



EUROPEAN  
PAEDIATRIC  
ASSOCIATION  
(EPA / UNEPSA)



# Newsletter

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## Letter of the Editor

Dear Colleagues and Friends,

In this issue of our Newsletter we are going to comment three aspects of our Society. The first is related to the imminent Congress in Vienna, second the external collaboration for this Newsletter and finally the project with clinical consequences that we have just embarked upon.

Vienna is very close and the Congress looks important bringing new knowledge for caring for children and adolescents and equally to promote health. However, one of the most significant aspect is the special treatment that Poster sessions have been granted. These sessions mainly reflect the clinical level of the attendance, therefore it is crucial to assess the accepted ones, so every session will be conducted and evaluated just with the primary aim to pick out the best poster of the Congress but at the same time and probably most importantly a feedback from different areas will be obtained. This could help to reinforce determined fields of pediatrics not only for forthcoming issues but mostly for care.

In this issue the external collaboration has fallen on Professor Rosa Ballester, Professor of the History of Medicine and a thorough investigator of the History of Pediatrics. She has made a short synopsis of the real life of scientific pediatrics in which birth, growth and even some aspects of the future of our specialty has been covered. Do not miss her words dealing with an important part of the development of medicine that has taken part in Europe mostly from the 18th century.

EPA and its officers are really concerned with evidence-based medicine. Our official journal 'Evidence-based Child Health' brings fresh and reliable information periodically about diagnosing and treating daily problems. We have received positive feedback but also a petition for simpler ways to get closer to this new form of medical literature. Therefore we have started a new format for the 'clinical update' section. In this case just with a commentary on an informative article dealing with the common dilemma of using antibiotics or not in acute otitis media. In future issues this new approach will be further developed.

Just to finish on a positive note, the formative initiatives of EPA have taken a new direction. Assessing what we as general pediatricians know about some diseases and how we are dealing with them. Probably if you attend next 'Excellence in Pediatrics' meeting in Istanbul you will find what we are doing with cows milk allergy patients. The commitment for improving practice of the Council and its President has been important for this.

See you in Vienna at the Congress!

Manuel Moya  
Editor of Newsletter

*P.S. If you wish to receive an e-alert for new issues, all you have to do is send an e-mail to [epa-unepa@candc-group.com](mailto:epa-unepa@candc-group.com)*

## Vienna is ready to welcome the 5th Europaediatrics



### ■ A wealth of knowledge

The largest and most modern conference centre in Europe is ready to welcome you to the 5th Europaediatrics on 23rd June. Ten minutes from the city centre hotels and only an average of 25 minutes from the Vienna International Airport, the Austria Center Vienna is waiting for an influx of just under 200 expert speakers in paediatrics. Over the four days, using the most modern conference and event technology, they will present the very cream of research and clinical practice from over 1,300 researchers working throughout the world.

### ■ A cultural opening ceremony

Fill your ears with the famous Vienna Boys choir. Accompanied by piano, they will perform songs from tranquil Gregorian chant to the more modern. Afterwards, are very welcome to attend the cocktail reception where you can meet your peers in the relaxed atmosphere.

### ■ Poster Presentation Awards

The organisers, the European Paediatrics Association, EPA/UNEPSA have prepared for the presentation of just short of 350 posters to deliver the ultimate amount of cutting edge research to the participants of the 5th Europaediatrics. Sixteen of these have been selected to be delivered as oral presentations and there will be awards for the best oral and poster presentations on the basis of their scientific merit and originality.

### ■ Innovation and variation

The Scientific Programme includes an exciting mix of lectures, symposia, round tables, practical courses and "Professor Meetings". The schedule has been organised to promote active participation while not compromising the sheer wealth of information and its academic excellence.

### ■ Aims and Issues – looking at the present with an eye to the future

The themes have been selected to cover a combination of contemporary technical, social and biomedical topics. Current concerns for science and humanity are aired as are problems stemming from immigration and the benefits and downside of technology for our children. Building bridges throughout the European child healthcare system is positively addressed and the importance of teamwork is highlighted. Special issues such as substance misuse and sexual abuse evolution are examined that exemplify the use of cooperation between paediatricians and experts in other disciplines.

### ■ Preventive perspective

Genetic and predictive medicine and the possibility of DNA testing for diseases are dealt with in a symposium embracing the philosophy of moving "toward a minimal risk society". The concerns of the negative impact of the environment with special emphasis on endocrine disruptors are given special priority.

### ■ Wishing you a very enjoyable stay in Vienna

The above represents just a smattering of what is in store. Go to [http://www.europaediatrics2011.org/sites/default/files/EUROPAEDIATRICS\\_FINAL\\_PROGR\\_WEB2.pdf](http://www.europaediatrics2011.org/sites/default/files/EUROPAEDIATRICS_FINAL_PROGR_WEB2.pdf) for a full account of what you are about to experience. Combine one of the most cultural cities in Europe with a very positive academic programme.

