relationships with peers, academic pressure, interpersonal and emotional interactions, easy access to drugs, and unfiltered overload of information easily available from media. It is a crucial period and the behavioural patterns formed in it lay building blocks for personality development and future health. Early identification and screening of risk behaviours and health indicators in this phase can give an opportunity to intervene early and shift the fulcrum towards positive trajectories of health, academic, and professional success. With such vital things at stake, adolescent health should be seen by policy makers as a golden investment rather than an expense.

Adolescents constitute nearly one-fifth of our population and we are home to the maximum number of adolescents worldwide.¹ The most common health issues affecting this precious human resource of the country are substance use disorders, injuries, suicide, high-risk sexual behaviour, obesity, malnutrition, common mental disorders, and violence.² Many of these problems are also determinants of the burden posed by non-communicable diseases in adulthood.

As per the 2019 data, unintentional injuries including death by suicide as well as road traffic injuries were the leading causes of death in adolescents.³ Many of these are attributed to undiagnosed mental health conditions and behavioural problems. The other leading cause of mortality for this group is interpersonal violence including sexual violence and bullying.³ These traumatic events of childhood and adolescence are also important risk factors for developing mental health problems, HIV, and other sexually transmitted infections. Biological age and increasing challenges make adolescents more prone to developing mental disorders. As per the National mental health survey 2015-16,

they affect nearly 7% of adolescents, with depression and anxiety being the most common ones.⁴ Mental disorders also lead to loss of productivity at this crucial phase and constitute one of the top ten causes of Disability Adjusted Life Years (DALY) lost.³ Easy access to drugs, impulsivity, and novelty-seeking at this phase makes adolescents vulnerable to drug abuse-related problems. A nation wide survey indicates that the average age of onset of substance use has reduced to 12 years and nearly 8.5% of adolescents are in need of substance use-related treatment services with the prevalence of nicotine use as 29% and alcohol use as 10% in adolescent boys. The use of inhalants was found to be even higher than that in the adult population.⁵ The early age of onset of substance use disorder has been associated with several non-communicable diseases including cancers, HIV, mental disorders, premature mortality, and several social and legal complications. Changing lifestyle has adversely affected dietary intake and levels of physical activity. A study on adolescents showed poor dietary patterns in 82-90% and sedentary lifestyle in nearly 40-60% of the participants.⁶ National family health survey (NFHS-3) also showed 47-58% of adolescents being underweight, 31% being overweight, and 30-56% being anaemic.⁷ Adolescents often present with problems affecting more than one domain and many of these issues are interconnected, but despite such a huge burden, healthcare-seeking remains poor.

The silver lining in the clouds is that most of these problems are either preventable or treatable if detected timely. Hence, several international bodies advocate for developing preventive services including annual screening and providing a conducive environment for self-disclosure of risk behaviour by adolescents instead of merely focusing on symptomatic treatment. It is suggested to utilise health visits by adolescents to clinics as a window of opportunity to do a comprehensive assessment of physical health, mental health, psychosocial risk factors, and strengths. Despite these guidelines, implementation at the ground level remains below satisfactory levels. Reasons most often cited are time constraints, these screening services not being part of institutional practices, absence of standardised tools for comprehensive health and risk behaviours, limited knowledge and training of healthcare providers, apprehensions of clinicians about limitations in one's own skills in ascertaining psychosocial risk factors, and inability to provide interventions themselves or lacking integrated referral services to link to. Adolescent health services exist in the country under Rashtriya Kishore Swasthya Karyakram (RKSK). The physical health parameters and health education services under its umbrella are improving but wider outreach of adolescent-friendly clinics, effective implementation of psychosocial risk factor assessment and linkage with mental health services is a road yet to be travelled.

Psychosocial assessment using the HEEADSSS approach (Home, Education, Eating, Activities, Drugs and Alcohol, Depression, Suicide, Sexuality, safety) is a very good clinician-administered interview method for face to face assessment but it is not an ideal screening tool and suffers from a lack of validation studies, demands training as well as time, taking up to 40 minutes for administration. Other brief screening instruments available for assessment of multiple domains include Previsit questionnaire (PVQ), YouthChat, Questionnaire pre-consultation checkup GP, HEADDSSon Tickit Health, Rapid Assessment for Adolescent Preventive Services (RAAPS), Adolescent Health Review Behavior Evaluation for Risk-taking Adolescents (BERTA), Multidimensional Adolescent Assessment Scale (MAAS), and Indian Adolescent Health Questionnaire (IAHQ). Most of these are in English, take 3 to 20 minutes depending on the number of items, and have an electronic form available. The first three can be used in clinical as well as community settings, and only the last one has been developed in India.^{8,9}

It will be prudent to conduct implementation research on the validation and clinical utility of these existing screening tools for use in clinical settings as well as in the community, including schools. The focus should be on developing brief scales addressing multiple domains, easy to use and administer, with clear interpretations for actions to be taken following assessment. Besides screening instruments, it will also be wiser to invest in developing pre-visit versions of these tools which are accessible to adolescents in physical forms in schools or in electronic format on android devices. Such self-administered forms should be designed to help them identify their strengths and 'areas to work on' rather than illness domains. They can be filled by adolescents prior to clinical visits and can give them an opportunity to reflect on areas for dialogue with clinicians. They should be developed in multiple languages in pictorial format, divided into sections with reference information of health centre to be accessed in case any significant issue is discovered. Development of cultural adaptation of these tools should also focus on region-specific disease pattern presentations, local culture, socioeconomic and religious beliefs, local language, user-friendliness, and availability in several formats (paper as well as electronic). To achieve holistic health, the focus should be on multidimensional assessment, looking beyond physical health and nutritional assessment. It is vital to include assessment of risk behaviours, mental health, tobacco and alcohol use, violence, and sexuality in these tools.

Screening supplemented with Brief Intervention, Referral and Treatment (SBIRT) programmes have shown effectiveness in addressing alcohol use disorder and high-risk behaviour problems. Developing similar cultural adaptations of universal screening and linkage programmes deliverable through existing paraphernalia of adolescent

health services can help in giving comprehensive, yet time-efficient services. There is a compelling need to leverage this clinical and epidemiological wisdom into a strategic, actionable, and scalable investment in adolescent health for a healthy and safe future.

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