IAP, MUMBAI

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Dr. Bakul Jayant Parekh
Hon. Treasurer
## Contents

1. Monthly Meetings .......................... 1
2. President’s Message ....................... 2
3. IAP Mumbai Post-Graduate Lecture Series 2015 ...... 3
4. Hepaticon 2015 ........................... 4-5
5. Minutes of the Annual General Body Meeting (AGM) of Mumbai IAP ... 6-10
6. Conduct Disorder In Children ................. 11-12
7. Healthy Child Happy Child Photos ............. 13

## Monthly Meetings

### 2nd, 9th, 16th, 23rd, 30th January Friday : Clinical Meetings

<table>
<thead>
<tr>
<th>Institute</th>
<th>Head of department</th>
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<tbody>
<tr>
<td>B. J. Wadia hospital</td>
<td>Dr S. Prabhu</td>
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<td>J . J . Hospital</td>
<td>Dr N. R. Sutay</td>
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<td>K.E.M. Hospital</td>
<td>Dr Mukesh Agarwal</td>
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<td>B.Y. L . Nair hospital</td>
<td>Dr Sandeep Bavdekar</td>
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<td>LTMG hospital</td>
<td>Dr Mamta Manglani</td>
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### 1st January Thursday : North West Mumbai Pediatric Meeting

- **Venue**: Borivali Medical Brotherhood, Shri N. B. Chadwa Hall, TPS Marg, Borivali West, Mumbai
- **Time**: 08.30 am to 10.00 am
- **Enquiries to**: Dr. Charu Suraiya 9820357632

### 1st, 8th, 15th, 22nd, 30th December 2014: Postgraduate Grand Rounds

- **Venue**: Pediatric Seminar Hall, Lokmanya Tilak Medical College, Sion
- **Time**: 6:00 pm to 8:00 pm

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Respected Teachers, Colleagues, Friends and Well Wishers,

AT IAP MUMBAI, continuous transformation is the most enduring constant. There is always a need to reinvent our existence in an ongoing way for good reasons. An increase in the birth cohort, prosperity and awareness are creating a larger demand for better healthcare than before in this scenario.

The infiniteness of available scientific data and the ever increasing need for updating our knowledge due to over exposure of technology is the need of the hour to incorporate in our daily practice.

There is a growing divergence between urban and rural income, widening the economic divide between supportive and tertiary care to our little ones. There is also a growing aspiration among the economic backward to reach for better health care in this competitive scenario. In view of these emerging realities, there is a widening need to transform health realities across this large sector, which will impact reach of healthcare in a short time.

We, at IAP MUMBAI, recognize that the focus warrants an overarching commitment not just with a sense of purpose, but also a sense of passion and as a calling to extend from what benefits we can offer our members to what good we can offer all our members. This should evolve from a focus on what is best in the circumstances and that which is holistically sustainable.

Transforming ourselves, Benefitting the WORLD.
Venue
IAP Mumbai Office, Gita Building, 1st floor, 92/4, Dr B Ambedkar Road, Sion Circle, Mumbai – 400022.
Phone /Fax : 022- 24045803

Date
Every Saturday of each month starting from 17th January 2015
(Detailed time table will be declared soon)

Timings
2.00 pm to 5.00 pm
(3 lectures per session, each lecture for 45 mins).

Speakers:
Senior faculty from medical colleges, eminent Pediatricians, &
allied specialists.

The sessions are for Postgraduate Students.

Charges
for the whole lecture series are Rs 2500/- ; Inclusive of Lunch (This
fee is non-refundable and non-transferable)

Mode of payment:
Cash Payment to be made at IAP Mumbai Office, Sion latest by 4.00 pm, on 17th January 2015 with 2 Photographs for the Identity – card.
I-Card will be issued on payment & is compulsory for attendance

Coordinator / Contact persons:
Dr Bela Verma: 9820847083
Dr Sushant Mane: 9820864049
IAP Mumbai: 022 24045803
Participate in the case discussions on day-to-day management and approach to a child with a straightforward acute viral hepatitis, to a child with a complex metabolic disorder, presenting as a hepatitis.

