

O91

Developmental Dysplasia of the Hip - a Guideline for Dutch Youth Health Care

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Background and aims

Developmental Dysplasia of the Hip (DDH) is a condition caused by genetic and environmental factors. DDH affects 1-4% of all Dutch children 0-6 months of age. If left untreated, DDH can lead to arthrosis of the hip joint, pain and invalidity. Early detection and treatment are therefore important. Youth Health Care (YHC) professionals have an important role in the early detection of DDH. The aim of the project was to systematically develop a web-based clinical guideline on DDH for YHC professionals.

Methods

A working group of various disciplines involved in the screening and treatment of DDH, patients' representatives, researchers and guideline developers composed the guideline according to the principles of evidence-based medicine. The guideline was piloted in several YHC organizations and implemented nationally in 2017.

Results

The guideline provides background information on DDH and its treatment, and statements regarding screening (identification of risk factors, physical examination), referral, communication with caregivers, and cooperation between healthcare providers. The guideline is based on a literature review and practice experience. The following risk factors were identified as indications for diagnostic ultrasound of the hip: positive family history for DDH or hip arthrosis (first or second-degree relatives, below 50 years of age), and breech position during pregnancy or at birth. Anamnesis of swaddling with straight hips and knees, also a risk factor for DDH, is followed by safe swaddling advice by the YHC professional. The YHC physician should perform examination of the hips (abduction, knee height) at least three times in the first 7 months. After the age of 7 months, the YHC physician performs a hip examination in case of caregivers' report of signals and complaints of their child (case-finding).

Conclusions

In 2017, a systematically developed web-based guideline on DDH was implemented for Dutch YHC professionals. It is expected that this guideline contributes to better quality of healthcare, as it supports evidence-based practice, uniform working procedures, communication with caregivers and cooperation between healthcare providers.

Statement or main question

Early treatment of DDH requires screening according to the clinical guideline and appropriate communication with caregivers and between professionals.

O92

Asthma - an update of the guideline for Dutch Youth Health Care

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Background and aims

Asthma is a chronic respiratory disease affecting 12% of children > 6 years in the Netherlands. Asthma is characterized by variable symptoms of wheeze, shortness of breath, chest tightness and cough, and by variable expiratory airflow limitation. Atopy is present in the majority of children with asthma. Youth Health Care (YHC) professionals have an important role in the prevention of (symptoms of) asthma and in case-finding. The aim of the project was to develop an update of the web-based clinical guideline on the subject for YHC professionals.

Methods

A working group of various disciplines involved in the screening and treatment of asthma, patients' representatives, researchers and guideline developers updated the guideline according to the principles of evidence-based medicine.

Results

The guideline provides YHC professionals with background information on asthma and its treatment, and recommendations regarding case-finding and non-pharmacological strategies to control symptoms. Asthma often begins in early childhood. However wheezing in young children is a heterogeneous condition and not all wheezing children will develop asthma. Some viral infections are associated with recurrent wheezing during childhood. Asthma is more likely if wheezing occurs in the absence of a viral infection, or when it is related to an allergic trigger. A major risk factor is a family history of asthma or allergic disease (eczema or allergic rhinitis). Primary prevention of asthma consists of allergen avoidance (multifaceted) and avoidance of pre- and postnatal exposure to environmental tobacco smoke. Breastfeeding is advised for its general health benefits, not necessarily for asthma prevention. Exposure to outdoor pollutants is also associated with an increased risk of asthma. The guideline is based on a literature review, together with experiences of professionals (YHC, GPs, pediatricians) and of youth and their caregivers.

Conclusions

An updated, web-based guideline for early detection and prevention of asthma symptoms was developed. This guideline will contribute to better quality of healthcare, as it supports evidence-based practice.

Statement or main question

Prevention of asthma by YHC professionals requires case-finding according to the clinical guideline and appropriate advice (avoidance of pre- and postnatal exposure to environmental tobacco smoke!) towards youth and their caregivers.

S19 - Session 19 - Guidelines in youth health care

O93

How to ADHD in Youth Health Care Integrating different guidelines and standards

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Attention-deficit hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders that affects an estimated 5% of all children (Polanczyk, de Lima, Horta, Biederman, & Rohde, 2007).

ADHD is characterized by pervasive and inappropriate levels of hyperactivity, impulsivity and/or inattention, resulting in a daily impairment (American Psychiatric Association, 2013). Children with ADHD also often display social problems, comorbid disorders including oppositional defiant disorder (ODD), conduct disorder (CD), and anxiety disorders (Rommelse et al., 2009), and have an increased risk for adverse life events such as occupational and relational difficulties, drugabuse, and delinquency (Molina et al., 2007; Shaw et al., 2012).

Another 10% of all school-aged children reveal ADHD symptoms without meeting full diagnostic criteria, while experiencing similar, but milder difficulties and risks as children with clinical ADHD (Hong et al., 2014; Willcutt, 2012). Viewing ADHD as a continuum has, therefore, been argued to do more justice to the variation in severity of ADHD symptoms than the categorical approach neglecting symptom severity. The dimensional approach of ADHD is also supported by several genetic, neuropsychological and behavioral studies, revealing similar but milder deficits in non-clinical ADHD samples compared to clinical ADHD studies (Hay, Bennett, McStephen, Rooney, & Levy, 2004; Polderman et al., 2007; Sonuga-Barke, Dalen, Daley, & Remington, 2002).

Early support for all children with ADHD symptoms is essential to prevent an escalation of problem behavior (Kutcher et al., 2004).

In the Netherlands the most recent guideline for ADHD in Youth Health Care has been published in 2015.

<https://www.ncj.nl/richtlijnen/alle-richtlijnen/richtlijn/adhd>

This guideline covers recognising, diagnosing and managing attention deficit hyperactivity disorder (ADHD) in children and young people. It aims to improve recognition and diagnosis, as well as the quality of care and support for people with ADHD. In February 2019 a Quality Standard for ADHD will be published.

<https://www.nji.nl/Databank/Databank-Richtlijnen/Zoek-een-richtlijn/325753-Richtlijnen/Zorgstandaard-ADHD>

From 2015-2020 there is also the Academic Workspace ADHD and disruptive behavior.

<https://adhdendrukgedrag.nl/>

The aim of this presentation is to discuss integrating the different guidelines and quality standards to benefit the children and young people with ADHD and/or ADHD-symptoms.

Youth Health Care professionals know best that a stitch in time saves nine.

S19 - Session 19 - Guidelines in youth health care

O94

Posture and physical activity - a guideline for Dutch Youth Health Care

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Background and aims

Posture and physical activity are important aspects in the development of children and young people. They influence the development of motor skills and intellectual development, and they are important for maintaining physical health. The WHO indicates that increasing physical activity is a fundamental building block for the future health of children and young people. Also, concerns have been raised about the time children spend using digital technology and its effect on their posture.

Methods

A systematic literature review is being conducted on several aspects of posture and physical activity in children. A working group of various youth healthcare (YHC) professionals, patients' representatives, researchers and guideline developers will develop a guideline according to the principles of evidence-based medicine. Recommendations in the guideline will be based on the literature review and, if evidence is lacking, on consensus among professionals and experts. Also, parents and children will be involved during the guideline development process, to ensure recommendations are feasible and acceptable for parents and children.

Results

The guideline will provide YHC professionals with background information on posture and physical activity problems, and recommendations regarding strategies for monitoring, prevention, intervention, referral and collaboration with other health care providers.

Conclusions

A web-based guideline with recommendations for monitoring, prevention, intervention, referral and collaboration with other health care providers will be developed. It is expected that this guideline contributes to better quality of