

Guest editorial

Community paediatrics

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Professor Miriam Adhikari is a neonatologist and has a special interest in paediatric nephrology. She obtained her MD degree on the nephrotic syndrome – differences between Indian and black children. She is Fellow of the University of KwaZulu-Natal. She has been involved in the development of neonatal care at district and regional levels for many years. She sees the development of paediatrics in the district and regional levels as crucial.

It is my pleasure to present this journal to you. Equally, it was a pleasure to work with my colleagues from the various medical faculties. They willingly agreed to contribute articles that carry an important impact at community level. The authors of the individual papers are experts in the fields presented by virtue of their clinical expertise and research endeavours.

As we are all aware, the condition that pervades the daily lives of the clinician in paediatric practice is the patient with HIV, the complications thereof and the associated co-infections. Dr Mawela has presented a clear, simple approach to the early diagnosis of HIV, the clinical manifestations and the medical management of the condition in children. The medical care is simple and based on growth and developmental monitoring, nutritional support which along with cotrimoxazole prophylaxis for *Pneumocystis carinii* and immunisation are essential aspects of care. This approach may be utilised at primary and secondary levels of care. Antiretroviral therapy is more complex and specific training is required for this aspect of care.

The disastrous impact of HIV on nutritional status and infant feeding has led to fierce debate about infant feeding. In poverty-stricken communities and where mothers have few choices, exclusive breastfeeding can be promoted based on scientific evidence. Dr Bland from the Africa Centre elegantly summarised the research in this crucial aspect of care in the newborn period and early months of life. A discussion on the types of feeding is important to understand if exclusive breastfeeding is to be advocated.

Closely linked with HIV is the problem of persistent diarrhoea. Dr Chhagan presents a clear understanding of the problem and the challenges that occur with persistent diarrhoea that fails to respond to the conventional approach. Once again HIV must be considered early in the management of the condition in areas of high HIV prevalence. The point about non-infectious causes of persistent diarrhoea is an important one which needs to be recognised, and the patient needs to be appropriately referred.

The problem of the child with poor weight gain is approached with clarity. Professor Wittenberg presents failure to thrive in a manner that could be approached at any level of care with resulting benefit to the child. In addition, Professor Wittenberg has given the components of management of the child who fails to thrive. An important point raised in the article is that in probably the majority of children, failure to thrive is related to issues around appropriate and available foods.

However, a proportion of children presenting with failure to thrive have underlying organic disease that requires investigation and a different form of management.

Professor Venter presents a brief and very important discussion on disability – an overwhelming medical and social burden which most of us feel incompetent to manage. As stated, primary prevention is universally accepted and secondary prevention is the early identification and intervention. Children with mild disability will not 'outgrow' their difficulties. Early intervention is crucial and prognosis is linked to support by parents, their commitment and enthusiasm. A simple approach to screening for developmental delay is presented.

Linked to the latter topic, is the issue of children who do not perform well at school. Dr Springer neatly presents the systematic approach to the problem, defines the learning disabilities and attention-deficit disorder. The approach to the diagnosis of learning difficulty requires time but may be conducted in the simplest of settings, with the option of referral for further evaluation where warranted. This area is one that is not well approached at schools and requires serious attention by educational authorities in order to enhance the care that is offered by medical experts and by parents trained to deal with specific issues concerning their child.

Lizette Berry discusses the new Children's Bill and points out its major advances, stressing the rights of children which feature in the Constitution's Bill of Rights. The limitations of the Bill are presented. Although this Bill provides a significant improvement on legislation governing children's issues the disadvantages are the lack of thorough planning for its implementation and of financial planning for the delivery of the Bill to children. Perhaps the latter are the challenges paediatricians need to take up.

One of the exciting approaches to childhood illnesses is the *Integrated Management of Childhood Illnesses* launched in 1996 by the WHO and UNICEF. As discussed by Professor Saloojee, this approach originally focused on the detection by health care workers of the five main conditions that contributed to the majority of childhood deaths globally, namely pneumonia, diarrhoea, measles, malaria and malnutrition. In South Africa a module on HIV/AIDS was developed. This strategy aims to improve health workers' skills, the delivery of health services to the patients and family and community practices related to child health and development. It is seen as a strategy for child survival.