**Registration Fees:**
- PG Student: Rs 2000
- Delegates: Rs. 4000
- Spot Registration: Rs. 5000

**Online Net Banking payment details:**
- Children's Liver Foundation,
  Saraswat Bank, Prabhadevi, Mumbai
  A/C no: 022200102715348
  IFSC code: SRCB0000022

Payments by Cheque/DD to be sent to:
- Children's Liver Foundation
  O-18, Nav Bhavna,
  Veer Savarkar Marg, Prabhadevi, Mumbai 400025

For further details sms/call
- Jyoti 098923 30575 / Varun 097698 60225
- Prajakta 077387 41275 / Suvarna 088795 22708

Registration form available on
www.childrenliverindia.org

For enquiry and assistance write to: pdliver@gmail.com

**Children’s Liver Foundation**
**Indian Academy of Pediatrics, Mumbai**

**HEPATICON 2015**
Interactive case based discussions on Hepatitis in children

Endorsed by

**INASL**

10th January & 11th January 2015
at Hall of Culture, Nehru Centre, Worli, Mumbai
(next to Nehru Planetarium)

**4 MMC CREDIT HOURS GRANTED**

**Organizing Secretary:**
Aabha Nagral

**Organizing Team:**
Y.K. Amdekar, Uday Pai, Sushant Mane, Bela Verma, Fazal Nabi, Jyoti Sable, Varun Sharma, Prajakta Joshi, Anandini Suri, Ajay Jhaveri, Jyoti Karmakar

www.childrenliverindia.org
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>12.00 noon onwards</td>
<td>Registration</td>
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<tr>
<td>12.00 to 2.00 pm</td>
<td>Orientation programme for presenters and snacks</td>
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<tr>
<td>2.00 to 2.30 pm</td>
<td>Case: Acute viral hepatitis - dos and don’ts</td>
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<td></td>
<td>Presenter: Mani Singhal</td>
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<td>Moderator: John Matthai</td>
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<td>Panelists: Shakuntala Prabhu, S K Yachha, Aabha Nagral</td>
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<tr>
<td>2.30 to 2.45 pm</td>
<td>Inauguration</td>
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<td>Aabha Nagral, Uday Pai</td>
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<tr>
<td>2.50 to 3.40 pm</td>
<td>Case: Child with drug induced liver injury</td>
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<td>Presenter: Kirtilchandra Kodali</td>
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<td>Moderator: Srinivas Sankarnarayanan</td>
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<td>Panelists: Bhs Verma, Harshad Devarbhavi, Vidyut Bhatia</td>
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<tr>
<td>3.45 to 4.15 pm</td>
<td>Talk: Common drugs induced liver injury</td>
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<td>Speaker: Harshad Devarbhavi</td>
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<td>3.45 to 4.15 pm</td>
<td>Case: Hepatomegaly with seizures and hepatitis in a family</td>
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<td>Presenter: Rajesh Kumar Meena</td>
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<td>Moderator: Vidyut Bhatia</td>
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<td>Panelists: Seema Alam, Alka Jadhav, Anshu Srivastava</td>
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<tr>
<td>4.20 to 4.50 pm</td>
<td>Case: Hematocytopenia and anaemia</td>
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<td>Presenter: Ramya H N</td>
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<td>Moderator: S K Yachha</td>
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<td>Panelists: Aabha Nagral, Mamta Manglani, Anshu Srivastava</td>
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<tr>
<td>4.55 to 5.15 pm</td>
<td>Tea break</td>
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<tr>
<td>5.20 to 6.10 pm</td>
<td>Case: Prolonged acute hepatitis – is there more to it?</td>
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<td>Presenter: Abhamoni Baro</td>
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<td>Moderator: Ashish Bavdekar</td>
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<td></td>
<td>Panelists: Prakash Vaidya, Harshad Devarbhavi, Seema Alam</td>
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<tr>
<td></td>
<td>Talk: How do I manage a child with Wilson disease?</td>
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<td></td>
<td>Speaker: Ashish Bavdekar</td>
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<tr>
<td>6.15 to 7.00 pm</td>
<td>Case: Systemic illness with hepatitis</td>
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<tr>
<td></td>
<td>Presenter: Ambreen Pandorwala</td>
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<td>Moderator: John Matthai</td>
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<td></td>
<td>Panelist: Sanjay Prabhu, S K Yachha, Gaurav Narula</td>
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<td></td>
<td>Talk: Acute febrile illness and hepatitis</td>
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<td>Speaker: Fazal Nabi</td>
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<td>8.00 onwards</td>
<td>Registration and breakfast</td>
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<tr>
<td>9.00 to 9.30 am</td>
<td>Case: Hepatitis in an HIV positive child</td>
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<td></td>
<td>Presenter: Radhika Kalelkar</td>
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<td>Moderator: Ira Shah</td>
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<td></td>
<td>Panelists: Vasant Nagvekar, Akash Shukla, Tanu Singhal</td>
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<tr>
<td>9.35 to 10.15 am</td>
<td>Case: Persistent jaundice in a neonate</td>
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<td>Presenter: Moinak Sen</td>
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<td>Moderator: Seema Alam</td>
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<td></td>
<td>Panelists: Sushant Mane, Srinivas Sankarnarayanan, S K Yachha</td>
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<tr>
<td>10.20 to 10.50 am</td>
<td>Case: Recurrent jaundice in a 3 year old child</td>
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<td>Presenter: Ashish Badaya</td>
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<td>Moderator: Srinivas Sankarnarayanan</td>
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<td></td>
<td>Panelists: Ashish Bavdekar, John Matthai, Saista Amin</td>
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<tr>
<td>10.50 to 11.10 am</td>
<td>Tea break</td>
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<tr>
<td>11.15 to 11.55 am</td>
<td>Case: Liver failure in an infant</td>
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<td>Presenter: Vikrant Sood</td>
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<td>Moderator: Ashish Bavdekar</td>
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<td></td>
<td>Panelists: John Matthai, Anshu Srivastava, Saista Amin</td>
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<tr>
<td>12.00 to 1.00 pm</td>
<td>Case: 11 year child with fatty liver</td>
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<td>Presenter: Shilpa Hegde</td>
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<tr>
<td>12.00 to 1.00 pm</td>
<td>Case: 15 month child with a fatty liver</td>
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<td>Presenter: Bikrant Biharilal</td>
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<td>Moderator: S K Yachha</td>
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<td></td>
<td>Panelists: Srinivas Sankarnarayanan, Geeta Billa, Ashish Bavdekar</td>
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<td></td>
<td>Talk: Approach to metabolic disorders</td>
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<td></td>
<td>Speaker: Seema Alam</td>
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<tr>
<td>1.05 to 2.00 pm</td>
<td>Case: HBsAg positive in special situations</td>
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<td>Presenter: Prarthana Chandra</td>
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<td>Moderator: Anshu Srivastava</td>
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<td></td>
<td>Panelists: John Matthai, Vidyut Bhatia, Aabha Nagral</td>
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<tr>
<td></td>
<td>Talk: Approach to HBsAg positive child</td>
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<td></td>
<td>Speaker Anshu Srivastava</td>
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<tr>
<td>2.00 to 3.00 pm</td>
<td>Lunch</td>
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Minutes of the Annual General Body Meeting (AGM) of Mumbai IAP

