

# 4<sup>th</sup> International Conference on

# **Pediatrics & Neonatal Care**

July 23-24, 2025 | Paris, France



Venue: Van der Valk Hotel Paris CDG Airport 351 Av. du Bois de la Pie, 95700 Roissy-en-France

ISBN: 978-1-917892-12-4





# LETTER FROM THE CEO & DIRECTOR UNITED RESEARCH FORUM

On behalf of United Research Forum, UK, we are delighted to announce the organization of the 4th International Conference on Pediatrics and Neonatal Care, to be held at the Van der Valk Hotel Paris CDG Airport from July 23–24, 2025.

Our goal is to provide an international platform where researchers and professionals from various fields of the health sector can come together to exchange ideas, discuss current trends, share research outcomes, and explore practical experiences.

We look forward to welcoming all of you to France and to hosting an exceptional meeting with distinguished scientists from around the world, sharing new and exciting developments across the diverse subjects covered by the conference.

We hope you enjoy your stay in France and encourage you to take this opportunity to explore the beautiful historical sites the country has to offer. Finally, I extend my best wishes for a successful and fruitful conference, and express sincere thanks to our partners and the organizing team for making this event possible.

Sincerely,

Dr. Vanga

CEO, Director | United Research Forum United Kingdom

# Scientific Program

4th International Conference on

# Pediatrics & Neonatal Gare

July 23-24, 2025 Paris, France

Van der Valk Hotel Paris CDG Airport





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Registrations & Opening	Remarks (08:00-09:00 )
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Keynote Forum (	(09:00 - 10:30)	)
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Mary Loeken, Joslin Diabetes Center/Harvard Medical School, United States	09:00-09:30	<b>Title:</b> Cellular and Molecular Causes of Pre-Pregnancy Diabetes- Induced Birth Defects
Anne Marcic, Public Health Department of the State Capital Kiel, Germany	09:30-10:00	<b>Title:</b> Can cleaning processes based on ozone be used for high-touch surfaces in nursing homes in areas critical for infection control?
Patrick Morhart, Department of Neonatology and Pediatric intensive care, Germany	10:00-10:30	Title: Evaluating the Use of Neonatal Colonization Screening for Empiric Antibiotic Therapy of Sepsis and Pneumonia

### Refreshment Break & Group Photo (10:30 - 10:50)

### Technical Session-I (10:50 - 13:00)

<b>Margot-Geerts,</b> Maastricht University, Netherlands	Plenary talk (10:50-11:20)	<b>Title:</b> Professional care in painful neuropathy: a pivotal role of the nurse practitioner
Ardeshir Ahmad Monavari, University College Dublin, Ireland	11:20-11:45	Title: Glutaric aciduria type 1: Diagnosis, clinical features and long- term outcome in a large cohort of 34 Irish patients
<b>Kubra Yeni,</b> Ondokuz Mayis University, Turkey	11:45-12:10	Title: The Relationship Between Suicidal Behavior, Epilepsy Impact, and Social Isolation in Patients with Epilepsy



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Shuaib Kauchali, University of the Witwatersrand, South Aftrica	12:10-12:35	<b>Title:</b> Breaking the cycle of wasting and stunting in volatile contexts: integrating cross-sectoral, accelerated, and accountable nutrition interventions
<b>Preslava Gatseva,</b> Medical University Pleven, Bulgaria	12:35-13:00	<b>Title:</b> The Challenge to Diagnose Late-onset Neonatal Sepsis
Lun	ch @ Restaurant	(13:00- 13:50)
Laurey Brown, Lurie Children's Hospital, USA	14:00-14:25	<b>Title:</b> Use of the Assessment of Caregiver Experience with Neuromuscular Disease (ACEND) in Spinal Muscular Atrophy
Mukaddes Demir Acar, Tokat Gaziosmanpasa University, Turkey	14:25-14:50	<b>Title:</b> Health care satisfaction and healthy life education consciousness levels of parents with hospitalized children
Andrew Bevan, PPD, part or Thermo Fisher Scientific, United Kingdom	14:50-15:15	<b>Title:</b> Continuous Glucose Monitoring in Clinical Research: Trends and Challenges
Adi Aran, The Hebrew University of Jerusalem, Israel	15:15-15:40	<b>Title:</b> A randomized trial of cannabinoid treatment in children with autism spectrum disorder
<b>Daniel Lichtenstein,</b> Hospital Ambroise ParÃ, France	15:40-16:05	<b>Title:</b> Lung ultrasound in acute respiratory failure - the basis
<b>Maud Favier,</b> Hopital Necker Enfants Malades, France	16:05-16:30	<b>Title:</b> Fetal Presentation of MYRF-Related Cardiac Urogenital Syndrome: An Emerging and Challenging Prenatal Diagnosis

Refreshment Breaks & Panel discussions





Join Zoom Meeting

Meeting ID: 826 6250 9358

Passcode: Urf@@025



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Virtual Presentations					
<b>Changhe YU</b> , Beijing University of Chinese Medicine, China	10:00-10:20	<b>Title:</b> Development of international guidelines by Tuina practitioners for specific acupoints of paediatrics Tuina (2022 version)			
Ali Aldirawi, Central South University, China	10:20-10:40	<b>Title:</b> Effect of maternal knowledge of asthma management on quality of life and asthma control among children with asthma: a cross-sectional study			
<b>Junyi Zheng,</b> Chongqing General Hospital, China	10:40-11:00	Title: Influence of exercise intervention on gestational diabetes mellitus: a systematic review and meta-analysis			
<b>Arumugam Raman,</b> Universiti Utara Malaysia, Malaysia	11:00-11:20	<b>Title:</b> Systematic literature review on the effects of blended learning in nursing education			
<b>Shashi Prakash,</b> Sarojini Naidu Medical College, India	11:20-11:40	Title: Comparision in stress among working women and non working women			
<b>Trupti Amol Joshi,</b> Government Medical College, Aurangabad, Maharashtra, India	11:40-12:00	<b>Title:</b> Effect of Screen Time on Duration & Quality of Sleep in Children			
Parvaneh Khorasani, Isfahan University of Medical Sciences, Iran	12:00-12:20	<b>Title:</b> The Medical Librarian`s Roles and activities in Patient Education Process: A Scoping Review			



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# E-Posters (12:20- 14:00)

Xiao Deng, Department of Rehabilitation Medicine, The Affiliated Rehabilitation Hospital of Chongqing Medical University, China	E-01	Title: Utilization of Atomic Force Microscopy to Examine Surface Ultrastructural Changes in Bone Tissue Following Pulsed Electromagnetic Field Therapy for Osteoporosis in Rats
Biao Li, Department of Respiratory and Critical Care Medicine, China	E-02	Title: Exploring the Therapeutic Value of Yiqi Huoxue Qiangxin Decoction in the Treatment of Chronic Pulmonary Heart Disease
Wan Dan, Department of Gynecology, Chongqing Hospital of Traditional Chinese Medicine, China	E-03	Title: Association between secondhand smoke exposure and osteoporosis risk in postmenopausal women: a cross-sectional analysis of NHANES data
Chan Huang, Department of Obstetrics and Gynecology, Women and Children's Hospital of Chongqing Medical University, China	E-04	<b>Title:</b> The relationship between vaginal flora changes and spontaneous abortion in early pregnancy at advanced age
Ting Huang, Department of Obstetrics and Gynecology, Women and Children's Hospital of Chongqing Medical University, China	E-05	Title: The mechanism by which MALAT1/CREG1 regulates premature rupture of fetal membrane through autophagy mediated differentiation of amniotic fibroblasts



