Sleep Behaviors and Sleep Problems among School-aged Children in Thailand

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Background: Sleep problems can have tremendous impact on behaviors, emotional and cognitive development in children. This is the first study to evaluate sleep behaviors and sleep problems among healthy Thai school-aged children.

Objectives: This study aims to examine the prevalence of sleep problems and describe sleep/wake pattern among Thai children.

Methods: The school-based, cross-sectional study was conducted in 5 primary public schools selected from Bangkok and three regions of Thailand. Two class rooms were selected from the first and the fourth grade of each school. The Children’s Sleep Habits Questionnaire (CSHQ) was used to evaluate sleep behaviors and sleep problems. Descriptive data was analyzed by means and standard deviations. Mann-Whitney U tests was used to assess differences in subscale and total scores between groups.

Results: During weekday, grade 1 children went to bed earlier and had longer sleep duration compared with grade 4 children. Mean total CSHQ score was significant higher in grade 1 children compared with grade 4 children (p=0.026). Grade 1 children scored significantly higher on bedtime resistance (p=0.004) and sleep anxiety subscale (p=0.022), while grade 4 children scored significantly higher on sleep-onset delay subscale (p<0.001). The most common sleep problems were in the domains of daytime sleepiness and bedtime resistance and anxiety.

Conclusions: Sleep problems are very common among Thai children so that data gathering on sleep patterns and habits in school-aged children by using the CSHQ should be taken into consideration in general pediatric practices.
Mental Health of High School Students in Danilovgrad

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Introduction: Adolescence is a period of transition from childhood to the world of adults. During this period the young people are prone to adventures and experiments with new forms of behavior.

Objective: To determine the frequency of neurotic problems in high school students of mid-adolescent age, the level of abuse of psychoactive substances.

Subject Matter And Method: The research was conducted applying the method of questionnaire completed by 530 high school students.

Result: The questionnaire was distributed to 530 students: 316 female and 214 male. Among them 47 are rural children and 383 are urban. Neurotic problems were noticed in 493 children. Drugs have been offered to 94 students by friends and acquaintances. Alcohol is consumed by 120 students. The total number of smokers is 72. Medicaments are taken without previously consulting doctors by 142 students. Sport is practiced by 279 students. 398 students share their problems with parents.

Conclusion: Almost all the children have some form of neurotic problem requiring a psychologist’s intervention. They were offered drugs by other persons. A quarter of all the children consumes alcohol and takes medicaments without consulting a doctor. The fact that only a small number of them smoke is satisfying thanks to a five-day quit smoking programme, which is implemented in our Youth Counselling Centre. More than a half of all the questioned children practice sport. The most important fact is that the majority of these children share their problems with their parents.
Unintentional Poisoning in Children: Analysis for Significant Risk Factors

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Background: Unintentional poisoning is one of the most common preventable causes of death in children younger than 5 years in Thailand.

Objective: To study risk factors of unintentional poisoning in children age between 6-60 months.

Methods: The case group (n = 58) was composed of children who were diagnosed of accidental poisoning by drug or other substances and treated at Siriraj hospital, Bangkok, Thailand. The control group (n= 174) included children matched for sex and age who came to outpatient unit, Siriraj hospital, for other conditions. Socio-demographic data, poisoning details in the case group, behavioral antecedents of caregivers, storage of toxic agents and children’s developmental level were collected and categorized to environmental, social, behavioral and developmental risk factors.

Results: Sex and mean age were exactly equal in both groups (51.7% males, 48.3% females and age 28.12 months). All children in the case group received poisoning by accidentally ingestion. 87.9% of unintentional poisoning occurred in the house area especially in living room 48.3% and in kitchen 17.2%. 44.8% of them ingested medical substances which belong to other family members. 55.2% ingested nonmedical household chemical substances (especially hydrocarbon 15.5% and acid base 13.8%). Significant social risk factors were number of family members, low paternal income and maternal educational level less than secondary school. Significant behavioral risk factors were grandparent as a primary caregiver and lack of close supervision more than 30 minutes. Significant environmental risk factors were underlying diseases of family members which required medical drugs control, keep medicines or other chemical substances in other package, lid-free package and children-can-reach place. No significant developmental risk factor was found in our study.

