

DAY 1

Keynote Forum



EuroSciCon Conference on

PEDIATRICS 2017

November 13-14, 2017 | London, UK

PEDIATRICS

2017

November 13-14, 2017
London, UK

Kunling Shen, J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-001

CHINA CHILDREN ASTHMA ACTION PLAN

Kunling Shen

¹National Clinical Research Center for Respiratory Diseases, China

²Beijing Children's Hospital - Capital Medical University, China



Childhood asthma is the most common chronic disease to children. Asthma action plan has been advocated by the Global Initiative for Asthma and international asthma guidelines to achieve self-management for more than 20 years and has been proven to be effective to improve asthma-related outcomes. In accordance to National Guideline for Diagnosis and Prevention of Childhood Asthma, the first China's children asthma action plan, China Children Asthma Action Plan (CCAAP), as well as a mobile phone-based asthma self-management application (APP), have been developed. The principles of CCAAP include tracking changes in child patients' symptoms and/or peak expiratory flow, using a "traffic light" model with green (well), yellow (caution), and red (danger) zones, to identify patients' current asthmatic conditions. Each zone consists of both instructions which are intended for parents or caregivers to recognize loss of asthma control, and intervention strategies with various extents that patient could take when loss of asthma control occurs in settings outside of medical care facilities. The mobile phone-based asthma self-management APP (Youran Respiratory) includes an electronic version of CCAAP, peak expiratory flow monitor system, educational resources for asthma, and an interactional function between patients and doctors. The action plan should be provided to asthmatic children when diagnosis is confirmed; updated each time when child patient discharged from hospital or emergency; and for patient's pediatric practitioner to continue to monitor patient's conditions. CCAAP will help asthmatic children and their care givers to attain a better and a more convenient way to achieve asthma control. CCAAP is a milestone of asthma self-management for children in China, it will be an effective tool for health care providers, children, parents/caregivers to understand the key points of asthma management and to achieve well control and eventually to improve quality of life.

Biography

Kunling Shen, Pediatric Consultant, PhD of Pediatrics, Professor of Capital Medical University. She is the President of National Pediatric Medication Consultation Committee, Immediate Past President of Chinese Pediatric Society, Chairman of Chinese Pediatric Pulmonology Society. President of Asian Pediatric Pulmonology Society. She got her Bachelor's degree majoring in Medicine and Pediatrics in Capital Medical University in 1982, and then got her PhD majored in Pediatrics and Virology in 1993. She has been working in Beijing Children's Hospital and specialized in Respiratory, Virology and Sleep Medicine. She was a WHO Clinical Fellow in Department of Respiratory Medicine in New Children's Hospital of Australia in 1998 and a visiting Scholar in University of Wisconsin in USA in 2000. She has carried out numerous projects and studies in respiratory, virology and sleep medicine and published more one hundred papers in the above aspects. She is the vice chief editor of *Chinese Journal of Practical Pediatrics*, *Chinese Journal of Contemporary Pediatrics* and some other medical journals and Associated Editor of *Pediatric Pulmonology*.

kunlingshen1717@163.com

PEDIATRICS 2017

November 13-14, 2017
London, UK

Cyril Engmann, J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-001



THROUGH THE LOOKING GLASS: GLOBAL AND COUNTRY-LEVEL INNOVATIONS AND INITIATIVES IN MATERNAL, NEWBORN, CHILD HEALTH AND NUTRITION

Cyril Engmann

Child Health & Nutrition, PATH, USA

There are multiple exciting innovations and initiatives occurring worldwide that build upon the Every Newborn action plan and the UN Secretary Generals Every Woman Every Child initiative. These initiatives speak to the overarching objectives of the Global Strategy – namely Survive, Thrive and Transform. During his keynote address, Professor Engmann will bring many of these global efforts into sharp focus. He will describe the evidence –base for many of these and examine with the aid of country case studies the science of implementing evidence-based best practices at scale. He will demonstrate how effective advocacy coupled with thoughtful, strategic policy formulation can result in transformational changes at national, sub-national (regional, county and district), health facility and community level, and how together, academics, pediatricians, advocates, programmers, clinicians, policymakers and researchers can all make a difference. He will use examples richly drawn from the 1) Early Childhood Development agenda; 2) Human milk banking; 3) Breast feeding & Kangaroo mother care; 4) Country and global level Newborn Health and 5) Maternal immunization

