

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

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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, drug abuse, 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.

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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

healthcare, as it supports evidence-based practice.

Statement or main question

Preventing posture problems and lack of physical activity requires active monitoring of YHC professionals.

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A promising method for screening children for health checks by school physician

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Background and aims: In addition to school nurses' annual health checks, physicians assess the well-being of all children aged 7 and 11 in primary schools in Finland. This double procedure has been questioned but no validated method exists for screening children for physicians' assessments. We developed and tested questionnaires that could be used as a screening method.

Methods: We conducted a prospective, multicenter observational study in four towns in Finland. We recruited a random sample of 1013 children aged 7 and 11 from 21 primary schools in 2017–2018. Parents, nurses and teachers filled study questionnaires to identify any concerns regarding each child. Physicians, blinded to the questionnaires, checked all children according to mandated routine and completed an electronic report including advice given, referrals and recalls. The physicians, parents and children assessed the benefit of the appointments. We determined the need for a physician's evaluation and compared the need to the benefit gained.

Results: The participation rate of children was 75% (1013/1343). In total, 21% (210/1013) of the children had no determined need for an appointment when analyzing all parents', nurses' and teachers' questionnaires according to predetermined criteria. Consulting the nurse or physician without an actual appointment may suffice for 10% (100/1013) of the children. The physicians considered 41% and the parents 83% of the health checks beneficial. Of those children, who had no need for an appointment, 42 children got benefit according to the physicians' view. However, only two of them had problems that actually require physician's expertise to be recognized.

Conclusion and statement: These findings indicate that at least one fifth of school physicians' routine health checks may be omitted using the developed questionnaires. Focusing school physicians' health checks may enable the physicians to have more time for children with special needs and for multidisciplinary work.

WS09 - Workshop 9

W09

How are EU primary child health care systems valued and how can they be changed; the MOCHA project

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Background

The Models of Child Health Appraised (MOCHA) project – www.childhealthservicemodels.eu – is a Horizon 2020 Research Project which aims to describe and appraise various models of primary child health care in Europe – including well child clinics and school and adolescent health services - and make recommendations as to optimal features of provision of child health care.

Aims

To provide insight in the structure, process and outcomes of systems of primary child health care in EU countries
To review the primary child health care systems from the perspective of children, adults (parents) and expert stakeholders.

Program

Four short presentation (about 40 minutes)

Young people: children's experiences with primary child health care collected through narrative in-depth interviews (Manna Alma). Communication and relationships with health care professionals play a pivotal role for children in terms of what is good about primary care and what they felt needs to be improved.

Adults: a survey of public experiences and priorities with regard to primary care for children (Magda Boere-Boonekamp/Janine van Til/Karin Groothuis-Oudshoorn). Between countries, significant differences exist in the citizens' perceived quality of primary care and priorities.

Country experts: data provided by country agents on school and adolescent health services (Danielle Jansen). This presentation will address the challenges experienced by the country experts in answering questions about national policies regarding primary care.

Stakeholders: views of policy makers, health care professionals, scientist and end-users (Eline Vlasblom/Paul Kocken/Menno Reijneveld). Improvements to the child primary healthcare system can be made, but perceived barriers are the current healthcare system and service provision in the EU countries.

Plenary discussion (about 50 minutes)

Statements that exemplify the conditions for good system components of child primary care will be the center of the plenary discussion. The audience will be asked to form an opinion on the following questions: What is your opinion on changing the primary child healthcare system in your country? What has to be changed in order to optimize the