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Yu Yan, Department of Obstetrics and Gynecology, Women and Children's Hospital of Chongqing Medical University, China	E-06	Title: An insertion-deletion polymorphism in angiotensin-converting enzyme is associated with a reduced risk of preeclampsia: an evidence-based meta-analysis from 44 studies
Qingqing Yang, Department of Gynaecology and Obstetrics, Chongqing Traditional Chinese Medicine Hospital, China	E-07	Title: The Effect of Oxytocin Combined with Carboprost Tromethamine on Blood Coagulation Function and Hemodynamics in Patients with Postpartum Hemorrhage
Mengxiao Li, Department of Hematology and Oncology, Shanghai Children's Medical Center Affiliated to Shanghai Jiao Tong University School of Medicine, China	E-08	<b>Title:</b> Thiopurine-Induced Mutagenesis at Methylated CpG Sites Drives TP53 R248Q Hotspot Mutations in Relapsed ALL
Zeng Zhen, Department of Psychiatry, Chongqing Mental Health Center China	E-09	Title: From Subjective to Objective: The Rise of Automated Language Analysis in Schizophrenia Detection
Antony Jacintha Antonypillai, GH Mullaitivu, Sri Lanka	E-10	Title: Knowledge, Attitudes, and Practices of Paediatric Advanced Life Support (PALS) among doctors in Lady Ridgeway Hospital for children, Sri Lanka



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Mostafa A. Abolfotouh, King Saud Bin Abdulaziz University for Health Sciences, Saudi arabia	14:00-14:20	<b>Title:</b> Impact of a Video-Based Educational Intervention on the Levels of Knowledge and Concerns about COVID-19 Vaccination
Bernard Klemenz, Royal College of General Practitioners/GP Locum, UK	14:20-14:40	<b>Title:</b> Reflective Journaling, diagnostic reasoning, evidence based physical examination together with Gut Feelings and Empathy -a way forward to improve nursing care
Shashi Prakash, Sarojini Naidu Medical College, India	14:40-15:00	Title: Effectiveness of Concept Mapping in Enhancing Knowledge Regarding Dengue Among Health Profession Students: A Quasi- Experimental Study
Hazza Al Otaibi, King Saud bin- Abdulaziz University, Saudi arabia	15:00-15:20	Title: Efficacy of scopolamine transdermal patch in children with sialorrhea in a pediatric tertiary care hospital
Giti Azim, World Health Organization Country Office, Afghanistan	15:20-15:40	<b>Title:</b> Factors associated with total cholesterol and blood glucose levels among Afghan people aged 18–69 years old: Evidence from a national survey
Tugba Oz, Istanbul Beykent University, Turkey	15:40-16:00	<b>Title:</b> An Innovative Approach to Patient Education in Gynaecology and Obstetrics; Spotify

Day 2 THURSDAY

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Stina Klemming, Lund-Malmà NIDCAP Training and Research Center, Skayne University Hospital, Sweden	16:00-16:20	<b>Title:</b> The National Swedish Guideline on Immediate and Uninterrupted Skin-to-Skin Contact and Mother-Newborn Couplet Care
Tugce Akyol, Afyon Kocatepe University, Turkey	16:20-16:40	<b>Title:</b> Pediatricians' and nurses' views on child participation in health services: A Case Study from Turkey
Bernd Blobel, University of Regensburg, Germany	16:40-17:00	<b>Title:</b> Designing and Managing Intelligent and Ethical Transformed Health and Social Care Ecosystems
Alexander Plakida, Odessa National Medical University, Ukraine	17:00-17:20	<b>Title:</b> Features of ECG registration and interpretation in patients with amputated limbs
Sleh Eddine Saddi, Mental Health Service, Mohamed Tahar Maamouri Hospital, Tunisia	17:20-17:40	<b>Title:</b> Cognitive Assessment of Executive Functions in Tunisian School-Aged Children
Celia Landmann Szwarcwald, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil	17:40-18:00	<b>Title:</b> Impact of the COVID-19 pandemic on the health situation of the Brazilian population



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University of Kansas Medical Center, United States 18:00-18:20

**Title:** Clinical Utility of Chromosomal Microarray in Detecting Cryptic Abnormalities in Myeloid and Lymphoid Malignancies

### Joyce Simard,

University of Minnesota, Ithaca College Founder Namaste Care International, USA

18:20-18:40

**Title:** Namaste Care: Helps People with Advanced Dementia Live Not Just Exist

### Brenna Bray,

NourishED Research Foundation, United States

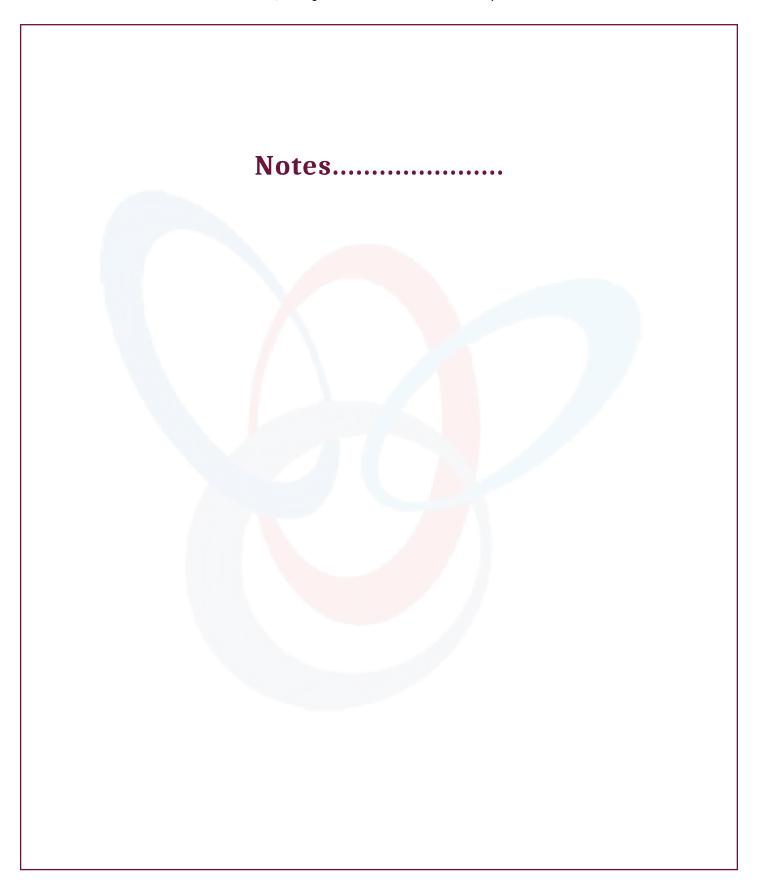
18:40-19:00

Title: Lessons from Binge Eating
Disorder Experts on Environment,
Mental Health, Clinical Factors and
Treatment Options that Impact Eating
Disorder

Day 2 Concludes



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JUNE 08-09, 2026 PRAGUE, CZECH REPUBLIC

### Website URL:

https://unitedresearchforum.com/pediatrics-conference-2025/

Email: director@urforum.org



# July 23-24, 2025 | Paris, France



### Mary R. Loeken

Joslin Diabetes Center and Harvard Medical School, Boston, USA

# Cellular and Molecular Causes of Pre-Pregnancy Diabetes-Induced Birth Defects

Maternal diabetes existing prior to pregnancy increases birth defect risk in the offspring. We developed a mouse model of diabetic pregnancy to study how these birth defects occur. Neural tube defects (NTDs) and cardiac outflow tract defects (COTDs), two of the most common malformations in human offspring of diabetic women, are significantly increased in embryos of diabetic mice. Maternal diabetes inhibits expression of Pax3, a gene that is expressed in neuroepithelium and neural crest and is required for neural tube closure and cardiac outflow tract septation. We showed that maternal hyperglycemia, above 14 mM (250 mg/dl) is necessary and sufficient to inhibit Pax3 expression and to induce malformations. Early embryos express the high  $K_{\rm M}$  (~15 mM) GLUT2 glucose transporter, and GLUT2-mediated glucose transport is required for malformations in response to maternal hyperglycemia. Increased glucose transport and metabilism induces oxidative stress. Oxidative stress stimulates AMP-activated protein kinase and DNA methyltransferase 3b activities, which inhibit Pax3 expresson. As a result of PAX3 protein insufficiency, neuroepithelial and cardiac neural crest cells undergo p53-mediated apoptosis. Thus, when maternal diabetes inhibits Pax3 expression, p53 protein levels rise, p53 induces neuroepithelial or cardiac neural crest cell apoptosis, and NTDs or COTDs result.