See you there!!

## Vienna is ready to welcome the 5th Europaediatrics

### Organised by:



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## Dermatology in the limelight

The prestigious Excellence in Paediatrics conference in Istanbul on 30 November to 3 December will be comprised of four highly productive days of demand-driven information from experts on five core thematic streams. Results from up-to-date, cutting-edge research will include a wide spectrum of themes - infectious diseases and vaccinations, gastroenterology and nutrition, respiratory medicine and dermatology. Adolescent medicine will occupy a slot of its own.

**EXCELLENCE**  
in **Paediatrics**  
Cutting edge topics by outstanding speakers



### Showcasing dermatology in collaboration with EPA/ UNEPSA and the Cochrane Child Health Field

EPA/UNEPSA and the **Cochrane Child Health Field** will co-organise the **dermatology sessions** that will take place within the context of Excellence in Paediatrics.

Skin and its diseases will be presented using a mixture of lectures, round table, interactive case studies and workshops. Of particular interest, a workshop is scheduled with practical advice for clinicians dealing with vascular birth marks, a most significant and relevant field in child healthcare.

### Skin protection and problems

A lecture by Professor Ulrike Blume-Peytavi will address the myths and truths of skin protection against the sun as a preventive strategy. Antonio Torrelo from the Hospital Niño Jesús, Madrid is scheduled to give a presentation on classic warts and molluscum, and 'Acne - Update on management' will be presented by Professor Lawrence F. Eichenfield. An interactive case study approach will air common dermatologic problems in primary care. Taking the chair are three experts – consultant, Eulalia Baselga, Professor Peter H. Hoeger and Head of Department at the Children's Hospital CHU, Bordeaux, Alain Taieb. More personally, a round table will be held on preventive dermatology where patients' input can be examined in the area of skin care and disease prevention. Finally, the workshop entitled "Birthmarks: When to Worry" will be headed by two leading authorities in this important area.

### Experts in the field



Both heads of department in paediatric dermatology at the University of California, Professor Lawrence F. Eichenfield and Professor Ilona J. Frieden are coordinating the workshop dealing with the topic of birth marks. Ilona J. Frieden is a world-renowned specialist in children's skin diseases. She has more than 20 years' experience in the management of a variety of dermatologic conditions including birthmarks, haemangiomas, laser surgery of port-wine stains, and in caring for children with common conditions such as eczema and other rashes. Lawrence F. Eichenfield's clinical interests include vascular lesions (port wine stains, haemangiomas), atopic dermatitis, acne, neonatal dermatology, laser surgery, procedural pain control, nevi (moles), and skin signs of systemic disease.

## European Paediatric Association (EPA/UNEPSA)

Join the most extensive paediatric network in Europe!

Since the launch of the individual membership scheme, the European Paediatric Association (EPA/UNEPSA) embraces a constantly increasing number of individual members from all over Europe.

EPA/UNEPSA welcomes all doctors who are certified as paediatricians in Europe and are members of their respective National Paediatric Society/Association participating in EPA/UNEPSA.

By joining EPA/UNEPSA, you gain access to a network of 40 national European associations and open yourself to a new world of opportunities.

### Benefits

The individual membership is offered at a privileged 50 Euro annual fee and encompasses a set of benefits that aim to provide value to the wide community of European paediatricians.

- On line access to the *Evidence Based Child Health Journal* is a core benefit of individual membership to our association and we are excited by the prospect of making such a valuable resource widely available to paediatricians across Europe.
- Our members will enjoy reduced registration fees to **Europaediatrics** as well as to other events organised by our Association.
- The **quarterly e-newsletter** aims to be a source of current information relevant to the interests of European paediatricians.
- Finally, our members will find in our **new website** a valuable tool and resource (access to the members-only section, members' forum and working groups, access to educational programmes, complimentary or privileged prices for additional on-line services, etc.)

Individual membership is offered on an annual basis starting on the 1st January of each year and ending on the 31st of December.

You may apply on line for an individual membership. Please visit our website [www.epa-une psa.org](http://www.epa-une psa.org) for more details and to fill out a registration form.

We look forward to welcoming all of you in EPA/UNEPSA!



## Building a pan-European Paediatric Community

Get acquainted with EPA/UNEPSA fellow members, **visit now our Forum!**



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## To treat Acute Otitis Media (AOM) in infants or not?

