CANADIAN PAEDIATRIC SOCIETY
CPS news

Fall/Winter 2018

New ADHD statements aimed at helping clinicians improve diagnosis and treatment

Adapted from a commentary by Dr. Stacey Bélanger, originally published in Paediatrics & Child Health

Three new position statements on attention deficit hyperactivity disorder will help primary care providers diagnose and treat this prevalent neurodevelopmental disorder.

Developed by the CPS Mental Health and Developmental Disabilities Committee, the statements include a summary of the current clinical evidence on ADHD and establish a standard for ADHD care so that Canadian clinicians can make well-informed, evidence-based decisions.

The clinical diagnosis of ADHD is challenging, limited by a lack of reliable diagnostic biomarkers and symptom specificity. The current gold standard for an ADHD diagnosis is based on subjective reports and observational rating scales from caregivers, teachers, and the patient. Although there are assessment tools to document DSM criteria and monitor treatment response or side effects, these measures are open to rater biases and fail to account for the developmental nature of symptoms. Impairment attributable to ADHD relates not only to the symptoms, but also to the demands of the context in which they manifest. There is an increasing need to find objective markers for the disorder

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Awards nomination deadline: December 15

The CPS Awards Program celebrates the important work of the paediatric community in Canada. This year's awards honour excellence in paediatric practice, research, education, and health promotion.

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- Young Investigator Award
- Geoffrey C. Robinson Award
- Noni MacDonald Award
- Michel Weber Education Award
- Distinguished Community Paediatrician Award
- Distinguished Neonatologist Award
- Membership Awards – including the new Early Career Paediatrician Award

For more information visit www.cps.ca or e-mail awards@cps.ca.

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New ADHD statements... *continued from page 1*

to refine diagnosis, assess the efficacy of the therapies and improve follow-up strategies.

ADHD in children and youth: Etiology, diagnosis and comorbidity: This statement describes symptoms, features and impairments associated with ADHD and key points of etiology, particularly its strongly heritable nature and the role of neurological, environmental and psychosocial factors in maintaining and exacerbating its impairments.

ADHD in children and youth: Treatment: This statement provides a summary of the evidence-based treatments for ADHD, including non-pharmacological interventions such as parent behavior training and exercise.

ADHD in children and youth: Assessment and treatment with Autism spectrum disorder (ASD), ID or prematurity: This statement describes how ADHD, a heritable neurodevelopmental disorder, shows clinical and genetic overlap with other childhood neurodevelopmental disorders.

Paediatricians and family physicians are often the first point of contact for families of children and youth with ADHD and comorbidities. The majority of patients with these conditions are diagnosed and treated in community clinics. Residency training programs for paediatricians and family physicians must incorporate behavioural, developmental and mental health training including ADHD diagnosis and treatment among its explicit learning objectives and take measures to ensure this objective is being met.

To access all the statements, visit www.cps.ca or consult the print edition of Paediatrics & Child Health (November 2018). A guide to non-pharmacological interventions for ADHD is included with this issue of the CPS News.

IN MEMORIAM

The CPS offers its condolences to the families of the following members:

- **Dr. Alexander Allen** (1933-2018) Halifax, N.S.
- **Dr. Graham Chance** (1933-2018) Goderich, Ont.
- **Dr. Murray Colwell** (1928-2018) Calgary, Alta.
- **Dr. Philip Etches** (1945-2018) Vancouver, B.C.
- **Father Emmett Johns** (1928-2018 Montreal, Que.
- **Dr. Andrew Murray** (1927-2018) Vancouver, B.C.
- **Dr. Karen Pape** (1944-2018) Toronto, Ont.
- **Dr. Maggie Shu** (1968-2018) Toronto, Ont.

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Vice President candidates for 2019-2020

Dr. Mark Awuku

Windsor, Ont.

Mark is a community paediatrician and professor of paediatrics at the Schulich School of Medicine and Dentistry, Western University. His undergraduate medical education was at the University of Ghana medical school. His paediatric residency was at the Hospital for Sick Children, where he was Chief Resident.