While GLUT2 confers susceptibility of embryos to maternal hyperglycemia, it does not function as an efficient glucose transporter during nomoglycemica. GLUT2 can transport the amino sugar, glucosamine (GlcN), a substrate for protein glycosylations. We showed that GLUT2 is required for GlcN-stimulated embryo cell proliferation and stimulates metabolic pathways needed for growth. GLUT2-mediated glucose transport significantly inhibits GlcN transport, suggesting that some of the adverse effects of high glucose are due to inhibition of GlcN-dependent pathways.

Keywords: Diabetic pregnancy, birth defects, PAX3, hyperglycemia, GLUT2

### Biography

Mary R. Loeken is a Research Investigator at the Joslin Diabetes Center and Associate Professor of Medicine at Harvard Medical School in Boston, MA. She has served on the Editorial Board of the journal, Diabetes, and is a Co-Editor of the journal, Diabetes Metabolism Research and Reviews. She has served as the Chair and Post-Chair of the Pregnancy and Reproductive Health Professional Interest Group of the American Diabetes Association. She is recognized for her research on the mechanisms for birth defects induced by diabetic pregnancy, diabetic embryopathy.



# July 23-24, 2025 | Paris, France



**Patrick Morhart**, Jürgen Held, Alisa Bär, Heiko Reutter

Division of Neonatology and Pediatric Intensive Care, Department of Pediatrics and Adolescent Medicine, Friedrich-Alexander-University of Erlangen-Nuernberg Loschgestraße 15, 91054 Erlangen, Germany

# Evaluating the Use of Neonatal Colonization Screening for Empiric Antibiotic Therapy of Sepsis and Pneumonia

### **Background**

Since 2013, weekly screening for multidrug-resistant gramnegative (MDRGN) bacteria is performed in German neonatal intensive care units (NICU). National guidelines recommend considering these colonization analyses for antibiotic treatment regimens. Our retrospective single center study provides insight into the clinical dichotomy of bacterial colonization and infection rates in neonates.

### **Methods**

We analyzed microbiological data of neonates admitted to our tertiary level NICU over nine years. Colonization with MDRGN/Serratia marcescens (SERMA) was compared to microbiological findings in sepsis and pneumonia.

### Results

We analyzed 917 blood and 1,799 tracheal aspirate samples. After applying criteria from the Nosocomial Infection Surveillance for Neonates (NEO-KISS), we included 52 and 55 cases of sepsis and pneumonia, respectively. 19.2% of sepsis patients and 34.5% of pneumonia patients had a prior colonization with MDRGN bacteria or SERMA. In these patients, sepsis was not attributable to MDRGN bacteria yet one SERMA, while in pneumonias ten MDRGN bacteria and one SERMA were identified. We identified late-onset pneumonia and caesarean section as risk factors for MDRGN/SERMA acquisition.

### **Conclusions**

Colonization screening is a useful tool for hygiene surveillance. However, our data suggest that consideration of colonization with MDRGN/SERMA might promote extensive use of last resort antibiotics in neonates.

**Keywords:** multidrug-resistant gramnegative bacteria; MDRGN; multidrug resistant bacteria; MDR; neonates; colonization; neonatal infection; sepsis; pneumonia; screening writing, template, sixth, edition, self-discipline, good

### **Biography**

- 01.12.2019- current: Managing Senior Physician of the pediatric and adolescent clinic
- 07.07.2018 current: Member of the examination board for neonatology and intensive care medicine at The Bavarian State Medical Association
- 25.22.2017 Authorization Training and education in pediatric intensive care medicine (24 months)
- 06.05.2017 Authorization for Training and education in neonatology (36 months)
- 01.05.2017 01.07.2021: Head of the department of neonatology and pediatric intensive care medicine.

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# July 23-24, 2025 | Paris, France



### Ardeshir Ahmad Monavari

University College Dublin

# Glutaric aciduria type 1: Diagnosis, clinical features and long-term outcome in a large cohort of 34 Irish patients

Glutaric Aciduria type 1 (GA1) is a rare neurometabolic disorder that can lead to encephalopathic crises and severe dystonic movement disorders. Adherence to strict dietary restrictions, in particular a diet low in lysine, carnitine supplementation and emergency treatment in pre-symptomatic patients diagnosed by high-risk screen (HRS) or newborn screen (NBS) leads to a favourable outcome.

We present clinical and biochemical characteristics and long-term data of Irish patients up to 40 years of age. Sixteen patients present clinically: median age at diagnosis of one year. Eighteen patients on high-risk screen and newborn screening: median age at diagnosis, four days.

Clinical events occurred after six years of age were unused but happened.

So, we support the recommendation for diet, carnitine supplementation, as well as emergency treatment for life.

### **Biography**

Prof. Monavari has more than 20 years' experience in Inherited Metabolic Disorders in Ireland, the United Kingdom and Canada. He has been a permanent consultant in The National Centre for Inherited Metabolic Disorders (NCIMD) for more than 10 years. He is the Clinical Director of the NCIMD. Prof. Monavari is President and co-founder of the Irish Society of Inherited Metabolic Disorders (ISIMD). Prof. Monavari is interested in all Inherited Metabolic Disorders. His clinical and research interests include Glutaric Aciduria, Urea Cycle Defects, and Maple Syrup Urine Disease (MSUD).



# July 23-24, 2025 | Paris, France



### Shuaib Kauchali<sup>1</sup>, Ann Ashworth<sup>2</sup>

<sup>1</sup>Division of Community Paediatrics, Department of Paediatrics and Child Health, University of the Witwatersrand, Johannesburg, South Africa

<sup>2</sup>International Malnutrition Task Force of the International Union of Nutritional Sciences, London, United Kingdomand Department of Population Health, London School of Hygiene & Tropical Medicine, London, United Kingdom.

# Breaking the cycle of wasting and stunting in volatile contexts: integrating cross-sectoral, accelerated, and accountable nutrition interventions

The dual burden of wasting and stunting reflects the compounding effects of poverty, food insecurity, inequitable health systems, and the commercial determinants of health in low- and middle-income countries (LMICs). In South Africa, a nation shaped by apartheid's legacy and enduring structural inequalities, children face disproportionate risks due to exposure to ultra-processed, nutrient-poor diets, environmental pressures, and limited access to essential services. Recurrent wasting episodes often result in irreversible stunting, perpetuating developmental deficits, reduced economic productivity, and intergenerational cycles of disadvantage.

This review advocates for a systems approach to malnutrition, guided by the Mainstreaming, Acceleration, and Policy Support (MAPS) framework to align actions with the Sustainable Development Goals (SDGs). Mainstreaming embeds child nutrition across health, education, and social protection systems. At the same time, acceleration prioritises interventions with cross-cutting impacts, such as maternal cash transfers, community-based management of acute malnutrition (CMAM), improved water, sanitation and hygiene (WASH), and regulation of commercial food environments. Policy support strengthens governance, accountability, and long-term sustainability through coherent policies and robust monitoring systems.