Conclusions: Social, Behavioral and environmental risks contribute to unintentional poisoning. Anticipatory guidance in these issues can reduce unintentional poisoning significantly.
Objective: Children’s access to home computers and the Internet has been rapidly increasing the past decade. This study presents results indicative of internet addiction and computer misuse in school-aged children and adolescents.

Method And Material: 219 children aged 6 up to 16 were examined through appropriately constructed interviews about their perceptions and practices concerning the home computer use. The analysis was done through SPSSv18.

Results: 60% of the children have one computer at home and 25 % have two computers. 87% of the children are dealing with PCs up to 4 hours per day. Half of the parents are also ‘wired’ more than 2 hours daily. The most popular applications are games and compulsive surfing online. Half of the responders are absorbed by social networking more than 3 hours per day. Active or passive electronic violence (forms of cyber bullying) was recorded in 2, 5 % of the children. The activities of parents and children on the computer are independent. The majority of children still prefer to communicate with friends in person and not through the interface with the computer.

Conclusion-Discussion: The use of computers at home by children is prevalent and is not supervised by their parents although in 70% of the respondents the home computer is in a public place (e.g. the living room). Also, family is an emotional environment where the computer can act as a catalyst or as a foreign invader.
Health and Physical Development: Comparison of Orphanages and Children Living with Birth Parents

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Background: Several longitudinal studies have shown that early deprivation and institutionalization affects emotional, cognitive, social, neurophysiologic development. An understanding of the possible effects of institutionalization on the physical development of children in different age groups remains unclear.

Objective: To compare medical history and physical development of institutionalized children and children living in a family.

Methods: 32 orphans and 64 children living with birth parents, aged between 6 and 72 months, were examined. Medical histories of these children were studied. Children's height, weight, body circumferences and skinfold thickness at four standard sites (triceps, biceps, subscapular, iliac crest) were measured.

Results: Mothers of the institutionalized children had complex histories including chronic health problems (43.8%), use of tobacco (62.5%), alcohol (25.0%) and illicit drugs (9.4%). The significant medical diagnoses, including congenital anomalies and ocular, neurologic, and orthopedic problems, were found in 78.1% of orphans and 17.2% of children from a natal family. Frequent diagnoses of the children included rickets (37.5%), fetal alcohol syndrome (15.6%), anemia (9.4%), developmental delay (65.6%), behavioral problems (59.4%). Mild growth delays were frequent among the institutionalized children. Mean z scores for weight, height, and head circumference were, respectively, -1.12, -1.74, and -1.28. Children from a birth family had significantly better z scores for height, weight, and head circumference than those from an orphanage care. Growth correlated with child developmental status. The differences of the body composition in examined children were identified.

Conclusions: The institutionalized children have complex medical status, social histories and frequent growth and developmental delays. Our outcomes suggest the influence on children’s health and physical development of not only medical but also social factors.
Background and Aims: Accurate knowledge of a Patient's medical problem is critical for clinical decision making, quality measurement, and clinical research. Common structured sources of problem information include the patient problem list and billing data; however, these sources are often inaccurate and incomplete. Innovative computerized inference algorithm (ICIA) based decision support system was tested for Pediatric Primary Care Education since 2005 to 2008. ICIA system will navigate Physicians; how to take patients’ histories, what to write on physical examinations. We evaluated the performance of ICIA technology by analyzing the quality of resident’s medical record data.

Methods: We compared the quality of the manual chart (data used: before 2004) and the ICIA supported chart (data used: 2005-2008).

The data used, were 100 randomly sampled from 50,000 patients’ data, respectively. Each chart were scored by 3 physicians, who are highly trained and experienced in clinical research. The average score were used for analysis. Five parameters (score) were defined as, clinical accuracy (0-10), legal accuracy (0-10), scientific accuracy (0-10), logical description (0-10), definition of terms (0-10) and total score (0-50).

Result: The average of the total score was 38.6(±2.5) for the manual chart and 43.9(±1.4) for the ICIA supported chart [P-value 0.001].

Conclusion: The ICIA based decision support system improved the quality in resident’s medical record data, dramatically. The ICIA technology, from management sciences and engineering, will change the quality in patients’ safety, resident’s education and risk-management.