Mark was a consultant paediatrician in Sydney, Nova Scotia for five years and moved to Windsor, Ontario in 1990. He has served in numerous roles and received several teaching awards. Other recognitions include an Honorary Doctor of Laws degree from the University of Windsor in 2016, the CPS Danielle Grenier Membership Recognition Award (2016) and the 2017 Ontario Pediatrician of the Year Award from the Pediatricians Alliance of Ontario.

Mark was Chair of the CPS Continuing Professional Development (CPD) Committee for six years and is now Vice-Chair of the Royal College CPD accreditation committee. He is also a member of the CPS Caring for Kids New to Canada Task Force.

Vision for the CPS

- I would like the government of Canada to continue to pay even more attention to us, as we are looking after one of its most precious possessions: ***all children and youth.***
- Membership drive… I would like paediatricians and health care providers who are not members of the CPS to be more aware of what they are missing. We belong to a wonderful profession and I want to make sure that we keep what we have and make it better.
- All members to jump onto the advocacy bandwagon.
- I see the CPS as gatekeeper of health for Canadian children and I would like the CPS to continue with that.
- Evaluate the needs of our academic faculty, researchers and community paediatricians.
- Provide mentoring for medical students choosing paediatrics as a specialty and address the needs of paediatric residents.
- **Pay attention to what brings practice satisfaction to those of us in practice and make it better.**

Dr. Ruth Grimes

Winnipeg, Man.

Ruth was born and raised in Regina, Saskatchewan. She went to medical school in Saskatoon and completed her paediatric residency and then a hematology-oncology fellowship in Winnipeg. She practices benign hematology but is primarily a community paediatrician, grounded in primary care paediatrics. Her growing consultancy practice includes patients from the North, and children and youth living on reserve, in care or with complex medical and mental health needs. Ruth works six weeks a year on the community paediatrics clinical teaching unit at Winnipeg Children's Hospital. She also teaches residents, is a Royal College examiner, and is medical consultant to a child and family services child abuse committee.

She has three wonderful adult children.

Vision for the CPS

My vision for the CPS is to see it partner with our national child psychiatry and child psychology organizations to lend a louder voice to government advocacy for improved access and depth of mental health services. I see publicly funded psychology services as an integral resource for paediatricians. I feel that paediatricians are already at maximum capacity in their abilities to diagnose mental health and neurodevelopmental disorders. The sheer number of such patients and the need for greater access to cognitive behavioural therapies make it difficult for paediatricians to provide appropriate care for this population. I would like to see funded psychology services in the "Are We Doing Enough?" status report.

Transition to adult care for our ever-increasing population of neurodevelopmentally challenged and complex care patients is an issue. I would like to see the CPS take measures to address their needs with our family practice and internal medicine colleagues.

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

With cannabis now legal, researchers watch for serious and life-threatening events in kids

As legalized cannabis becomes available in Canada for adults, a Canadian Paediatric Surveillance Program study is watching for Canadian children and youth seeking medical attention for serious and life-threatening events due to recreational cannabis use.

The two-year study will run until October 2020 and will accept cases from the month preceding legalization (as of September 1, 2018).

Principal investigators of the study, Dr. Richard Bélanger of Université Laval, and Dr. Christina Grant of McMaster University, are closely following how cannabis legalization will roll out across the country as provinces and territories implement their respective legislation. They are also concerned about its impact on Canadian children and youth.

"The final version of Bill C-45 is 152 pages, and there's no mention of children at all," said Dr. Bélanger. "The only mention of youth is regarding criminal acts: what to do when kids are caught with cannabis in their possession."

Dr. Bélanger and Dr. Grant, adolescent health specialists, note that while Canada's cannabis legalization is directed at adults, youth are currently the largest users of cannabis.

Acknowledging current use patterns, adolescents will likely be affected, they say, at least through new routes of availability, marketing of cannabis-related products, and the false perception that cannabis is now safe.