Preliminary efforts to operationalise this multi-pronged approach in South Africa are underway, informed by the recent evaluation of the South African National Food and Nutrition Security Plan 2018-2023 (NFNSP). Early experiences indicate that integrated, cross-sectoral interventions hold the potential to address the structural drivers of malnutrition and foster sustainable change. This presentation will share insights from these initial efforts and inform the global discourse on designing scalable, context-sensitive solutions to tackle the dual burden of wasting and stunting. Without systemic reforms, isolated interventions will fail to deliver lasting progress for vulnerable children.

**Keywords:** Wasting, stunting, systems thinking, cross-sectoral interventions, commercial determinants, Sustainable Development Goals



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### **Biography**

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Shuaib Kauchali is the Head of the Division of Community Paediatrics and Child Health at the University of Witwatersrand, South Africa. His work addresses the dual burden of wasting and stunting in children by advancing evidence-based, systems-level interventions. He has co-authored impactful research, including global analyses on the scaling up inpatient care for severe acute malnutrition and the intersection of wasting and stunting, highlighting the critical role of workforce capacity, policy alignment, and community engagement. His contributions have informed strategies to improve child survival and reduce inequalities in volatile contexts.





# July 23-24, 2025 | Paris, France



**Gatseva Preslava,** Yordanov Zarko, Atanasova Victoria

Medical University Pleven, University Hospital "Dr Georgi Stranski" Pleven, Pleven, Bulgaria

### The Challenge to Diagnose Late-onset Neonatal Sepsis

Late-onset neonatal sepsis (LOS), associated with the postnatal nosocomial milieu, is a substantial contributor to neonatal morbidity and mortality. It is an ongoing problem for neonatal intensivists because of the increasing survival of preterm infants, prolonged hospitalization, broader use of life-sustaining invasive medical devices and emerging aggressive pathogens with antibiotic resistance. An ambispective (January, 2021 - June, 2023) clinicalepidemiological study was conducted in a third level NICU in Pleven, Bulgaria. Five hundred and nineteen patients with NICU stay above 72 hours were included (72 with nosocomial sepsis; 447 healthy controls). Twentyone indicators were tested for influence on the occurrence of LOS. The administration of 4 probiotic preparations was evaluated as a possible preventive measure. This was followed by a quantitative assessment of the identified risk factors and threshold values establishment. A predictive model for the likelihood of developing LOS in newborns was created based on risk and preventive factors. Comparative analysis, ROC curve analysis and multiple binary logistic analysis were applied. Data were entered and processed with the statistical packages IBM SPSS Statistics 27.0.1.0 and MedCalc Version 19.6.3. and Office 2021 Excel. A significance level rejecting the null hypothesis was taken as p<0.05. Seventeen indicators were significantly associated with the risk of LOS, of which 15 were risk factors and only two (probiotic prophylaxis and type of probiotic) were protective factors. With the greatest risk influence were total duration of parenteral nutrition (PN), chronic lung disease (CLD) and birth weight (BW), which increase the risk about 54-64 times. The administration of a probiotic reduces the risk of the pathology by about 40-70%. A predictive equation was obtained, combining the factors total duration of PN ≥ 9.5 days, CLD, BW≤ 1530 g and probiotic supplementation. Based on this data, we formed an easy-to-use tool called Calculator P. Thorough analysis of risk factors, preventive measures like probiotic supplementation and development of a useful prognostic model can be beneficial to the particularly challenging problems such as effective prevention, early diagnosis and timely and proper treatment of hospital-acquired infections.

Keywords: late-onset neonatal sepsis, NICU, diagnosis, risk factors, probiotics

### **Biography**

Master of Medicine since 2016 - Medial university Pleven; Neonatologist since 2024; Assistant Professor since 2018, PhD theme of dissertation "Nosocomial infections of the newborn"



# July 23-24, 2025 | Paris, France



**Andrew Bevan<sup>1</sup>**, Graham Ellis<sup>2</sup>, Mona Eskandarian<sup>3</sup>, Davide Garrisi<sup>4</sup>

<sup>1</sup>Integrated Project Solutions, PPD, part of Thermo Fisher Scientific, Cambridge, UK

<sup>2</sup>Medical Science and Strategy, PPD, part of Thermo Fisher Scientific, Johannesburg, South Africa

<sup>3</sup>Cardiovascular and General Medicine, PPD, part of Thermo Fisher Scientific, St Stevens Woluwe, Brussels, Belgium

<sup>4</sup>Cardiovascular and General Medicine, PPD, part of Thermo Fisher Scientific, Milan, Italy

### Continuous Glucose Monitoring in Clinical Research: Trends and Challenges

Glycated hemogolbin (HbA1c) has been the traditional gold standard for assessing glycemic control in clinical trials, but it does not capture short-term glucose fluctuations. Continuous glucose monitoring (CGM) provides a more comprehensive assessment through metrics like time-in-range (TIR) and mean amplitude of glycemic excursion (MAGE). Time-in-tight range (TITR) (glucose levels between 70 and 140 mg/dL) is emerging as an important endpoint in pediatric populations, where levels above 140 mg/dL predict diabetes progression in children with autoantibodies. Despite CGM's rapid incorporation into routine diabetes management, its adoption in clinical trials has been slow due to a lack of consensus on CGM metrics and regulatory acceptance. Since December 2017, international standardization efforts have aimed to address these issues, and we hypothesized that these efforts would lead to an increase in clinical studies incorporating CGM endpoints. Our analysis of CGM studies in large clinical trials register from 2012 to 2023 showed a significant increase in the past six years, driven largely by non-industry funded research, though industry-funded studies also increased significantly. TIR emerged as the most common CGM endpoint in the last six years, replacing MAGE. Studies involving pediatric populations also increased significantly. These findings suggest international guidelines have positively impacted clinical research and underscore CGM's growing importance in pediatric diabetes studies. However, integrating CGM into clinical trials presents challenges, including data loss and regulatory compliance. Device compliance evaluation during screening and providing replacement sensors can mitigate data loss, and a multi-tier data architecture can support compliant data handling. Future advancements in CGM technology, artificial intelligence, and standardization efforts are expected to further enhance its research applications, though regulatory acceptance remains essential for broader adoption.

Keywords: Continuous glucose monitoring, clinical research, pediatrics, trends

### **Biography**

Andrew Bevan is a Chartered Scientist and an Executive Director of Integrated Project Solutions at PPD, Part of Thermo Fisher Scientific. He has more than 25 years' experience in clinical research developing and managing solutions primarily for large international Phase II-IV cardiovascular and metabolic studies and studies in pediatric and rare disease populations. He has published 19 articles and scientific abstracts covering a diverse range of topics in the clinical research field.



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**Adi Aran**, Moria Harel, Hanoch Cassuto, Aviad Schnapp, Nadia Wattad, and F. Xavier Castellanos

Hebrew university, Jerusalem, Israel. NYU, NY, USA

# A randomized trial of cannabinoid treatment in children with autism spectrum disorder

An urgent need for novel pharmacological treatments for autism spectrum disorder (ASD) and the role of endocannabinoid dysfunction in animal models of ASD motivated this placebo-controlled, double-blind study. We evaluated two oral cannabinoid solutions: (1) a whole-plant cannabis extract containing cannabidiol (CBD) and  $\Delta 9$ -tetrahydrocannabinol (THC) in a 20:1 ratio and (2) purified CBD and THC in the same ratio. The study included 150 participants (ages 5–21) with ASD (ClinicalTrials.gov no. NCT02956226). Participants were randomized (1:1:1) to receive either placebo or one of the two cannabinoid treatments for 12 weeks, followed by a 4-week washout and crossover to alternate treatment for another 12 weeks.

