

Abstract from Current Literature

Longitudinal Follow-Up of Children with Autism Receiving Targeted Interventions on Joint Attention and Play

Kasari C, Gulsrud A, Freeman S, et al.

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Objective : This study examines the cognitive and language outcomes of children with an autism spectrum disorder (ASD) over a 5-year period after receiving targeted early interventions that focused on joint attention and play skills.

Method : Forty children from the original study (n = 58) had complete data at the 5-year follow-up.

Results : In all, 80% of children had achieved functional use of spoken language with baseline play level predicting spoken language at the 5-year follow-up. Of children who were using spoken language at age 8 years, several baseline behaviors predicted their later ability, including earlier age of entry into the study, initiating joint attention skill, play level, and assignment to either the joint attention or symbolic play intervention group. Only baseline play diversity predicted cognitive scores at age 8 years.

Conclusions : This study is one of the only long-term follow-up studies of children who participated in preschool early interventions aimed at targeting core developmental difficulties. The study findings suggest that focusing on joint attention and play skills in comprehensive treatment models is important for long-term spoken language outcomes.

Key Words: autism , intervention , joint attention , symbolic play , language

Is Premature Birth Associated with Future Cardiovascular Disease? Samuel S. Gidding, MD

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Nemours Cardiac Center, Al DuPont Hospital for Children, Wilmington, Delaware published online 12 July 2012.

We are now more than 2 decades beyond the presentation by Dr Barker of his hypothesis that the

intrauterine environment, specifically under nutrition causing low birth weight, influences cardiovascular morbidity and mortality.' This hypothesis considered as mechanistic not just the low birth weight and its causes but the possibility that there was intrauterine "programming" that either predisposed to the development of cardiovascular disease or increased the likelihood of acquiring cardiovascular risk factors, particularly related to insulin resistance and obesity. It is worth noting that many of the causes of low birth weight in the original cohorts examined in this work were related to delivering during the Great Depression and/or World War II, very different environmental exposures than today. Neonatal intensive care did not exist. It is also worth noting that at the time Barker developed his hypothesis, 2 major cardiovascular risk factors, maternal tobacco use and maternal diabetes, were known to impact birth weight (low birth weight for tobacco; low or high birth weight for diabetes as well as familial risk of future type 2 diabetes for offspring of those whose mothers have type 2 diabetes mellitus or gestational diabetes). Further, maternal tobacco use is associated with placental vascular changes, as is maternal familial hypercholesterolemia.

The author declares no conflicts of interest.

Safety of skin-to-skin care

Alan H. Jobe, MD, PhD

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Skin-to-skin contact between the caretaker and the infant is a component of the kangaroo care strategy to improve outcomes for preterm infants, particularly in resource poor environments. In the setting of the neonatal intensive care unit, skin-to-skin care provides opportunities for maternal and paternal bonding with the high-risk infant. However, concerns about temperature control and risks of interruptions of essential care interventions limit the use of skin-to-skin care. In this issue of *The Journal*, Karlsson et al report that skin-to-skin care can be offered by 5 days of age for infants with a mean gestational age of 24 weeks at birth; and a mean weight of 600 grams. These very preterm infants were receiving either mechanical

ventilation or continuous positive airway pressure. Temperature control was not a problem for skin-to-skin care intervals that averaged 95 minutes with careful positioning and supplemental blankets. Similarly, the ventilatory support could be safely maintained. Such care requires exceptional nursing support and parental participation, but it can be done.

Breastfeeding Protects against Current Asthma up to 6 Years of Age

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Silvers KM, Frampton CM, Wickens K, et al.

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Objective : To investigate the effects of breastfeeding on wheezing and current asthma in children 2 to 6 years of age.

Study design : Infants (n= 1105) were enrolled in a prospective birth cohort in New Zealand. Detailed information about infant feeding was collected using

questionnaires administered at birth and at 3, 6, and 15 months. From this, durations of exclusive and any breastfeeding were calculated. Information about wheezing and current asthma was collected at 2, 3, 4, 5, and 6 years. Logistic regression was used to model associations between breastfeeding and outcomes with and without adjustment for confounders.

Results : After adjustment for confounders, each month of exclusive breastfeeding was associated with significant reductions in current asthma from 2 to 6 years (all, $P < .03$). Current asthma at 2, 3, and 4 years was also reduced by each month of any breastfeeding (all, $P < .005$). In atopic children, exclusive breastfeeding for >3 months reduced current asthma at ages 4, 5, and 6 by 62%, 55%, and 59%, respectively.

Conclusion : Breastfeeding, particularly exclusive breastfeeding, protects against current asthma up to 6 years. Although exclusive breastfeeding reduced risk of current asthma in all children to age 6, the degree of protection beyond 3 years was more pronounced in atopic children.

BMI, Body mass index