"There's a clear relationship [in the literature] between the prevalence of adolescent cannabis use and perception of risk," said Dr. Grant. "Among teenagers, the lower the perceived risk of cannabis, the higher the prevalence of use, and vice versa."

"Paediatricians are quite concerned about the impact of cannabis legalization on children and adolescents in Canada."

Dr. Richard Bélanger

The investigators say this is why this CPSP study is so important. Children and youth are among those most at risk of harm from non-medical (recreational) cannabis use, but there is little scientific evidence on health outcomes related to cannabis use in this age group.

"To my knowledge, there's no other in-depth national surveillance study that's been done…in other jurisdictions that have legalized cannabis," said Dr. Grant. "This is a unique opportunity to document serious and life threatening events associated with recreational cannabis, not just at the time of legalization, but up to two years after."

Another concern is accidental ingestion, which has been recorded in other jurisdictions where cannabis has been legalized.

"In Washington and Colorado, where cannabis was legalized four years ago, there's been a significant increase in non-intentional ingestion of certain cannabis products like edibles, and so there's been an increase in the number of toddlers who are visiting paediatric emergency rooms with overdose symptoms secondary to edible cannabis, requiring significant medical treatment and assistance," said Dr. Grant. "So, what's going to happen in Canada?"

What can CPS members do to best serve their patients as cannabis legislation takes hold? "Participate!" says Dr. Bélanger.

"Paediatricians are quite concerned about the impact of cannabis legalization on children and adolescents in Canada," he said. "A program such as the CPSP is able to uncover and follow what the impact will be, but to gather sufficient evidence, paediatricians need to take part in this interesting and quite important study," said Dr. Bélanger.

Dr. Bélanger and Dr. Grant are also authors of the CPS position statement on cannabis and youth, and have advocated for laws that protect children and youth from the potential harms associated with legalization.

Ethics approval for this study was granted by Health Canada and the Public Health Agency of Canada's Research Ethics Board.

For more information, or to participate, visit www.cpsp.cps.ca/surveillance/current-studies

The long reach of childhood

Do paediatricians ask about parents' early experiences?

As understanding grows about the effects of childhood trauma on health and well-being, paediatricians and other child health professionals are asking: How do a parent's experiences in childhood affect the way they interact with their own children? And how can these insights be used to support and nurture the parent-child relationship, which is so critical to healthy child development?

Adverse childhood experiences (ACEs) refers to trauma such as abuse, neglect or household dysfunction. The impact of ACEs was first described in the 1990s by researchers Dr. Vincent Felitti and Dr. Robert Anda, and since substantiated in scores of other studies. The chronic stress caused by ACEs can transform a child's developing brain and manifest as poor health outcomes decades later.

Early Years Task Force

Dr. Robin Williams, Chair
Dr. Sanjeev Bhatla
Dr. Jean Clinton
Dr. Andrea Feller
Dr. Emmett Francoeur
Dr. Kassia Johnson
Dr. Katherine Matheson
Dr. Annie Murphy Savoie
Dr. Alyson Shaw

Earlier this year, the Canadian Paediatric Society's Early Years Task Force set out to better understand whether paediatricians are incorporating information about ACEs into clinical practice, particularly when it comes to talking to parents about their own childhood. The CPS administered an online survey to its more than 3300 members asking about their knowledge of ACEs, whether they ask parents about childhood experiences, and whether there are barriers to asking parents about past trauma. Nearly 11% of members (n=357) responded.

The information will be used to develop tools and resources that encourage these conversations between paediatricians and parents. The ultimate goal is to promote resilience among children, which depends on warm and nurturing relationships with their parents or caregivers.

Two-thirds of respondents feel quite confident in their knowledge of ACEs, but one-third said their knowledge was somewhat or significantly lacking.

While 20% of respondents said they always or often ask parents about their own childhood experiences, almost 50% said they rarely or never asked.

What prevents paediatricians from asking about parental ACEs? Not having enough time for these conversations was cited as a significant barrier by nearly 42% of respondents. Not knowing what to do with the answers is equally challenging—80% said this posed a barrier.