The primary outcome measures assessed behavioral improvements (difference between whole-plant extract and placebo) using the Home Situation Questionnaire-ASD (HSQ-ASD) and the Clinical Global Impression-Improvement scale (CGI-I). Secondary measures included the Social Responsiveness Scale (SRS-2) and the Autism Parenting Stress Index (APSI).

Disruptive behavior on the CGI-I was rated as "much" or "very much" improved in 49% of participants receiving the whole-plant extract (n=45) compared to 21% on placebo (n=47; p=0.005). Median SRS Total Scores improved by 14.9 points with the whole-plant extract (n=34) versus 3.6 points with placebo (n=36; p=0.009). Changes in HSQ-ASD and APSI Total Scores did not significantly differ between groups. No treatment-related serious adverse events were reported. Common adverse events included somnolence and decreased appetite.

This interventional study provides evidence that CBD-rich cannabinoids, administered for three months, are well tolerated and may improve behavioral and social deficits in children with ASD.

Keywords: Autism spectrum disorder, cannabinoids, cannabidiol, tetrahydrocannabinol, Entourage effect

### **Biography**

Dr. Aran's research and clinical work is focused on the diagnosis and treatment of autism spectrum disorder (ASD). As part of these efforts, Dr. Aran's group found substantially lower levels of circulating endocannabinoids in children with ASD, corroborating in humans, dysregulation of the endocannabinoid system in ASD. Dr. Aran also initiated the first studies exploring the effects of cannabidiol-rich cannabis in children with ASD including a placebo-controlled trial in 150 children with ASD, demonstrating the efficacy and tolerability of cannabinoids in ASD.



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Lan Xiaoxue<sup>1</sup>, Sun Yanan<sup>2</sup>, Weng Zhiwen<sup>3</sup>, Wang Yue<sup>4</sup>, Zhang Ying<sup>5</sup>, Liang Yuanwen<sup>1</sup>, G U Sirui<sup>6</sup>, Zhou Rong<sup>7</sup>, Chen Qianji<sup>8</sup>, Jia Baolin<sup>3</sup>, B O Han<sup>3</sup>, Wang Fangying<sup>9</sup>, H E Qiang<sup>10</sup>, Zhang Jie<sup>11</sup>, Tan Jiang<sup>12</sup>, Y E Xingzhu<sup>11</sup>, Wang Xiyou<sup>3</sup>, Y U Changhe<sup>13</sup> (Presenting Author), Chen Hong<sup>13</sup>

<sup>1</sup>Department of Tuina and Pain Management, the First Clinical Department, Beijing University of Chinese Medicine, Beijing 100700, China.

<sup>2</sup>Department of Traditional Chinese Medicine, Xuanwu Hospital, Capital Medical University, Beijing 100053, China.

<sup>3</sup>Department of Tuina and Pain Management, Dongzhimen Hospital of Beijing University of Chinese Medicine, Beijing 100700, China.

<sup>4</sup>Department of Encephalopathy, Beijing Huairou Hospital of Traditional Chinese Medicine, Beijing 101400, China.

<sup>5</sup>Yungang Community Health Service Center, China Aerospace Science & Industry Corporation of 731 Hospital, Beijing 100074, China.

<sup>6</sup>Department of Pediatrics<mark>, Chin</mark>a-Japan Friendship Clinical School, Beijing University of Chinese Medicine, Beijing 100029, China.

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Development of international guidelines by Tuina practitioners for specific acupoints of paediatrics Tuina (2022 version)



# July 23-24, 2025 | Paris, France

### **Objective**

To establish a standardized framework encompassing the precise locations, manipulations, functions and indications of specific acupoints in the field of paediatric Tuina.

### **Methods**

The development of consensus involved three distinct stages. Initially, a list of paediatric Tuina specific acupoints was compiled based on an extensive literature review, which was subsequently supplemented through expert interviews. In the second stage, the Delphi method was employed to assess the significance of acupoint locations, manipulations, functions, and indications. In situations where the questionnaire survey failed to yield agreement or when the experts held reservations, the nominal group approach was utilized during the expert consensus meeting. The final version of the technical standardized material was ultimately determined during an expert consensus conference. After undergoing external peer review and evaluation, the completed draft was prepared for public dissemination.

### **Results**

The comprehensive list identified a total of 66 specific acupoints. The location and manipulation questionnaire consisted of 156 items based on the literature database, while the function and indication questionnaire contained 116 items. Two rounds of Delphi surveys were conducted for the location and manipulation category, and another two rounds of Delphi surveys were conducted for the function and indication category. During the experts consensus meeting The panel of experts conducted in-depth discussions on 61 questions, resulting in the formulation of technical guidelines for the locations, manipulations, functions, and indications of 64 paediatric Tuina acupoints. Subsequently, the research team compiled and edited the draft of the technical guidelines for acupoints of paediatric Tuina, which was finalized after external review and feedback.

### Conclusion

This study successfully established the recognized technical standards for practitioners of paediatric Tuina, thereby standardizing clinical practices and providing a foundation setting the framework for future research. The guidelines offer theoretical insights and recommendations for conducting clinical studies comparing different acupoint sites, as well as modifying or enhancing treatment regimens.

Keywords: Child; Delphi technique; Tuina; acupoint; guideline; international; paediatrics

### **Biography**

Dr. Changhe Yu is currently a doctor and researcher at Tuina and pain management department, Beijing University of Chinese medicine affiliated Dongzhimen Hospital, Beijing, China. He is chairman of China Chapter of international society of Complementary and alternative medicine research, and member of many branches of China Association of Traditional Chinese Medicine. His research interests include acupuncture and tuina for health, patient reported outcome, clinical trials, guideline development and methodology on qualitative and mixed methods. Over the past 5 years, Dr. Yu has authored more than 76 peer-reviewed publications, lead two National Natural Science Foundation of China projects. He has given more than 20 invited speeches as national or international conferences.

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# July 23-24, 2025 | Paris, France



### Dr Trupti Joshi, Dr Akshat Trivedi, Dr Prabha Khaire

Associate Professor Pediatrics, Government Medical College, Chh. Sambhajinagar, Aurangabad, Maharashtra

### EFFECT OF SCREEN TIME ON DURATION & QUALITY OF SLEEP IN CHILDREN

### Introduction

Prolonged screen exposure has various adverse effects. Evidence states that it also affects sleep quality and duration. There is limited evidence from the Marathwada region to support the effect of screen time on sleep in children.

### **Objectives**

To quantify the amount of screen time and its association with sleep duration and quality in children.

### **Methods**

A cross-sectional questionnaire-based observational study conducted at tertiary care hospital (November-2022 to July-2024). After institutional ethics committee approval and informed written consent, we enrolled 346 children (2-12 years). Validated tool, Child Sleep Habit Questionnaire-Abbreviated (CSHQ-A) was used to assess sleep quality. Also, validated questionnaire containing demographic details, duration of screen time on weekdays and weekends, and gadgets available at home. The primary outcome was to assess the duration of screen time and its association with sleep duration and quality as per CSHQ-A scores.

### **Results**

The mean age of childrenwas 6.18 (3.06) years and M:F ratio of 1.12: 1. Average screen time was 2.12 (0.90) hours & 75.72% exceeded the recommended screen time as per the IAP for age. The sleep duration observed was 8.77 (1.3) hours. 88.9% of children had inadequate sleep. The quality of sleep was poor in 98.8% of children with CHSQ-A score >41. There was a weak positive correlation between increased screen time and higher CSHQ-A scores (Pearson correlation:0.184; p<0.001).

### Conclusions

Screen time in children exceeded the recommendations by the Indian Academy of Pediatrics. The sleep duration was lesser in children. Moreover, increased screen time was associated with poor sleep quality in children.