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In 2004 the American Academy of Pediatrics (1) issued a guideline for the treatment of AOM for children in the age range of 6 months to 12 years with the recommendation of observation without antibiotic therapy. On the basis of their age and severity the administration of amoxicillin was recommended, whether this has been followed or not is still a matter for discussion. It seems that some pediatricians are using antibiotics from the moment of diagnosis and probably these outnumber the ones who keep the attitude of wait and see.

In some countries particularly in the extended European continent (Holland, Serbia, Israel...) the option of observation has been practiced to lessen the use of antibiotics. Therefore we as pediatricians interested in giving the best treatment to our patients face the dilemma to treat or not. The Cochrane Library in an overview of reviews (2) from the prestigious group of Pittsburgh concluded that additional well-designed trials of children with AOM are needed to determine the efficacy of standard-course antibiotic treatment among other issues. So, I am going to comment on an article that fulfills this recommendation.

First, It is absolutely essential to have an accurate diagnosis before taking the decision to treat infants or children under 2 years. There is a well known scale (3) with seven rated items: 0 (none); 1 ( a little); 2 ( a lot), that allows us to evaluate the severity of clinical symptoms (SOS) suggesting an acute otitis media (Table)

**TABLE ACUTE OTITIS MEDIA SCALE FOR SEVERITY OF SYMPTOMS (AOM-SOS) (3)**

	0	1	2
Tugging of ears			
Crying			
Irritability			
Sleeping difficulty			
Less appetite			
Fever			
TOTAL:			

Then if a Child has a score equal or greater than 3 with an onset within the previous 48 hours and has a bulging or marked redness of the tympanic membrane or effusion the diagnosis of AOM can be ascertained provided that other conditions have been ruled out. Now we should consider a recent and important randomized blinded study (4) with nearly 300 children of 6 to 23 months of

age diagnosed with AOM according to this strict criteria. One sub group was treated with amoxicillin-clavulanate for 10 days and another with placebo. After a thorough follow-up evaluation they concluded that the treatment with amoxicillin-clavulanate for 10 days reduced the time of resolution of symptoms and the rate of persistent signs of acute infection on otoscopic examination. This irrespectively of the apparent severity of the illness. The authors add that this benefit must be weighed against concern not only about the side effects of the medication but also the contribution of antimicrobial treatment to the emergence of bacterial resistance.

This study is positively evaluated in terms of its rationale, validity and clinical importance of main results. Then probably there is no need to restrict treatment to children whose illness is diagnosed with the use of stringent criteria. And other question is if amoxicillin alone (5) together with analgesics as is probably the present situation would be more appropriate.

These results are adding light to this problem in a very clear way and this is because the paper has been designed in such a way that the final results are informative. Some other papers do not follow this clear layout but "evidence" will help us to discover this and this is our intention for the future.

### REFERENCES.

1. American Academy of Pediatrics Subcommittee on Management of Acute Otitis Media. *Pediatrics* 2004; 113: 1451-65
2. Shaikh N, Harvey K, Paradise JL, Hoberman A. *The Cochrane Library and Acute Otitis Media in Children: An Overview of Reviews. Evid-Based Child Health* 2009; 4: 390-9
3. Shaikh N, Hoberman A, Paradise JL, Wald ER, Switze GE, Kurs-Lasky M. *Development and preliminary evaluation of a parent- reported outcome instrument for clinical trials in acute otitis media. Pediatr Infect Dis J* 2009; 28: 5-8; ditto 9-12
4. Hoberman a, Paradise JL, Rokette HE, Shaikh N, Wald ER, Kearny DH. *Treatment of acute otitis media in children under 2 year of age. N Eng J Med* 2011; 364: 105-15
5. Coco A, Vernacchio L, Horst M, Anderson A. *Management of acute otitis media after publication of the 2004 AAP and AAFP clinical practice guideline. Pediatrics* 2010; 125: 214-20



## The roots of contemporary Paediatrics: from clinical empiricism to scientific bases of practice (XVIII-XXI Centuries)

**Rosa Ballester**

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The issue of the health, disease and care of children provides paradigmatic case studies within modern history. In fact, the history of childhood reveals the strategic character of health in the modern industrial world and, accordingly, the relevant role played by medicine as a cultural agency, insofar that medical care of children is one of the elements that define the status of children in our days.

The Enlightenment is considered the starting point of modern Paediatrics as all previous activities can only be considered as historical background. Actually, this period is a typical phase of transition, the end of which, by the first decades of the twentieth century, would be the institutionalisation of the paediatric speciality with both a doctrinal corpus of knowledge and professionals dedicated solely to this task. The scientific concern for childhood had clear social, political and economic roots according to the spirit of the era. Philanthropy on the one hand and pragmatism on the other, made child health and disease central issues in the enlightened society. In this scenario all factors converged on the "discovery of the child. Of great importance were the efforts taken for the protection of children which were reflected in the founding of a series of hospices where children with some form of disease lived with children who were either abandoned or from poor families. The London children's home was set up in 1741 and is the subject of the book by W. Cadogan published in 1748. The pamphlet by G. Armstrong appeared two years before the opening of the Dispensary for Poor Children in London. The body of knowledge and paediatric practices followed the same path as those for adults, particularly as at the time there was still no limit or separation between internal medicine and Paediatrics. Many infant diseases were described for the first time during the eighteenth century.