Other barriers that respondents mentioned included logistical challenges (ie., having children present during conversations), and concerns about a negative reaction from parents.

At the same time, many respondents reporting using interventions that are known to promote resilience and improve children's long-term outcomes, such as support for maternal mental health and teaching parents about self-care and consistent routines.

The Task Force is currently finalizing a position statement on positive parenting, which is expected to be published in early 2019.

Earlier this fall the Centre for Youth Wellness, founded by San Francisco-based paediatrician Dr. Nadine Burke-Harris, launched stresshealth.org to help combat the effects of adversity on children. The site, which targets parents, allows users to find their own ACE score and offers tips for "parenting with ACEs." Dr. Burke-Harris has been instrumental in encouraging physicians to integrate ACEs research into the clinical setting.

Caring for unique needs of children and youth from military families

Dr. Anne Rowan-Legg, Ottawa

I've had the opportunity to provide care to many military families through an outreach clinic in the Ottawa valley, near the Canadian Forces Petawawa Base. When I started this clinic a decade ago, I had little appreciation of what the military lifestyle meant to a family or its impact on children and youth. I quickly realized that military families are a particularly vulnerable group when it comes to health care and well-being.

Military families experience unique circumstances such as frequent relocations, parental deployment and family separation. This set of stressors may negatively affect access to and continuity of health care. Unlike military personnel, their family members must access health services through provincial and territorial health care systems like other Canadians.

Reports by the Department of National Defence and Canadian Forces Morale and Welfare Services identify concerns with military families' access to medical and mental health care.

A recent Canadian Paediatric Surveillance Program survey showed that only 17% of paediatricians who responded knew that the federal military health care system does not provide health care to family members. The majority of respondents (87%) did not routinely ask whether a parent was in the military, and 23% said that finding out a parent was in the military would not affect that child's care. More than half of respondents (57%) did not feel adequately prepared to care for children and nearly all (98%) said they had not received any specific training to care for military families.

To address these issues, a group of national experts provided input to the development of an online CME module, released in July 2018, called **Improving the Health Care of Canadian Military Families**. The program offers practical advice for primary care providers and paediatricians who care for military families, and complements the 2016 CPS position statement on caring for children and youth from military families.

To access the e-CME module, or for more information, visit www.cps.ca/en/ecme.

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- Evaluation of the child with global developmental delay and intellectual disability
- Primary Immune Thrombocytopenia

To access these or other podcasts, visit www.cps.ca/en/ecme

CPS and concerned paediatric residents advocate for better sexual health education in Ontario

Paediatricians joined a growing number of health professionals, educators and others expressing concern about the Ontario government's decision to replace a recently revised sexual education curriculum with material that is 20 years old.

Both the CPS and a group of paediatric residents wrote to Ontario Premier Doug Ford and Education Minister Lisa Thompson calling on the province to halt the rollback of sexual education curriculum for students in grades 1 through 8.

"Regressing to a curriculum that does not recognize current social, political and cultural realities poses a direct risk to the health and wellness of Ontario's children and youth," said CPS board members from Ontario, Dr. Kim Dow and Dr. Eddy Lau in the letter.

The 1998 curriculum that teachers are now required to use predates the widespread use of internet and smart phones and offers no guidance for parents, teachers or students on cyberbullying, sexting or online safety.

The 1998 curriculum also doesn't reflect advances in LGBTQ2+ rights, laws and representation. For example, the 1998 curriculum (which predates Canada's legalization of same-sex marriage in 2005) makes no reference to race, lesbian, gay, bisexual, transgender, homophobia, sexual orientation, or gender identity. In contrast, the updated 2015 curriculum seeks to increase awareness and respect for the many differences between people, including gender identity and the importance of consent and respect.

Residents Section president Dr. Amelia Keller spearheaded a letter to the Premier from a group of Ontario paediatric residents.

"Practicing medicine with outdated information is unacceptable, and we believe the same principle must be applied to sexual health education," reads the

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Digital media and school-aged children focus of new statement

A Canadian Paediatric Society task force is working on the much anticipated follow-up to the 2017 position statement on screen use among young children.