# July 23-24, 2025 | Paris, France

### **Biography**

Academic Experience: 17 years

### As Researcher:

- •Pursuing PhD in Health Professions Education
- ·Inventor: Patent granted for Apparatus for positioning respiratory device
- ·PG Guide, ICMR STS Project Guide
- ·National and International Publications
- Reviewer in BMJ, Indian Pediatrics, Journal of Neonatology
- Advisory Board Member of Indian Pediatrics 2023
- Received prizes for Oral Paper presentations at various conferences

### **Special Interests**

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Quality Improvement, Faculty & Coach

Pediatric Rheumatology,

Medical education (Advanced Course in Medical Education)

IAP Office bearer 2023, 2024, 2025

Divisional Quiz coordinator, IAP PG Quiz since 2019



# July 23-24, 2025 | Paris, France



**Antonypillai A<sup>1</sup>**, Mettananda S<sup>2</sup>, Weerasekara K P<sup>3</sup>

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# Knowledge, Attitudes, and Practices of Paediatric Advanced Life Support (PALS) among doctors in Lady Ridgeway Hospital for children, Sri Lanka

### **Background**

Competence in Paediatric Advanced Life Support (PALS) is crucial for improving outcomes in critically ill children. Understanding current skill levels among doctors caring for paediatric patients is essential to identify gaps and improve care. Despite PALS being integral to paediatric emergency response, limited data exist on the knowledge, attitudes, and practices of healthcare providers in Sri Lanka. This study aimed to assess these factors among doctors at a tertiary care hospital.

### **Methods**

A descriptive cross-sectional study was conducted at Lady Ridgeway Hospital for Children, Sri Lanka. Participants included all grades of doctors: house officers, senior house officers, registrars, senior registrars, acting consultants, and consultants. Data were collected using a validated, structured questionnaire assessing demographics, PALS knowledge (good  $\geq 80\%$ , moderate 60–79%, poor < 60%), attitudes, and practices.

### **Results**

Of 153 doctors, only 5.9% had good PALS knowledge, while 48.4% showed moderate knowledge and 45.8% had poor knowledge. Although 80.4% had formal PALS training, knowledge was significantly associated with age, designation, years of experience, and training (p<0.005), but not with time since training (p=0.802). Senior registrars and experienced doctors performed better. Only 32% felt very confident performing PALS; 66% felt comfortable leading resuscitations. Reported barriers included limited emergency exposure (71.2%) and lack of hands-on opportunities (65.4%). Most (92.1%) used the ABCDE approach, and 84.9% followed PALS guidelines.

### Conclusion

Most doctors demonstrated poor to moderate PALS knowledge. Regular simulation-based training, refresher courses, and structured mentorship are recommended to improve PALS competency and paediatric emergency care in Sri Lanka

### **Biography**

I am a researcher and clinician with a strong interest in Paediatrics and Neonatology. I have led multiple quality improvement (QI) projects, including the NeoCrUSS initiative on cranial ultrasound, presented at the REaSoN Neoantal meeting 2025. My studies on neonatal birth defects and congenital diaphragmatic hernia in Sri Lankan neoantes were featured at the BAPM 2025 session. I also presented another QI work on improving equipment readiness and neonatal sepsis management at the 2025 Sri Lanka College of Paediatricians Congress. This abstract represents my ongoing commitment to evaluating PALS knowledge among doctors in Sri Lanka, highlighting the need to enhance paediatric emergency care standard.



# July 23-24, 2025 | Paris, France



### Sleh Eddine Saadi

Mental Health Service, Mohamed Tahar Maamouri Hospital, Mrazka, 8000 Nabeul, Tunisia

# Cognitive Assessment of Executive Functions in Tunisian School-Aged Children

Executive functions are high-level cognitive skills that support children's self-regulation and learning in academic settings. This study aims to describe and compare executive function performance in Tunisian schoolaged children, while examining the influence of age and gender. A total of 140 children aged 7 to 10 years participated. Executive functions such as inhibition, working memory, cognitive flexibility, and verbal fluency were assessed using standardised neuropsychological tasks. Inhibition was measured by the Stroop test. Working memory was evaluated through two WISC-V subtests: Digit Span and Block Design. Cognitive flexibility was measured with both the Trail Making Test - Part B and alternating verbal fluency (semantic switching). Verbal fluency tasks included categorical fluency (animals, clothing) and phonemic fluency (letter M). A two-way analysis of variance (ANOVA) was conducted for each test, with age (in three groups) and gender as independent variables. The results revealed a significant age effect on Stroop interference scores and verbal fluency performance, particularly in the semantic and alternating conditions, indicating improvements in inhibitory control and flexibility with increasing age. No significant gender differences were found. Pearson correlations highlighted significant and moderate associations between inhibition and fluency, as well as between cognitive flexibility and working memory. These results emphasize the selective impact of age on executive function development and suggest that certain functions, such as inhibition and verbal fluency, are especially sensitive to developmental progression in this age range.

Keywords: Executive functions, School-aged children, Cognitive development, Inhibitory control

### **Biography**

Sleh Eddine Saddi is a psychologist and psychotherapist specializing in various therapeutic approaches, including brief therapy, hypnosis, psychodrama, and schema therapy. He is the author of a recent study titled Executive Functions and Their Influence on Academic Performance in School-Aged Children in Tunisia (2025).



# July 23-24, 2025 | Paris, France



### Shivani Golem

University of Kansas Medical Center, Kansas City, Kansas, USA

# Clinical Utility of Chromosomal Microarray in Detecting Cryptic Abnormalities in Myeloid and Lymphoid Malignancies

Chromosomal microarray analysis (CMA) is a high-resolution whole-genome test that detects genetic abnormalities associated with genomic material losses, gains, and a cancer-specific genomic change called copyneutral loss-of-heterozygosity (CN-LOH). Comprehensive whole genome testing detects additional genetic abnormalities in genes associated with cancer that can be used in the diagnosis, prognosis, and treatment decisions for any given cancer type, whether liquid cancers or solid tumors. CMA testing, especially in new diagnostic myeloid and lymphoid cancer cases with non-informative karyotype or FISH findings, identifies clinically significant gains, losses, and CN-LOH changes in the patient's cancer genome, which helps the clinician in diagnosis, prognostication, and therapy decisions. This presentation will include our institute's experience in processing CMA cases and a review of CMA results, which detected cryptic gene fusions, submicroscopic focal duplications or deletions, disease-defining subtypes, and prognostically significant CN-LOH regions with clinically significant cancer-associated genes. CMA testing helped our clinicians in better patient management.

**Keywords:** Cryptic rearrangements, Chromosomal microarray, Myeloid malignancies, Lymphoid Malignancies, Cytogenetics, FISH

### **Biography**

Dr. Golem is an associate professor in the Department of Pathology at the University of Kansas Medical Center. Dr. Golem specializes in Cancer Cytogenetics, Molecular Genetics, and Genomics.



# July 23-24, 2025 | Paris, France



Laurey Brown, Katie Hoffman, Chiara Corbo-Galli, Siyuan Dong, Katelyn Zumpf, Christa Weigel, Colleen Blomgren, Hannah Munson, Jessa Bidwell, Vamshi Rao, Nancy L Kuntz, Abigail Schwaede, Kristin J Krosschell

Ann and Robert H. Lurie Children's Hospital, Chicago, United States

# Use of the Assessment of Caregiver Experience with Neuromuscular Disease (ACEND) in Spinal Muscular Atrophy

### **Background**

Spinal muscular atrophy (SMA) has a remarkable impact on function and participation. Subsequently, the caregivers of individuals with SMA are impacted as well. Providers and the SMA community should be aware of the presence of and likely expectations for the existence of caregiver burden.