Date: 12th December 2014, Friday; between 2.30 p.m. to 5.00 p.m.

Venue: IAP Mumbai office, Sion.

The following members were present:

1) Dr Uday Pai
2) Dr. Sushant Mane
3) Dr. Bela Verma
4) Dr. Vijay Tuteja
5) Dr. Bharat Agarwal
6) Dr. Bipin Shah
7) Dr. M.R. Lokeshwar
8) Dr. Bakul Parekh
9) Dr. Samir Dalwai
10) Dr. Kamlesh Shrivastav
11) Dr. Sujata Kanhere
12) Dr. Varsha Phadke
13) Dr. Sandhya Khadse
14) Dr. Rajesh Chokhani
15) Dr. Kalpesh Date

Dr. Uday Pai welcomed everyone. He highlighted in brief about all the activities done in year 2014. IAP Mumbai received 1st prize for the ORS week & Breastfeeding week at the State level in the recently concluded Mahapedicon 2014.

These achievements were possible only because of the team-work and efforts put by all the Office bearers & assistance from executive members. This was applauded by all.

Last minutes of AGM meeting confirmed: Proposed by: Dr Uday Pai

Treasurer’s Report:
Dr. Bela Verma presented the Treasurer’s report on the audited balance sheet.

Board of Trustees:
The Board of Trustees unanimously decided that the same three office bearers namely, Dr. Uday Pai, Dr. Sushant Mane & Dr. Bela Verma would continue as the President, Secretary & Treasurer respectively, for the upcoming year 2015. This decision was taken due to the lack of any nominations for the above posts for the coming year and also respecting the guidelines mentioned in the Mumbai IAP Constitution. The Board also welcomed Dr Samir Dalwai as President Elect for the year 2016. Dr Bipin Shah suggested that all trustees were not present at the AGM and verbal consent should be taken from them.