### The appearance of the paediatric speciality

*The first pillars: Hospital as cornerstone and the importance of pathology*  
Pathology and internal medicine have their contemporary starting point in the first half of the nineteenth century. The emergence of new conceptual and methodological approaches put a permanent end to the assumptions of traditional medicine, the foundations of which had been developing cracks under successive renewal movements. Its centrepiece was post-revolutionary France, where new social, political and economic circumstances provided suitable conditions for this break with the past. One of the most interesting characteristics of this movement was the establishment for the first time in the world, of medical specialisation. One of the first specialities created was, precisely, Paediatrics. The parameters that converged to give rise to this process came from two different areas: one was a series of scientific and technical factors, and the other was due to reasons of a social and economic nature. Children, different in themselves from adults became a target of scientific research.

Such changes required a medical response: the appearance of professionals to study, diagnose and treat children with technical tools previously denied them. The role played by hospitals in the development of medical specialism, in general, was crucial. The amount and quality of work performed there is remarkable. To cite some examples, at l'Hôpital des Enfants Trouvés Charles Michel Billard collected materials for his famous *Traité des maladies des enfants nouveau-nés et à la mamelle* (1828) and for his important children's anatomy atlas. Armand Trousseau, meanwhile, introduced traquetomy in the treatment of diphtheria during his tenure as director of l'Hôpital des Enfants Malades, the first paediatric hospital in the world, created in 1802.

The new speciality was gradually consolidated over the second half of the nineteenth and early twentieth century in different European countries and, by extension, in the rest of the world. However new concepts and methods were incorporated to complete the work of the pioneers to give it more solid scientific bases.

### The new pillars: enter laboratory medicine.

If during the first half of the nineteenth century the hegemony of France in the field of Paediatrics was indisputable, from the second half onwards, both British medicine and, above all, German medicine, took over the role of leaders in Paediatrics.

The integration in the area of the hospital, the autopsy room and a new element, the research laboratory, conditioned the emergence of many basic scientific contributions and their direct application to clinical practice. In order to substantiate strong theoretical explanations of disease, doctors used physical, chemical and biological knowledge and methods and indeed the laboratory became the centre of medical life. Another approach, made possible by laboratory medicine, was the modern scientific explanation of the causes of diseases. The birth of bacteriology gave rise everywhere, but especially in Germany and France, to the so-called etiopathological approach.

The development of the paediatric speciality in the context of Europe was spectacular from the scientific point of view. It continued the research lines mentioned above, obtaining brilliant results that directly influenced the clinical practice of the middle decades of the twentieth century and beyond. At the same time came the culmination of the institutionalisation process of the discipline: academic chairs, professional associations, paediatric journals, children's hospitals, the first treatise on Paediatrics, the birth of the International Paediatric Association and the beginning of the International Congresses (the first of which was held in Paris in 1912).

## The roots of contemporary Paediatrics: from clinical empiricism to scientific bases of practice (XVIII-XXI Centuries)

**Rosa Ballester**

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### **The Evidence Based Child Health, a new paradigm in Paediatrics.**

In short, by the end of the nineteenth century, Paediatrics easily fulfilled the requirements of every scientific standard. One of the main features in the twentieth century has been the quick incorporation to the clinic of new developments from genetics, molecular biology, diagnosis techniques and all kinds of therapy. It embarked on a path of continual progress that, together with other external factors such as the improvement in the living conditions of populations in European countries, has led to a decrease in the infant mortality rates to previously unthinkable figures.

The appearance of the Evidence Based Medicine (EBM) represents, in the words of its promoters, a "change of paradigm" in medicine. This new paradigm is the result of the profound changes that medical practice has experienced over the last thirty years due to more efficient use of medical literature and, above all, the development of clinical research. The importance of the using evidence from randomized control trials was applied from their beginnings to Paediatrics and led, in the 1980s, an international collaboration to develop the Oxford Database of Perinatal Trials. The paper by Feldman (1998) is a useful synthesis of the potencialities and the importance of this methodological approach for paediatricians. The Centre for Evidence Based Child Health established in 1995 in London, the Cochrane Child Health Field from 2000 and the appearance, in 2006, of a specific journal devoted to the subject, The Evidence Based Child Health. A Cochrane Review Journal, are important landmarks in this unfinished history of Paediatrics.