### Methods

The Assessment of Caregiver Experience with Neuromuscular Disease (ACEND) quantifies caregivers' perceptions of function and quality of life pertaining to time, finance and emotion. Analyses were conducted among SMA types and ambulatory and ventilatory status. Participants with SMA had varying ranges of function and were on pharmaceutical treatment. Total ACEND score, longitudinal change in total ACEND score, total quality of life (QOL) score, change in total QOL score and subdomains for QOL, including time, emotion and finance, were all explored.

### Results

Overall, the ACEND demonstrated discriminant validity and some observed trends. Total ACEND scores improved for caregivers of those with SMA 2, remained stable longitudinally for caregivers of those with SMA 1 and 3 and were not influenced by ventilation status. The caregivers of individuals with SMA 1 had the lowest total quality of life (QOL) score, as did the caregivers of non-ambulatory individuals and those requiring assisted ventilation. Longitudinally, there were no changes in total QOL between caregivers of individuals with different SMA types or ambulatory or ventilation status. There were some differences in emotional needs, but no differences in financial impact between the caregivers of individuals with different types of SMA or ambulatory and ventilatory status.

### **Conclusions**

With this information enlightening the presence of caregiver burden and expected changes in burden with pharmaceutical treatment, providers, third party payors and the SMA community at large can better assist, equip and empower those providing the necessary assistance to enable the lives of those with SMA.

Keywords: ACEND; caregiver burden; neuromuscular; pediatric; quality of life; spinal muscular atrophy



# July 23-24, 2025 | Paris, France

### **Biography**

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Laurey received her doctorate in physical therapy from Washington University in St. Louis. Afterward, she completed a Leadership Education in Neurodevelopmental and Related Disabilities fellowship at the Institute for Inclusion in Boston, MA. She has worked as a physical therapist at the Reichman University for the past 15 years, where she primarily cares for children with musculoskeletal, neuromuscular, and developmental conditions. She also has served as a clinical evaluator for neuromuscular clinical trials.





# July 23-24, 2025 | Paris, France



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# Fetal Presentation of MYRF-Related Cardiac Urogenital Syndrome: An Emerging and Challenging Prenatal Diagnosis

### **Purpose**

MYRF-related cardiac-urogenital syndrome (MYRF-CUGS) is a rare condition associated with heterozygous MYRF variants. The description of MYRF-CUGS phenotype is mostly based on postnatal cases and 36 affected individuals have been published so far. We aim now to delineate the prenatal phenotype of MYRF-CUGS by reporting clinical data from fetuses and neonates with a pathogenic MYRF variant.

### Methods

Detailed radiographic, pathological, clinical, and molecular data from 12 prenatal cases were collected through an international collaborative study. Adding the five fetuses previously published, we were able to study a cohort of 17 cases.



# July 23-24, 2025 | Paris, France

### Results

Main ultrasound-accessible manifestations of MYRF-CUGS include congenital heart defects (CHD) (13/17, 76%), congenital diaphragmatic hernia (CDH) (10/17, 59%) and disorders of sexual differentiation (DSD) in 46, XY fetuses (7/14; 50%). Postnatal examination and/or autopsy data highlighted additional birth defects and neurological findings with a large spectrum of severity. In total, including pre- and early post-natal findings, we confirmed fetal clinical expression of MYRF-CUGS with a recurrent malformative association, including CHD (15/17, 88%), CDH (12/17, 71%), pulmonary hypoplasia (10/17, 59%) and DSD in 46, XY fetuses (11/14, 79%). The risk of associated developmental delay and intellectual disability (DD/ID) appear to be high (75%, 3/4 living cases from our cohort) and consistent with percentages reported in the literature in postnatal cohorts. Although MYRF is known to be involved in the fetal and early post-birth ocular development, the reproducibility of a prenatal nanophthalmos phenotype needs more investigation. We reported five news inherited cases with extreme intrafamilial variable expressivity. Molecular results revealed ten previously unpublished variants, one missense and nine predicted truncating variants (three frameshift, three nonsense and three splice site variants). Phenotype-genotype correlations were unclear and syndromic MYRF-CUGS seems to be linked to MYRF haploinsufficiency.

### Conclusion

We report the first prenatal cohort of MYRF-CUGS, allowing us to further characterize the variable expressivity of this rare disorder in fetuses. Severe congenital anomalies with a poor prognosis are more frequent than previously described in postnatal cases. Our data suggest that MYRF-CUGS is characterized by a recurrent recognizable malformative association, accessible to prenatal diagnosis, with a significant intrafamilial phenotypic variability making genetic counseling challenging.



# July 23-24, 2025 | Paris, France



# **Ali Aldirawi**Central South University

# Effect of maternal knowledge of asthma management on quality of life and asthma control among children with asthma: a cross-sectional study

### **Objective**

This study aimed to evaluate the effect of mothers' knowledge about as thma management on quality of life and as thma control among children with as thma in Palestine.

### Methods

This cross-sectional study was carried out by mothers of children with asthma in Palestine in four major public hospitals. Mothers of a total of 220 were selected randomly via a computerized system. Data were collected using Pediatric AsthmaQuality of Life (PAQLQ), an Asthma ControlTest (ACT), and the mothers' Self-Practices and Knowledge(SPK) of asthma management questionnaire. Statistical analysis was performed using SPSS (V25).

### Results

A total of 220 mothers of children with asthma were randomly selected and invited to participate but 182 agreed to participate, with a response rate of 83%. The mean age of participant children was  $9.7 \pm 2.72$  years, and the mean age of mothers was  $34.5 \pm 9.6$  years. The mean score of the QoL was  $3.91(SD \pm 1.61)$  out of 7. Most participant children had uncontrolled asthma with a total mean score of  $14.13(SD \pm 5.23)$  on the ACT. The mean score of mothers' SPK level was  $2.12(SD \pm 0.83)$  with a total mean score of  $42.13 \pm 3.68$  out of 68, which indicated a moderate level of knowledge and there was a strong correlation between mothers' SPK and children's QoL.

### **Conclusions**

The investigation showed that mothers of children with asthma had moderate SPK, and the children had uncontrolled asthmawith poor QoL. These findings suggest developing educational initiatives to enhance parents' asthma-related knowledge and skills to improve their children's asthma- related quality of life and asthma control.

**Keywords:** Mother's knowledge; asthma care; asthma control; asthma management; pediatric asthma; quality of life.

### **Biography**

Ali Aldirawi, an Assistant Professor of Nursing. He has completed a PhD in Nursing from Central South University in China. Aldirawi was selected as a Research Fellow on research projects funded by the Ministry of Education in Qatar and Palestine. Aldirawi has worked as an academic lecturer at several universities and has taught many academic courses, such as community health nursing and pediatric health nursing. He has published my research in several high-impact journals and has authored over 10 peer-reviewed SCI papers. Aldirawi has participated in global nursing conferences and has received the award for the best oral presentation.



