



Jenni Parsons

MBBS, DRANZCOG, FRACGP, is Senior Medical Editor, Australian Family Physician, and a general practitioner, Gisborne, Victoria.

Challenges for children

■ This month's issue of *Australian Family Physician* focuses on communication and diagnostic and management challenges for doctors (and parents) in caring for children. The *AFP* supplement, 'Evidence based guidelines for the management of three common paediatric conditions' that accompanies this issue provides a clear approach to the management of bronchiolitis, croup and diarrhoea in the general practice setting and gives one page summaries on the particular challenges of those conditions: assessing severity, initial treatment and determining the need for hospitalisation. The health and behavioural issues discussed in the theme articles, such as functional abdominal pain, school refusal, and oppositional defiant behaviour, are certainly difficult for the child's carers, teachers and doctors to cope with and it is easy to lose sight of the fact that these problems are also difficult for the child.

For children who have chronic abdominal pain or who are refusing to attend school or who have oppositional interactions with adults and peers, there are long term health, educational and social consequences including impaired self esteem, mental health problems, reduced educational outcomes and impaired relationships with peers and family. Which is why it is important to accept the challenge presented and assist the child in the here and now. In many cases, the child whose behaviour is 'challenging' has something very wrong in their world, and as doctors we have a responsibility not only to assist with practical strategies to support parents and assist carers to deal with the child's behaviour, but also to delve into the underlying physical, emotional or social precipitants. Is the child being bullied or abused? Is there a learning or developmental issue we are missing? Is there an underlying physical health issue? Is the child anxious or depressed? Are their secondary gains for the parent or child from this behaviour? Without sorting out what are the challenges for the child, we are unlikely to reduce the challenges of the child.

Nationally, child health, development and wellbeing have shown significant improvement in recent years. The Australian Institute of Health and Welfare reports favourable trends in overall infant mortality, infant deaths from SIDS, child mortality, vaccination rates, exposure to tobacco smoke and tobacco use, death rates from injury and number of children in juvenile justice facilities.¹ However, there remains some significant health challenges facing Australian children.

Children of Aboriginal and Torres Strait Islander origin, and those from lower socioeconomic backgrounds, lag behind other Australian children with worse health, poorer developmental outcomes and reduced wellbeing.¹ Injury and poisoning remains a major cause of death and morbidity among children with road accidents and drowning figuring highly. Disturbingly, assault accounted for 9% of all childhood deaths between 1993 and 2003, and in 2003, there were over 12 000 child victims of assault recorded by police.¹ Between 1997 and 2003 the rate of child care and protection orders increased by 47% to 23.4 per 1000 for indigenous children and 4.6% for other Australian children.¹ Although this increase in protection orders may in part reflect policy changes within the child protection system, there is significant room for improvement in keeping our children safe from injury and harm.

Health issues usually considered challenges of adulthood are emerging as issues for the young. Mental health and behavioural problems are reported in 7% of Australian children² and the most frequently identified problems are somatic complaints, behavioural problems and attention problems. The 2004 NSW Physical Activity and Nutrition survey showed that 26% of boys and 24% of girls aged 5–16 years were overweight or obese compared to approximately 20% overall in 1997 and 11% in 1985.³ In the short term, overweight children may experience poor body image, disordered eating and low self esteem or physical health problems such as asthma, sleep apnoea, raised blood or type 2 diabetes. These children are also likely to become overweight or obese adults with all the associated long term risks that entails.

So although this generation of Australian children have generally had access to improved living conditions, education, vaccination and medical care, subgroups within the population may be missing out on these benefits and the population as a whole may be facing the challenges of an adulthood where lifestyle related illness places huge burdens on the individual and the community.

References

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AFP CORRESPONDENCE afp@racgp.org.au