From the historical perspective, the role of paediatricians in every period has gone beyond these scientific-technical issues and increasingly their work has integrated other psychological and social dimensions such as adoption or child abuse. Children tend to be the most vulnerable or unprotected segment of society and, therefore, their needs demand special attention.

This is, precisely, one of the main aims of the EPA/UNEPSA. The objective to promote child health and improve paediatric patient care in all member states of the European Union, is a link with the best of the historical European tradition in this area and points the way for the development of scientific Paediatrics in the future.

### **Bibliography**

1. Ballester R. *Child mortality: social and medical responses. The Lancet* 1999; 354: S 27.
2. Dogramaci I. *History of the International Paediatric Association, 1910-2000. New York: Wilton, 2001.*
3. Feldman W. *Introduction to evidence-based Paediatrics. Evidence Based Medicine* 1998; 3: 134-135.
4. Nichols BL, Ballabriga A, Kreschtmer N. (eds.) *History of Pediatrics, 1850-1950. New York: Raven Press, 1991.*
5. Rodriguez-Ocaña, E., ed. *The health of children in Modern History. Dynamis* 2003; 23: 17-160.
6. Still ,G. F. *The history of Paediatrics: the progress of the study of diseases of children up to the end of the XVIII century. Oxford: Oxford University Press, 1931[rep. 1965].*



Position statement in April 2011

## Support for the new paradigm in early feeding for European infants

By Professor Andreas Konstantopoulos and Professor Manuel Moya, on behalf of the EPA council.

**Good health requires good nutrition – even for infants.** A healthy life is influenced by the availability and regular intake of a balanced, healthy diet. Increasingly this requirement has become apparent also for children, and more recently even for infants. A good diet from day 1 will set the necessary foundation for a healthy childhood, thereby providing a strong platform for continued development and a good start in life.

EPA is committed to support general paediatricians across Europe with actionable advice that could help them maintain, develop and improve their clinical practice standards. Recent research by EPA revealed pan-European demand for better paediatric practice support, particularly guidelines. There was also a significant cross-national support for EPA to collect and compare international practice guidelines in paediatrics. This position statement is the first of these new strategic initiatives. It focuses on ideal infant feeding practice in the first 6 months of life and is based on a literature evaluation complemented by nutritional expertise from guidelines and experts from the World Health Organisation (WHO), the European Food Safety Authority (EFSA) and The European Society of Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN), the American Academy of Pediatrics (AAP). A small step in itself, the overall aim of this and all subsequent documents in EPA's early feeding initiative is to support and contribute towards healthier future generations in Europe.

**Address obesity rates rather than malnutrition.** Europe is fortunate not to have suffered from severe food shortage or increased mortality rates due to malnutrition since the two world wars over half a century ago. Instead, infants are much more likely to be overfed these days, and will therefore be at risk to become overweight or obese. Recent developments in child nutrition indicate that high early intake of particularly energy and protein is likely to result in obesity already at the age of school start. This is worrying, as earlier research has shown a correlation between childhood obesity and permanent adult life obesity. Increasing obesity rates are also recognised across Europe and in many other parts of the world as a public health issue.

### EPA's values and position statements

**Less is more.** EPA believes in the values of preventive medicine, and as such also in helping parents develop and implement ever healthier lifestyles for their children. With this document, EPA wants use its expertise, experience and contact network for qualified and actionable recommendations on best infant feeding practice in Europe. EPA believes that, starting with an action platform such as the current position statement, it can address early overfeeding as one of many important steps to promote future healthier generations.

The position statements were developed following a clinical expert meeting in London in March 2011, with members from the EPA council and from invited relevant paediatric specialist organisations.

EPA supports the view, also called the new paradigm in early feeding, that a balanced regular intake of both energy and protein is required for ideal infant growth rates. EPA's support of this concept is the first principal step in a series of activities within EPA's early feeding initiative over the coming years, and we believe this long term commitment will gradually lead to leaner future generations.

EPA supports the view that a balanced regular intake of both energy and protein is best achieved via exclusive breastfeeding in or around the first 6 months of life, and that partial breastfeeding should continue afterwards for as long as mutually desired by mother and child. Infant growth rates are now considered ideal when based on infants who are exclusively breast-fed in their first 6 months, by a healthy mother on a normal unrestricted diet. Importantly, for normal term infants, exclusive breast feeding provides necessary energy and protein for the first six months. After this period breast feeding can continue partially up to 12 months, or even beyond, as preferred mutually by mother and child.

EPA recognises that exclusive breastfeeding is not always possible for a variety of reasons such as medical, practical, or personal. In such cases it is important to offer infants good alternatives to human milk. EPA believes that infant formulas, where applicable, should as closely as possible mimic human breast milk, however without any identified ingredients that may potentially cause adverse events in the infant who cannot be breastfed.