Matters related to IAP vision 2014 activities:
Dr Pai informed the house that IAP Mumbai has won 1st prize for the ORS week & Breastfeeding week at the State level in the recently concluded Mahapedicon 2014. This was
applauded by all house members. It is indeed great achievement by this entire team.

Dr Bipin Shah remarked that there were sufficient funds with IAP Mumbai to sustain self funded activities such as Lifetime Achievement Award function, IAP Mumbai Fellowship, All major week celebrations, IAP Mumbai Annual Day. He also suggested that a resolution be passed for proper utilisation of these funds. Dr.Pai put forward the idea of Webcasting of all the CMEs & academic events conducted in the office premises to other parts of Mumbai and even Maharashtra by upgradation of the AV devices to install the devices for webcasting. To this Dr.Bipin Shah added that this was a good idea to utilise the surplus funds. Other members seconded the idea.

The resolution passed in the last meeting about anybody wanting to use the IAP Mumbai logo and its association for any activity, should take a written permission and would be liable to pay royalty of Rs.35,000/- to the Mumbai IAP; along with submission of a balance sheet after the desired event, was decided to be continued in future as a consensus rule by the house.

Matters related to IAP Mumbai website:

Dr.Pai announced that the upgraded IAP Mumbai website was functioning very well and the maintainence contract be given to the same firm i.e. Mediaworks India Pvt. Ltd. which was accepted by the house.

Matters related to Membership:

Number of New members enrolled – 463.

Dr.Pai informed everyone that we have updated the details of all the members in our database. Also, sms & email service along with E-newsletter were the added privileges as each year.

As decided earlier, all Central IAP members (Life Members) from Mumbai were enrolled as lifetime members of IAP Mumbai without additional cost since the latter is a part of the apex body and receives financial support. This was the major decision which led to the increase in the MBIAP members to the present number of 1183 members. This was applauded by one and all.

Utilization of office premises:

There was general opinion from the house that utilisation of the office premises be increased for CMEs and workshops in the Auditorium; with the previously agreed terms and conditions for renumeration to IAP Mumbai.
Matters related to Academic Events hosted by IAP Mumbai:

This year MBIAP hosted a total of 17 CMEs, 5 Workshops, 3 Symposia throughout the year. They were on various Pediatric Subspecialities like Gastroenterology, Endocrinology, Hemato-Oncology, etc. Among the workshops were PEICH, Rational Antibiotic Practices, GEM course, Lend Me Your Ears (Audiology) to name a few. All the events were well attended.

Activities planned for 2015:

Dr. Uday Pai announced his plans for the upcoming year. The principal focus of the activities would be to increase awareness about the various medical & social issues related to children. This would be done by targeting people associated with child care like parents, school teachers, doctors, paramedics like nurses, counsellors, etc, apart from involving the students themselves.

Then there would be quarterly CMEs i.e. four CMEs in a year based on the various pediatric sub-specialities. The training of Postgraduate students & the various weeks like ORS week, Breastfeeding week, Adolescent & Daughter’s day would be conducted with similar zest & enthusiasm. The MBIAP website would be regularly updated and made more interactive in terms of addition of clinical cases, quizzes, recent guidelines, etc. Also, he announced conducting of monthly CMEs in the form of WEBINARS which would be connecting all the state branches of IAP.

Dr. Pai also read out a letter forwarded by Dr. Amdekar to Mumbai IAP regarding the conduction of programmes in Importance of Communication & Counselling in Clinical Practice. The programme would be a joint venture of Wadia Hospital & MBIAP, funded by NGOs active in this area. The programme would be targeting the Medical Colleges and also Pediatricians in private practice. The house gave a consent for this novel activity.