The new document focuses on school-aged children and adolescents, a group whose growing independence and increased time spent without parental supervision requires a distinct approach to managing digital devices.

Technology is also an integral part of the school day, and many children bring their own devices to school. More independent screen time increases children's risk of exposure to poor quality, potentially harmful content, including material that is violent, sexually explicit, includes racial or gender stereotypes, negative messages about body image, and pornography.

Heavy screen use distracts from or displaces other social and learning opportunities. Studies show that despite widespread use of "social" media, children in this age group are showing signs of increased isolation. School-aged children and adolescents also have increased rates of mental health disorders such as anxiety, depression, and suicide.

The statement is expected to provide an overview of the risks and benefits of digital media, with recommendations to help clinicians counsel parents and patients. It is being developed by the Digital Health Task Force, chaired by Dr Michelle Ponti, thanks to an unrestricted grant from Telus. The statement is slated for release in June 2019.

Digital Health Task Force

Dr Michelle Ponti (chair)
Dr Stacey Bélanger
Dr Ruth Grimes
Dr Janice Heard
Mr Matthew Johnson (MediaSmarts)
Dr Mark Norris
Dr Alyson Shaw
Dr Richard Stanwick
Dr Ellie Vyver
Dr Lisette Yorke

Hats Off!

Dr. Samina Ali of Edmonton received the 2018 CAPHC Award for Individual Leadership for her dedication to the well-being of Canadian children through clinical practice, health promotion, policy initiatives, and public education and engagement.

Dr. Upton Allen of Toronto received the Order of Ontario in 2018 for his multidisciplinary approach to preventing life-threatening infections among children with compromised immune systems.

Dr. Gilles Julien is the recipient of the Prix Letondal 2018 from the Association des pédiatres du Québec for his exceptional work in the field of social paediatrics.

Dr. Christine Loock of Vancouver was awarded the 2018 Janusz Korczak Medal for Child Rights Advocacy for her work with vulnerable families in Vancouver's Downtown Eastside. Dr. Loock was also named a Woman of Distinction by the YWCA Metro Vancouver for her work in FAS/FASD and social paediatrics.

Dr. Noni MacDonald of Halifax is the 2018 recipient of the CIHR's Institute of Population and Public Health Trailblazer Award for her study of vaccines.

Dr. Barry Pless of Montreal became an Officer of the Order of Canada in 2018 for his dedication to improving children's health as a champion of injury prevention.

Dr. David Rosenblatt of Montreal received the Canadian College of Medical Geneticists Founders' Award for Career Achievement for his outstanding career across all domains of service, research, teaching, administration, and scholarly activity.

Dr. Kent Saylor of Montreal was appointed to the position of Director, Indigenous Health Professions Program at the Faculty of Medicine, McGill University.

Sexual health education... *continued from page 6*

residents' letter. "An antiquated curriculum could lead to the dissemination of inaccurate information. This would pose a direct threat to the current and future mental as well as physical health of our province's young people."

Both the CPS and the residents urged the Ontario government to reconsider the decision to revert to the 20-year-old curriculum, and continue teaching from the 2015 materials until any revisions have been done. The Ford government has stated it plans to consult with parents across the province about the curriculum.

Visit the Canadian Paediatric Society's Facebook page to see the letters, and share with us an advocacy project you've engaged in at the local or provincial/territorial level. To explore ways to advocate for child and youth, visit the CPS website: www.cps.ca/en/advocacy-defense/how-to-advocate

NRP Research Grant deadline: December 15, 2018

The submission deadline for the Neonatal Resuscitation Program Research Grant (up to $25,000 CDN) and the Emerging Investigator Award (up to $5,000 CDN) is December 15, 2018. Research priorities include post-resuscitation neonatal stabilization, quality assurance, resuscitation physiology, education and implementation. For more information, visit www.cps.ca/en/nrp-prn/research-grant.

Neonatal Resuscitation Program

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