### Implications for general paediatric practice

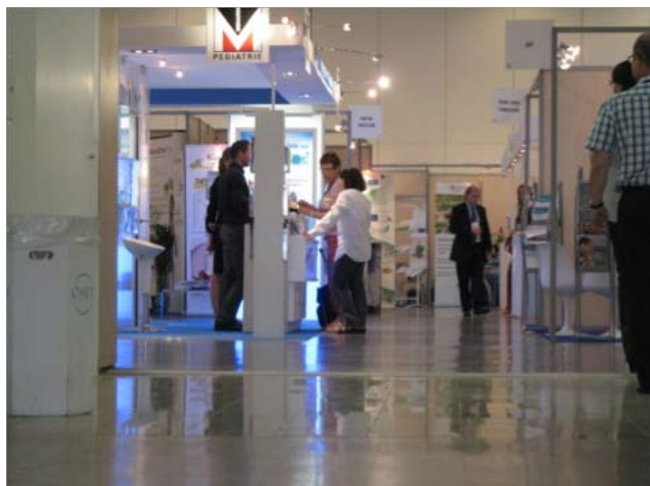
The practical aspect is the most important part of this document, although it will be kept short for clarity reasons. Based on the above reasoning, the following outcomes are recommended:

1. Exclusive breastfeeding for 4-6 months should be recommended for European infants. Any deviation from that should require advance consultation and prescription by a paediatrician.
2. EPA recognises that some medical conditions such as HIV infection or drug abuse are not compatible with breastfeeding. EPA also recognises that many women must return to work sooner than 6 months after delivery. Furthermore, some women would not breastfeed for personal reasons. All these women will need infant formulas to substitute breastfeeding. Infant formulas should:
  - Where possible be complemented by breastfeeding.
  - Mimic human breast milk as much as possible, meaning they should have total energy and protein levels at or near these corresponding levels in human milk.
  - In case of cow's milk allergies, the infant formula should be carefully selected with guidance from a paediatrician.

In the future, EPA will continue collect and compare European growth charts and other clinical guidelines for new position statements in support of optimal early feeding.

Acknowledgement: Pfizer Nutrition sponsored the EPA Early Feeding Initiative which is independently developed and controlled by the European Paediatric Association.

## Congress of the French Society of Paediatrics 2011



### FRANCE

#### Marseilles - an important medical location

The paediatricians of Marseille opened their doors to the Congress of the French Society of Paediatrics this year from 11th to 14th May. Being a large active port, Marseilles has always been subject to the introduction of unwelcome diseases, a classic example being the bubonic plague of 1720. The city has therefore evolved as an ideal place for the study of medicine. As a result, today's Marseille is home to one of the most important faculties of medicine in France and one of the largest university hospitals.

#### A broad-spectrum programme

The conference played academic host to 1,700 delegates and was sponsored by a total of 40 companies. The congress generated a wide range of themes, conducive not only to the lively exchange of information but to the birth of new ideas. A mixture of workshops, lectures, symposia and round tables ensured that peer to peer contact was maximised in the busy schedule.

Healthcare, allergy, vaccination, breastfeeding issues, chronic inflammatory diseases and issues surrounding preterm birth were just some of the topics aired. Advances in technology, being a double-edged sword, bring both problems and benefits and the schedule devoted round table time to stem cell research and nanotechnology.

EPA/UNEPSA provided information to both delegates and companies attending the venue on the initiatives and educational activities of the European Paediatric Association. Representing 40 paediatric associations and groups, they proved to be an excellent source of material on all aspects of paediatric care as well as forthcoming events.



## Building a pan-European Paediatric Community

Get acquainted with EPA/UNEPSA fellow members, visit now our Forum!

<http://www.epa-unepsa.org/forums/forum-members>



## 33rd UMEMPS Congress & 13th Congress of Jordanian Pediatric Society

### JORDAN

#### A warm welcome from Jordan

#### 33rd UMEMPS Congress & 13th Congress of Jordanian Pediatric Society

The 4th to the 7th May 2011 brought the 33rd Union of Middle-Eastern and Mediterranean Paediatric Societies (UMEMPS) to Amman, Jordan. The opening ceremony was attended by the Minister of Health of Jordan, Yasin Husban who gave a welcoming address.

A total of around 600 delegates attended the conference, mainly from the Middle East region, Mediterranean and Balkan countries. Speakers were mainly from Middle East and Balkan countries with a few representatives from the US, Australia, and Western Europe.

