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

J.A. Deurloo¹, A.A.J. Konijnendijk², C.I. Lanting¹, M.M. Boere-Boonekamp²

¹TNO Child Health, LEIDEN, The Netherlands

²Department of Health Technology and Services Research, University of Twente, ENSCHEDE, The Netherlands

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.

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

C.I. Lanting, J.A. Deurloo

TNO, LEIDEN, The Netherlands

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