Biography

Cyril Engmann is the Global Program Leader and Director for the Maternal, Newborn, Child Health and Nutrition (MNCHN) program at PATH, an international health organization driving transformative innovation to save lives in 70 countries. In this role he leads a department of over 140 staff (physicians, public health practitioners, scientists, nutritionists, economists, business and policy experts) working in the USA, Asia, Africa, Latin America and the Far East on a diverse and complex portfolio of work with grants totaling over \$200M. Prior to this appointment, he led the Bill and Melinda Gates Foundation Newborn Health Strategy where he designed and oversaw a portfolio of grants totaling \$200M. Cyril also remains an active, practicing physician and academic at the University of Washington Schools Of Medicine & Public Health, Seattle, where he is Attending Neonatologist and Professor of Pediatrics and Global Health.

cengmann@path.org

DAY 2

Keynote Forum



EuroSciCon Conference on

PEDIATRICS 2017

November 13-14, 2017 | London, UK

PEDIATRICS 2017

November 13-14, 2017
London, UK

Dennis Ougrin, J Pediatr Care 2017, 3:4(Suppl)
DOI: 10.21767/2471-805X-C1-001



INTENSIVE COMMUNITY TREATMENT VERSUS USUAL TREATMENT FOR ADOLESCENTS ADMITTED TO INPATIENT CARE: A RANDOMISED CONTROLLED TRIAL

Dennis Ougrin, King's College London, UK

Background: Clinical guidelines recommend intensive community treatment to reduce dependency on adolescent psychiatric inpatient care, but no such provision in the UK has been evaluated in a randomised controlled trial (RCT). We designed a supported discharge service (SDS), an intensive community treatment team, and compared this with treatment as usual (TAU).

Methods: 106 patients younger than 18 years were admitted for inpatient care and randomised (1:1) to either SDS or TAU. Intention-to-treat primary outcomes were inpatient bed days, Strengths and Difficulties Questionnaire (SDQ) and Children's Global Assessment Scale (CGAS). Cost effectiveness was explored in terms of CGAS scores and quality adjusted life years based on the EQ-5D-3L, taking a health and social care perspective.

Findings: At six-month follow-up, there was a significant decline in hospital use among patients randomised to SDS in unadjusted analyses (mean 47.25) vs TAU (mean 84.32). The ratio of mean total of inpatient days of TAU to SDS was 1.67 (95% CI: 1.02 to 2.81), $t(101) = 2.08$, $p = .04$. However, in adjusted analyses, considering baseline differences in inpatient bed days, treatment difference on the log scale was no longer significant (-0.05 , 95% CI: -1.02 to $.01$, $p = 0.057$). There were no significant differences in SDQ, CGAS or treatment satisfaction. SDS patients were significantly less likely to report multiple episodes of self-harm (OR = $.18$, 95% CI: $.05$ to $.64$) and more likely to reintegrate to community schools ($.81$ SDS vs $.51$ TAU, OR = 4.14 , 95% CI: 1.73 to 9.92). There was no evidence of differential effect in patients with psychosis, severe disability or patients from minority ethnic groups. Cost-effectiveness acceptability curves based on both the CGAS and QALYs suggested there was at least a 50% probability of SDS being cost effective.

Interpretation: The addition of SDS to adolescent inpatient care and standard outpatient follow-up improved school reintegration and lowered the risk of multiple self-harm. There is an implication of reduced bed usage at six-month follow up, but this did not reach statistical significance after adjusting for baseline differences. There were no differences in other clinical, functional and patient satisfaction outcomes.

Biography

Dennis Ougrin graduated from a Medical School in Ukraine in 1998 and underwent post-graduate training in England. He completed his higher training in Child and Adolescent Psychiatry at Guy's and Maudsley and is currently a Consultant Child and Adolescent Psychiatrist leading Supported Discharge Service at South London and Maudsley NHS Foundation Trust. He is also a Clinical Senior Lecturer at the Institute of Psychiatry, Psychology and Neuroscience. He leads a programme of information exchange between the UK and Ukraine. His main professional interests include prevention of Borderline Personality Disorder and effective interventions for self-harm. He is the author of Therapeutic Assessment, a novel model of assessment for young people with self-harm. He is the Chief Investigator of a randomised controlled trial of Supported Discharge Service versus Treatment as Usual in adolescents admitted for in-patient care and a Principal Investigator of a randomised controlled trial comparing intensive mental health intervention versus usual social care in Looked After Children. He is also working on developing a modular psychotherapeutic intervention for self-harm and on understanding the pathophysiology of self-harm in young people.

dennis.ougrin@kcl.ac.uk