#### A New President

Professor Andreas Konstantopoulos, President of EPA/UNEPSA and President elect of the International Paediatric Association took over the Presidency of UMEMPS from Professor Ali Attia Al Matti. He will be welcoming delegates of the 34th UMEMPS Congress ([www.umemps-congress.org](http://www.umemps-congress.org)), taking place in Kos, Greece on 23-26 September 2012, in his capacity as President of the Union for the coming year.



From left to right: Prof. Ali Attia Al Matti, Prof. Andreas Konstantopoulos and the past-President of UMEMPS, Prof. El-Halabi.

#### "For Better Health for Our Children"

Three parallel halls in the modern conference centre hosted the wide-ranging scientific schedule. Appropriately, the motto of the congress "For Better Health for Our Children" was well served by the comprehensive content of the programme. Topics covered all the major systems, cardiology, neurology and nephrology to mention but a few.



Infectious and gastrointestinal diseases (paediatric infectious diseases) were separate subjects as were genetics, metabolic disorders and child rights. Critical care, paediatric surgery and neonatology highlighted the importance of hospital care. Awards of 500\$ were given to the two best abstracts submitted by young researchers.

EPA/UNEPSA, representing 40 National Paediatric Societies, provided a very busy booth that distributed information on all aspects of child health and paediatric care. Many delegates expressed interest including some who were already members of the association or had been to previous EPA/UNEPSA associated conferences and events.

## EPA/UNEPSA Meetings

- **5th Europaediatrics 2011**  
23-26 June 2011, Vienna, Austria

## Member Societies' Meetings

- **60° Congreso de la Asociación Española de Pediatría (AEP)**  
16-18 June 2011, Valladolid, Spain
- **Annual Congress of the Swiss Society of Paediatrics – SSP 2011**  
1-2 September 2011, Montreux, Switzerland
- **Hungarian Paediatric Association, Annual National Paediatric Congress**  
1-3 September 2011, Pecs, Hungary
- **DGKJ Annual Meeting (German Society of Paediatric and Adolescent Medicine)**  
22-25 September 2011, Bielefeld, Germany
- **Romanian Paediatric National Congress (Congresul National de Pediatrie cu participare internationala 2011)**  
28 September – 1 October 2011, Bucharest, Romania
- **Annual Conference of Lithuanian Paediatric Society**  
7 October 2011, Vilnius, Lithuania
- **5th Congress of Paediatric Association of Macedonia**  
5-9 October 2011, Ohrid, FYROM
- **CME Study Day & Ralph Counahan Lecture**  
14 October 2011, Dublin, Ireland
- **Albanian Paediatric Society – National Congress of Pediatrics**  
28-29 October 2011, Tirana, Albania
- **32nd Annual Congress, Pediatric Association of the Netherlands**  
2-4 November 2011, Veldhoven, The Netherlands

## Other Paediatric Meetings

- **15° Congresso Nazionale Società Italiana per la Malattie Respiratorie Infantili (SIMRI)**  
16-18 June 2011, Catania, Italy

- **58th Annual International Congress of the British Association of Paediatric Surgeons (BAPS)**  
19-22 July 2011, Belfast, United Kingdom
- **2nd Signa Vitae International Conference in Pediatric / Neonatal Intensive Care and Anesthesiology**  
2-3 September 2011, Split, Croatia
- **Scientific-practical conference "Pharmacotherapy and Nutrition in Pediatrics" co-organised with IX Forum "Children and medicines" and 5th Forum "Nutrition and Health"**  
14-16 September 2011, Kazan, Russian Federation
- **44th Annual Scientific Meeting of European Society for Paediatric Nephrology (ESPN)**  
14-17 September 2011, Dubrovnik, Croatia
- **XXIII Congresso Nazionale Società Italiana di Pediatria Preventiva e Sociale (SIPPS)**  
15-17 September 2011, Milan, Italy
- **11th International Conference of Osteogenesis Imperfecta**  
2-5 October 2011, Dubrovnik, Croatia
- **XVIII Congresso Nazionale Società Italiana Gastroenterologia Epatologia e Nutrizione Pediatrica (SIGENP)**  
13-15 October 2011, Padova, Italy
- **17° Congresso Nazionale della Società Italiana di Neonatologia (SIN)**  
11-14 October 2011, Sorrento, Italy
- **Excellence in Paediatrics**  
30 November - 3 December 2011, Istanbul, Turkey
- **Excellence in Child Mental Health**  
30 November - 3 December 2011, Istanbul, Turkey
- **1st PNAE- Congress on Paediatric Nursing**  
1-2 December 2011, Istanbul, Turkey
- **XVIII Congresso Nazionale Società Italiana di Endocrinologia e Diabetologia Pediatrica (SIEDP/ISPED)**  
1-3 December 2011, Genova, Italy
- **34th UMEMPS Congress**  
23-26 September 2012, Kos, Greece