Another issue discussed was that of associating Mumbai IAP with academic activities of the Borivali Brotherhood Committee. Dr. Kamlesh Shrivastav represented the committee and put forward a proposal in which Mumbai IAP would associate itself with the academic activities conducted by the Borivali Brotherhood Committee and help in the MMC accreditation of the CMEs and other basic administrative procedures. He proposed that it could be done as per the terms & conditions of MBIAP; & encouraging the committee would prevent building of bodies functioning parallel to MBIAP. All the members in the house agreed with the proposal but with the condition of an Honorarium to be paid to MBIAP. Dr. Pai put forward that the cost incurred towards MMC accreditation only would amount to Rs.3000/-; to this Dr. Sujata Kanhere added that in addition to this MMC cost of Rs.3000 an additional cost of Rs.2000/- be added as a nominal honorarium towards Mumbai IAP. Dr. Lokeshwar supported this thought and later on it was agreed by the house that IAP Mumbai would support the
Brotherhood committee with charges of Rs.5000/- per academic event. Dr. Kamlesh proposed that one representative from MBIAP may be present at the event each time. Dr. Samir Dalwai proposed that it was a good idea that Mumbai IAP should support such small organisations in the city; for this a Centralised Written Policy should be formulated by IAP Mumbai so that the rules & regulations are uniform for such an activity to be conducted by any organisation in association with MBIAP. 2 – 3 senior persons from MBIAP should be made incharge of such policy forming decisions and it was agreed by the house that Dr. Bharat Agarwal, Dr. Lokeshwar and Dr. Kamlesh Shrivastav should be in the committee.

Matters related to MAHAPEDICON 2014:

Dr. Uday Pai gave a brief account of the recently concluded MAHAPEDICON 2014. He mentioned that the conference was a huge success with more than 1450 registered delegates and about 200 faculty. He congratulated one and all for this great success of the state level event which he said was almost at par with a National Conference. He added that the pictures of the entire conference with the edited versions of all the scientific sessions in video format would be uploaded on the MAHAPEDICON 2014 website. Dr. Kamlesh Shrivastav pointed out that even though the conference was successful there were some pitfalls like the timing of the meals being served and repetition of some faculty speakers. Dr. Bipin Shah justified that although there was some issues in the meals only on the first day, all the guests were served meals and for the next two days all the issues were sorted out. Dr. Bharat Agarwal justified the repetition of faculty and explained that it had happened as some faculties dropped out at the last minute due to unavoidable reasons, so the remaining faculty had to fill in the gaps in the scientific sessions. Dr. Lokeshwar commented that any event is always a learning experience and such issues make us wiser for the upcoming events. Dr. Samir Dalwai & Dr. Sujata Kanhere ended the discussion with an applause for all the Organising Committee members for such a successful conference.

Matters Related To National Subspeciality Conferences In 2015:

RESPICON 2015:

Dr. Rajesh Chokhani briefed the house that Dr. Indu Khosla had bid for the National Conference on Pediatric Pulmonology of the IAP Respiratory Chapter. It would be organised on the 11th & 12th December 2015 at Hotel Grand Hyatt, Mumbai. The committee members of the conference proposed that Mumbai IAP should be jointly associated with RESPICON 2015 as the local functioning branch. Dr. Bharat Agarwal opined that the general consensus regarding sharing of the profits from the conference was 65% to the Subspeciality Chapter, 25% to the Local IAP Branch and 10% to the Central IAP; however, there is not a written policy about this in IAP and it is possible that this figures may vary. To this Dr. Uday Pai added that in such situation, Mumbai IAP would like to have 50% sharing of the profits, with two on
board signatories from MBIAP and a separate bank account should be operable for RESPICON 2015. Dr. Chokhani raised the possibility of any negotiations in this, to which Dr. Bakul Parekh added that a separate meeting be conducted for discussing matters related to RESPICON 2015.

**Childhood Disability Chapter National Conference:**

Dr. Samir Dalwai, Chairperson, Childhood Disability Chapter of Central IAP proposed that the National Conference of the Disability chapter in 2015 would be organised in Mumbai and IAP Mumbai should be associated with it. All the members agreed to the proposal. Dr. Samir put forward that the conference be conducted in the month of November 2015. To this, Dr. Sushant Mane pointed out that there were already many conferences lined up in November-December 2015 like Mahapedicon and RESPICON along with our very own EMBICON 2015. He suggested that the dates of all these events be sought for and then a date for the Disability Conference be finalised. All the members agreed on the matter.

