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Editorial

Management Guidelines for Paediatric Healthcare Related Issues: Can We Reach Our Targeted Group?

We have 2 management guidelines published in this issue. For the one on atopic dermatitis, it was initiated by the Hong Kong College of Paediatricians and the contents are mainly adopted from the National Institute for Health & Clinical Excellence (NICE) guidelines with modification based on the local availability of selected medications. And the other one is on managing children with decrease conscious level of unknown cause. The review of this guideline was performed by the QA Subcommittee, COC Paediatrics of Hospital Authority and it was based on the Accident & Emergency Research Group Guidelines developed by the Nottingham University. In both articles, local relevant issues were high-lighted. Our review panel found that they are both important for the local paediatricians and we wish these guidelines can reach out to more clinicians and then applied to respective patient populations accordingly. That is how we can help to maintain our professional standard.

Last year, a guideline on breast feeding has also been proposed by our colleagues in the Department of Health after they consulted a big group of health care professionals working in different sectors. However, such initiatives have encountered some hindrance during implementation. Then early this year, we experienced turmoil on the shortage of selected formula milk powder products in Hong Kong. If one look at this formula milk powder shortage incidence, the event has been driven by ridiculous logic but unfortunately, the media and the public mainly focused on the political issues and did not show any interest in searching for the root cause. While the Government tried to stop the cross border gray good traders by setting up a stringent law, the Department of Health grasped this opportunity and tried to reinforce the promotion of breast feeding. A joint statement from the Department of Health with the support of 8 professional bodies including the Paediatric Departments of the 2 local Universities, the Hospital Authority, Hong Kong College of Paediatricians and Hong Kong Paediatric Society has been released. Unfortunately, this joint statement gets very little coverage from the media for unknown reasons. As a professional, we should stand up and help to promote the truth. This joint statement can be summarised as following: 1) In general, breast milk should be the best source of nutrients for babies; 2) For newborn to 6-month-old babies, most infant formulae are very similar in composition as long as they fulfill the Codex Standards for Infant Formula. If parents have difficulty in securing the brand currently consumed by their babies, they can consider switching to another brand; 3) For 6- to 12-month-old babies, they may either take Infant Formula or switch to

Follow-up Formula of any brand; 4) For children aged 1 year old or above, eating a varied diet can meet children's nutritional requirements. Parents can let their children drink cow milk (including fresh cow milk, UHT milk or full fat milk powder), which is less expensive than formula milk. There is no nutritional reason to switch to Follow-up Formula marketed for these children; 5) For the choice of cow milk, children under 2 years old should take whole milk, those aged between 2 and 5 can take low-fat milk and children above 5 years old can take skimmed milk. For those who would like to look at the original joint statement from the Department of Health, one can visit the related web sites: (<http://www.info.gov.hk/gia/general/201302/01/P201302010435.htm>).

In modern medical practice, we know that guidelines and standard management approach can help to improve the treatment outcome. It is exemplified by one of the original article in this issue related to the use of a standard protocol for adolescent patients with acute lymphoblastic leukemia (ALL). People used to believe that adolescent ALL patients performed much poorer than young children. But by using a standard protocol based on paediatric rather than adult

regimen, adolescent ALL patients actually performed as good as their younger counterparts. One of the reasons is that adult ALL patients tolerate chemotherapy less well than paediatric ALL patients, therefore adult ALL protocols often omit some of the potential toxic agents which are considered as essential in paediatric protocols. Therefore, experts in respective paediatric fields should overcome their differences and aim to arrive at consensus on various diagnosis and treatment guidelines so we can improve the care of our children. The last but not the least, we should continue to educate the public on what is right or wrong based on evidence based clinical practice. As shown in our recent formula milk incidence, there is still a big knowledge gap between the healthcare professionals and the public. As children's advocate, we should try different means to promote the right concept continuously. Only by doing so, our local health care standard for paediatrics can be further improved.

GCF CHAN
Chief Editor