## List of member countries and links to societies' websites

### [Albania](#)

Albanian Pediatric Society

### [Armenia](#)

Armenian Association of Pediatrics

### [Austria](#)

Oesterreichische Gesellschaft für Kinder- und Jugendheilkunde (OEGKJ)

### [Belgium](#)

Societe Belge de Pédiatrie/Belgische Vereniging voor Kindergeneeskunde

### [Bosnia and Herzegovina](#)

Pediatric Society of Bosnia and Herzegovina

### [Bulgaria](#)

Bulgarian Pediatric Association

### [Croatia](#)

Croatian Pediatric Society

### [Cyprus](#)

Cypriot Pediatric Society

### [Czech Republic](#)

Czech National Pediatric Society

### [Denmark](#)

Dansk Paediatric Selskab

### [Estonia](#)

Estonian Pediatric Association

### [Finland](#)

Finnish Pediatric Society

### [France](#)

Société Française de Pédiatrie

### [Georgia](#)

Georgian Pediatric Association

### [Germany](#)

Deutsche Gesellschaft für Kinder- und Jugendmedizin (DGKJ)

### [Greece](#)

Hellenic Paediatric Society

### [Hungary](#)

Hungarian Pediatric Association

### [Ireland](#)

Royal College of Physicians of Ireland/Faculty of Paediatrics

### [Israel](#)

Israeli Pediatric Association

### [Italy](#)

Società Italiana di Pediatria

### [Latvia](#)

Latvijas Pediātrū Asociācija

### [Lithuania](#)

Lithuanian Paediatric Society

### [Luxembourg](#)

Société Luxembourgeoise de Pédiatrie

### [Macedonia](#)

Pediatric Society of Macedonia

### [Moldova](#)

Moldovan Paediatric Society

### [The Netherlands](#)

Nederlandse Vereniging voor Kindergeneeskunde

### [Poland](#)

Polskie Towarzystwo Pediatryczne

### [Portugal](#)

Sociedade Portuguesa de Pediatria

### [Romania](#)

Societatea Romana de Pediatrie

Societatea Romana de Pediatrie Sociala

### [Russia](#)

The Union of Paediatricians of Russia

### [Serbia and Montenegro](#)

Paediatric Association of Serbia and Montenegro

### [Slovakia](#)

Slovenska Pediatricka Spolocnost

### [Slovenia](#)

Slovenian Paediatric Society

### [Spain](#)

Asociación Española de Pediatría

### [Sweden](#)

Svenska Barnläkarforeningen

### [Switzerland](#)

Société Suisse de Pédiatrie/Schweizerische Gesellschaft für Padiatrie

### [Turkey](#)

Türk Pediatri Kurumu

### [Ukraine](#)

Ukraine Pediatric Association

### [United Kingdom](#)

Royal College of Paediatrics and Child Health

## EPA Welcomes Corporate Partners

EPA is an association for medical professionals. Our network is a fantastic talent pool of 44,000 paediatric healthcare professionals, who every year share their brilliant questions and suggestions on how to best understand and improve general paediatric practice. EPA always responds to such important feedback. Importantly, however, to be able to address shared issues, unmet needs or to develop good ideas and exciting initiatives, even after prioritisation, we need external financial resources.

EPA has therefore developed a corporate partnership programme that allows companies to support our work provided they share our mission and values, and comply with our ethical principles and Guidelines for Relations with Industry. Jointly we can understand diverse issues better, and develop targeted activities to effectively meet paediatricians' needs for medical education, best practice guidelines, and interactive communication. By working, learning and developing together - by proactively combining our strengths - we can develop and improve the clinical standards, and ultimately also European child health.

EPA would like to welcome its corporate partners and acknowledge their support in the development of the following exciting initiatives:



### "Good Health begins with Good Hygiene"

EPA and Reckitt Benckiser (RB) believe that good hygiene is a key ingredient to good health and work jointly to educate the public on the benefits of adopting good hygiene habits, both personal, in the home, and to explain why good health begins with good hygiene.



### Early Feeding Initiative

EPA and Pfizer Nutrition believe the chances of a healthy life are greatly facilitated by a healthy infancy period. This, in turn, is facilitated by a balanced nutrition. Breastfeeding should be the norm, but where not possible balanced dietary alternatives must be available. EPA and Pfizer Nutrition promote the new paradigm in early feeding which emphasizes the need of a balanced diet also throughout infancy.



### "Helping Mothers Breastfeed Longer through Advanced Education"

EPA and Philips AVENT believe breastfeeding is best for the infant and that paediatricians and health care professionals can often provide invaluable advice to mothers to initiate and sustain their breastfeeding routine. To this end, we are jointly developing an exciting educational programme, presenting state of the art knowledge as it applies to clinical practice.



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