

Monthly paediatric update newsletter for all health professionals working with children – put together by Dr Julia Thomson, Paediatric Consultant at Homerton University Hospital, London, UK. Housed at www.paediatricpearls.co.uk where comments and requests are welcome!

North East London CCG has recently updated their Vitamin D deficiency and supplementation guidance. It includes a useful formulary of individual Vitamin D preparation; gluten, lactose, alcohol and nut free preparations listed, vegetarian, Kosher and Halal preparations. See <https://gps.cityandhackneyccg.nhs.uk/prescribing-guidelines/vitamin-d-deficiency-pathway-children>.

Vitamin D deficiency (less than 25nmol/L)		Vitamin D Insufficiency (25-50nmol/L)
1-5 months	3000 units daily for 8 weeks (up to 12 weeks smts)	Maintenance therapy 400-600 units daily
6 months – 11 years	6000 units daily for 8 weeks (up to 12 weeks)	Vitamin D rich foods include salmon, sardines, herring, mackerel, egg yolks, red meat, liver, infant formula, yoghurts, margarine, some breakfast cereals
12-17 years	10 000 units daily for 8 weeks (up to 12 weeks)	

GROUPS AT HIGH RISK OF VITAMIN D DEFICIENCY (1 or more)

Diets insufficient in calcium (e.g. vegan/low dairy) or restrict major food sources of vitamin D or generally poor diet
 Limited sun exposure e.g. cover up skin, photosensitive patients or those advised to apply high factor sun block due to malignancy risk e.g. cancer survivors
 Spend little time outdoors e.g. those with limited mobility
 Darker skin e.g. African, African-Caribbean or South Asian origin
 Taking anticonvulsants that induce liver enzymes e.g. carbamazepine, phenobarbitone, phenytoin or primidone
 Family members with proven vitamin D deficiency
 Childhood or adolescent obesity (body mass index greater than the 98th BMI for age centile)

Vitamin D testing is NOT recommended

Primary Prevention Advice: maintain adequate vitamin D levels through dietary intake and multivitamin supplements
Public Health England Recommendation on Vitamin D Supplements (2016):
 Babies from birth - 1 year daily supplement of 340 - 400 units vitamin D (none if receiving > 500 mL infant formula per day)
 Children aged 1-4 years daily supplement of vitamin D 400 units
 Children aged > 4 years:
 a) Consider taking a daily supplement containing vitamin D 400 units in autumn and winter
 b) People whose skin has little or no exposure to the sun, or who always cover their skin outside need to take a daily supplement containing vitamin D 400 units throughout the year
 c) People with dark skin should consider taking a daily supplement containing vitamin D 400 units throughout the year
Infants/children residents of City and Hackney:
 4 weeks - 4 years: entitled to Healthy Start vitamins free of charge. See <https://hackney.gov.uk/healthy-start> for more information
Inadequate dietary calcium intake: advise on dietary measures to correct this: <https://www.bda.uk.com/resource/calcium.html>

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Around **35% of people experiencing an eating disorder may have autism spectrum condition (ASC)**, or present with high levels of autistic traits. <https://peacepathway.org/> (PEACE = Pathway for Eating disorders and Autism developed from Clinical Experience)

Do you know what interoception is?

"Interoception is an internal sensory system in which the physical and emotional states of the person are consciously or unconsciously noticed, recognised and responded to", writes Dr Emma Goodall, autistic author and research fellow, "For example:

- a person notices their stomach is rumbling and they have a pulling sensation in their abdomen
- they recognise this as signalling hunger
- they respond by eating something."

We need this system to know when to go to the toilet but also to be aware of our emotions and autistic people may have reduced interoception. She gives a personal example:

"when I am overwhelmed I am much more easily distressed by small sensory things. I often have no idea what emotions I am experiencing. When in this state, I am less able to self-manage my eating or drinking as I do not notice nor recognise my body signals of hunger and thirst. I am also less able to self-regulate my emotions as I am not aware of the emotion that is developing and so cannot respond helpfully. This means anxiety may skyrocket before I realise I am anxious." See <https://www.autism.org.uk/advice-and-guidance/professional-practice/interoception-wellbeing> for further reading on this topic.

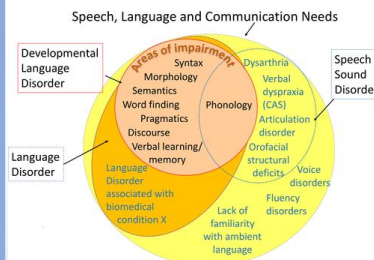
Autism and Eating Disorders Workshop

Date: Thursday 3rd November

Time: 13:30 - 17:00

This workshop will be held virtually and we have an Early Bird ticket price of £35! So don't miss out and sign up here!

<https://www.beateatingdisorders.org.uk/training-events/attend-an-event/autism-and-eating-disorders-workshop/>



Relationship of DLD to other speech, language and communication needs. From [Bishop et al.](#)

With thanks to Anna Sowerbutts, Highly Specialist Speech and Language Therapist, for this article.

Friday 14th October is international **Developmental Language Disorder (DLD) Awareness Day**. Please help raise awareness of this under-recognised condition by telling just one person what you have learned about DLD. To find out more, visit [RADLD | Raising Awareness of Developmental Language Disorder](#).

DLD is a significant difficulty learning, understanding and using spoken language, with no identifiable cause. DLD often has shared features with autism but is distinct in key ways. Here are 5 facts about DLD:

1. DLD is a hidden disability. Grammar, semantics, pragmatics and verbal memory are some of the areas that may be impaired in people with DLD, but these are not always obvious to the non-specialist.
2. DLD is common. Several studies have put prevalence at around 7%.
3. DLD emerges in early childhood but persists into adulthood.
4. DLD matters. It can affect social and emotional well-being as well as success at school and work.
5. DLD often occurs alongside other problems like ADHD, speech sound disorder and dyslexia.

INFANT FEEDING RESOURCES

Useful resources (leaflets & videos) to help with breastfeeding your baby:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/>

<https://globalhealthmedia.org/videos/breastfeeding/>

<https://www.breastfeedingnetwork.org.uk/> (including drugs in breastmilk factsheets)

The National Breastfeeding Helpline: 0300 100 0212 (help & support 365 days per year 9.30am-9.30pm).

Formula feeding

It is important to wash and sterilise equipment as per current guidance.

UNICEF recommends that bottle fed babies are responsively fed. Pace the feeds and limit the number of people who feed your baby. Useful information can be found here:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/bottle-feeding-resources/infant-formula-responsive-bottle-feeding-guide-for-parents/>.

See FAQs and information from First Steps Nutrition Trust:

<https://www.firststepsnutrition.org/parents-carers>

Use Stage 1 formula throughout the first year of a baby's life. All first infant formulas have similar nutritional compositions to comply with legislation.