**Other Matters:**

Dr. Pai highlighted that in the year 2014, the working pattern of the IAP Mumbai office was revised to include the following:

- Monthly Accounting of all the financial transactions
- Activity Register maintained and updated monthly to include all activities undertaken by the branch
- Holidays of the office staff restricted to 11 official holidays per year with additional consideration depending upon the submission of a written permission with genuine reasons
- The name on the PAN and TAN card was updated to “Indian Academy of Pediatrics, Mumbai”

Permission of the house was taken for installation of a new water purifier and a desktop computer in the MBIAP office as the previous ones were out of order and beyond repair. The house gave permission for both of these.

It was agreed on a consensus opinion by all the members that salary of both the office boys Nilesh and Vinod to be increased and made at par at Rs. 9500/- per month. Nilesh was given a hike as he would be given a formal training in Electronic Accounting and he would maintain the e-accounts in addition to his own present work.

Dr. Pai and Dr. Bela Verma pointed out that the present accountant Mr. Hitesh Bham is grossly inefficient in the working and there is complete lack of communication from his side in any matters on multiple occasions. They proposed that the accountant be replaced. Dr. Bipin Shah and Dr. Bharat Agarwal suggested that a meeting should be fixed with Mr. Hitesh Balm to discuss these issues and in case of an amicable solution not being found, he should be replaced.

The meeting was concluded with a vote of thanks to the chair.
Conduct Disorder
The term “conduct problems” refers to a pattern of repetitive rule-breaking behavior, aggression, and disregard for others. Youth conduct problems are predictive of an increased risk of substance abuse, criminal behavior, and educational disruption; they also incur a considerable societal burden from interpersonal suffering and financial costs.

Clinical Pearls
A. When does youth conduct disorder present clinically?
For children with long-term behavioral problems, signs of conduct disorder often arise by early school age, but few children meet the full criteria for the disorder before 10 years of age. These early signs involve aggressive tendencies, impulsivity, and failure to comply with requests, which are features of attention deficit–hyperactivity disorder (ADHD) and oppositional–defiant disorder. Prospective data show a trajectory of behavioral problems, with progression from ADHD in early school years to oppositional–defiant disorder in subsequent years, followed by conduct disorder as children approach adolescence. Although this developmental pattern is common, it is not typical in children who have early behavioral problems — that is, conduct disorder does not develop in most children with ADHD or oppositional–defiant disorder, and successful treatment of these two conditions may reduce the risk of progression.

Overlap among Six Clinical Entities.

B. What are features of youth conduct disorder with associated callous–unemotional traits?
Callous–unemotional traits, which occur in fewer than half of young persons with conduct disorder, identify a subgroup with distinctive clinical features and neurocognitive perturbations. As compared with youth with conduct disorder who show remorse, empathy, and concern about school performance, those with callous–unemotional traits have a poorer prognosis and treatment response. Like ADHD and oppositional–defiant disorder, callous–unemotional traits are expressed early. Such traits have been identified in children as young as 2 years of age, and among young children with conduct problems, they predict a particularly early onset of a severe, persistent variant of conduct problems. In youth with
conduct disorder, the presence of callous–unemotional traits predicts a poor response to typical socialization practices.

Morning Report Questions

Q. What is the prognosis of youth conduct disorder?
A. Once the diagnosis of conduct disorder is established, the prognosis is usually considered to be poor, though the outcome varies. Antisocial personality disorder, which has a particularly poor prognosis, develops in slightly less than 50% of patients with conduct disorder; however, youth with conduct disorder in whom antisocial personality disorder does not develop typically have other long-term problems. Thus, persistent psychopathology is the rule, though its nature can vary.

Q. Are there effective treatments for youth conduct disorder?
A. Currently available treatments target symptoms rather than underlying mechanisms, since the latter are, as yet, unknown. Most important, currently available treatments are only moderately effective. Two types of psychosocial intervention are effective in reducing conduct problems. One targets diverse behaviors with the use of multiple treatment components, including components that rely on principles from cognitive behavioral therapy to address anxiety and related emotional problems. The other form of effective psychosocial intervention facilitates proper child-rearing practices. Two pharmacologic interventions also show promise, but concerns about adverse effects should lead to judicious use. First, antipsychotic medications reduce irritability and aggression in children, although the usefulness of these drugs is limited by short-term adverse effects, such as sedation, and long-term adverse effects from disrupted metabolic and neurologic functions. Second, data also show benefits of psychostimulant medications. In general, psychostimulants are preferable to antipsychotic agents owing to fewer adverse effects. Nevertheless, stimulants can exacerbate anxiety and cause agitation.
Healthy Child Happy Child Photos
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