# July 23-24, 2025 | Paris, France



### Brenna Bray, PhD

NourishED Research Foundation (Boulder, CO, USA)
National University of Natural Medicine (Portland, OR, USA)
Naropa University (Boulder, CO, USA)

# Lessons from Binge Eating Disorder Experts on Environment, Mental Health, Clinical Factors and Treatment Options that Impact Eating Disorder

Between 10%-40% of individuals will experience an eating disorder (ED) at some point in their lifetime, including anorexia nervosa, bulimia nervosa, binge eating disorder (BED), and otherwise specified feeding and eating disorders (OSFED). While anorexia tends to be the most commonly recognized and detected ED, BED is by far the most prevalent, with 22-31% of individuals estimated to experience BED at some point in their lifetime. BED prevalence rates are similar to those of substance related and addictive disorders (SRADs), anxiety, and depression (~16-30% vs 5% prevalence of anorexia). Moreover, ~95% of individuals who meet diagnostic criteria for BED never receive a formal diagnosis or self-recognition, suggesting prevalence rates are higher than estimated. Broadly, EDs are characterized by persistent disturbances of eating-related behaviors that result in altered food consumption or absorption. While this categorization focuses on feeding and eating behaviors, EDs are bio-psycho-social and impact physical, psychological, emotional, cognitive, and social function. For example, BED is characterized by episodes of rapidly consuming objectively large amounts of food in discreet time periods, due to loss of control, associated with distress, guilt, and shame, occurring at least weekly for at least three months. BED is also associated with a complex health sequela that includes high co-occurrence (65-85%) with adverse childhood and lifetime experiences, PTSD, SRADs, depression, anxiety, ADD/ADHD, as well as overweight, obesity, diabetes, and cardiometabolic disorder in adults. These comorbidities often go undiagnosed, contributing to BED development and maintenance. This presentation will review environment and risk factors associated with BED, as identified by experts in the fields (researchers, clinicians, and healthcare administrators). Clinical factors, treatment options, and clinical gaps will also be addressed.

Keywords: writing, template, sixth, edition, self-discipline, good

### **Biography**

Dr. Bray is a PhD researcher, educator, clinician, and advocate specializing in eating disorders, mental health, and integrative health. She holds a PhD in Biomedical Science and Neuroscience with NIH-funded postdoctoral training in Complementary and Integrative Health. As founder and CEO of the NourishED Research Foundation, she leads initiatives to advance understanding and treatment of eating disorders. She is faculty at the National University of Natural Medicine and Naropa University and mentors research trainees. A certified health and wellness coach, she is also a columnist, Ms. Health & Fitness 2024 Runner-Up, and an avid yogi, meditator, and ultramarathon runner.



# July 23-24, 2025 | Paris, France



### Stina Klemming

Lund-Malmö NIDCAP Training and Research Center, Skaane University Hospital, Sweden. Sofia Arwehed, Neonatal Department, Uppsala University Hospital, Sweden

# The National Swedish Guideline on Immediate and Uninterrupted Skin-to-Skin Contact and Mother-Newborn Couplet Care

The aim was to develop a national guideline to ensure equal and best practice care by implementing immediate and continuous skin-to-skin contact and couplet care, preventing the separation of newborns and parents at or after birth. The project was governed by the Swedish Association of Local Authorities and Regions under the National Program Area for Child and Adolescent Health and approved by the National Program Areas for Gynecological diseases, Pregnancy and Childbirth, and Anesthesiology, Intensive Care, and Transplant medicine. The guideline was developed through a collaborative process with healthcare professionals from neonatal care, obstetrics, anesthesiology, and intensive care, and a patient representative. The guideline states that mothers and their newborn infants are receiving care together regardless of medical needs and complexity, with early or immediate initiation of uninterrupted skin-to-skin contact during the first hours after birth. To achieve this, consensus and cooperation across operational boundaries, a clear allocation of responsibilities, and appropriate and adapted facilities, equipment, and working methods are required. The guideline was published in Sweden in September 2024. It addresses staff and managers in the care chain of maternal health, obstetric care, neonatal care, anesthesia, surgery, and intensive care. It applies to all newborns and their mothers during the first hours after birth, as well as for the subsequent period when both are being cared for in a hospital setting.

The guideline includes a scientific background, an impact assessment, definitions, recommendations, guidance for the implementation and development of working methods, and indicators for quality follow-up. In the presentation the definitions and the major recommendations will be presented and some examples for the clinical practice will be discussed in more detail.

**Keywords:** Immediate Skin-to-Skin Contact, Mother-Newborn Couplet Care, Zero Separation Maternal- and Newborn care.



# July 23-24, 2025 | Paris, France

### **Biography**

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Stina Klemming, MD, neonatologist, Co-Director and NIDCAP Trainer for the Lund-Malmö NIDCAP Training and Research Center, Sweden. She chairs the organizing committee for the Swedish Conference on Ultra-Early Intervention since 2018. Dr. Klemming worked at the Astrid Lindgrens Children's Hospital and the Karolinska NICU for 20 years, between 2002 and 2022. She was Director of the Karolinska NIDCAP Training and Research Center 2018 to 2021. Dr. Klemming is active in the research group for the randomized clinical trial Immediate Parent Infant Skin-TO-Skin Study (IPISTOSS). Dr. Klemming is promoting Infant- and Family-Centered Developmental Care (IFCDC) according to the Newborn Individualized Developmental Care and Assessment Program (NIDCAP) on a national and international level. She chairs the IFCDC group within the Swedish Neonatal Society. The concept of care "mother-newborn couplet care" is one of Dr. Klemming's special interests and competencies. Together with a colleague neonatologist, Sofia Arwehed, she chaired a group assigned from the Swedish Association of Local Authorities and Regions that in September 2024 published national guidelines on the initial uninterrupted or immediate and continuous skin-to-skin contact and mother-newborn couplet care for zero separation.



# July 23-24, 2025 | Paris, France



### **Daniel Lichtenstein**

Hospital Ambroise Paré (Paris Saclay university), Paris, France

### Lung ultrasound in acute respiratory failure - the basis

Lung ultrasonography is only one part of critical ultrasound, but its integration into critical ultrasound provides a new definition of the priorities. This application requires a simple machine, the knowledge of basic techniques, and the mastery of no more than ten signs. The best machine to our opinion is the simplest. We use a 1992 technology, a simple gray-scale unit without Doppler and a microconvex probe.

Shortly, the ten signs (the basis) are the bat sign (indicating pleural line), lung sliding (generating the seashore sign), the A-line (horizontal artifact), the quad sign and the sinusoid sign (indicating pleural effusion regardless its echogenicity), the fractal sign and the lung sign (indicating lung consolidation), the B-line and the lung rockets (particular vertical comet-tail artifacts indicating interstitial syndrome), abolished lung sliding with the stratosphere sign (suggesting pneumothorax), and the lung point (indicating pneumothorax). All these disorders can be assessed using CT as a gold standard with sensitivity and specificity ranging from 90 to 100%, allowing to consider ultrasound as a reasonable bedside gold standard in the critically ill.

Major applications of lung ultrasound are the possibility to postpone referral to CT in critically ill patients. The immediate diagnosis of cause of an acute respiratory failure: the BLUE-protocol. A direct parameter of clinical volemia, of interest in the management of an acute circulatory failure: the FALLS-protocol. Lung ultrasound can be performed in the baby (the signs being the same as in the adult), in trauma, in the ICU as well as in austere or remote areas. All in all, lung ultrasound results in a visual medicine, associated to a major decrease in irradiation.

Keywords: lung ultrasound, pneumonia, acute respiratory failure, BLUE-protocol

### **Biography**

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Daniel Lichtenstein, medical intensivist, Ambroise-Paré hospital (Paris), defined critical holistic ultrasound in 1985 (Intensive Care Med 1991;19:353-355) describing diagnoses, immediate therapies, procedures (venous canulation, thoracentesis...). Simple equipment, one universal probe for whole body, emphasis on lung, holistic cardiac sonography (and others), extrapolable to multiple disciplines (pediatry, pulmonology...), settings (ICU, austere areas...). Seven hundred conferences. Six textbooks since 1992 (latest "Lung ultrasound in the criticall ill" - Springer 2016). Two dozens of original articles including: BLUE-protocol (acute respiratory failure), FALLS-protocol (lung ultrasound in circulatory failure), SESAME-protocol (cardiac arrest), lung ultrasound in babies. President of CEURF (training center at bedside in I.C.U.).