

 **Neurocognitive markers of autism.** (*PLoS One. 2014;9:e113879.*)

Alterations in social interaction (among other symptoms) in autism are diagnosed by behavioral psychiatry methods. For the first time, researchers in USA have used functional magnetic resonance imaging (fMRI) showing that neural representations of social interactions can accurately identify individuals with autism, and alterations in a particular thought pattern are associated with changes in brain imaging. As per the author of the study: “There’s social awkwardness in autism, and now we can see the biological basis of the social awkwardness. It has to do with an alteration of how the representation of the self, which is almost missing in people with autism, think about the social interaction. They don’t see themselves as part of the concept of hugging or persuading or adoring.”


 **Pain relief without a needle for kids having injuries.** (*Ann Emerg Med. 2014;Nov 18*)

This double-blind randomized controlled trial compared intranasal ketamine with intranasal fentanyl for controlling pain associated with isolated limb injuries in children. Median reductions in pain rating scale for ketamine and fentanyl were comparable, and satisfactory reduction occurred in around 80% of participants in each group. Satisfaction score and duration of effect were also comparable, but minor adverse events were more common in children receiving ketamine. Authors concluded that intranasal fentanyl and ketamine were associated with similar pain reduction in children with moderate to severe pain from limb injury.


 **New guideline for eating disorders.** (*Aust N Z J Psychiatry. 2014;48:977-1008.*)

This new guideline, developed by Royal Australian and New Zealand College of Psychiatrists, includes advice for anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), other specified and unspecified eating disorders and avoidant restrictive food intake disorder (ARFID). The salient features of guideline are: person-centered informed decision-making; the involvement of family and significant others; recovery-oriented practice; maximizing self-determination and self-management; least restrictive treatment, best suited to an individual’s needs; a

multidisciplinary approach; stepped and seamless care, building on strong links with primary care as well as general hospital and community care providers; a culturally informed approach to diagnosis and treatment; indigenous care, demonstrating “cultural competence” when working with people from different backgrounds; and a new disorder ARFID is included to increase awareness about the same in clinicians.

 **Reticulocyte hemoglobin content as a marker of iron deficiency.** (*Arch Dis Child Fetal Neonatal Ed. 2014; December 9*)

Iron deficiency anemia is one of the most prevalent nutritional disorder in our country. This study evaluated reticulocyte hemoglobin content (CHr), compared with ferritin, transferrin saturation (TS) and mean corpuscular volume (MCV), as a marker of iron deficiency (ID) in infants, born preterm. Complete blood count, CHr, ferritin and TS were determined as part of a standard follow-up examination. To detect the optimal CHr cut-off, ID was defined by the presence of more than two of these three criteria: MCV <75 fL, TS <10%, ferritin <30 µg/L. CHr was lower in infants with ID than in those without; the optimal CHr cut-off for detecting ID was 29 pg. CHr seems to be a suitable marker for latent ID in preterm infants at 3-4 months corrected age and may be superior to ferritin, TS and MCV. It is concluded from this study. Authors concluded that CHr is a suitable marker for latent ID in preterm infants at 3-4 months corrected age, and may be superior to ferritin, TS and MCV.

 **Childhood body mass index and wheezing disorders.** (*Pediatr Allergy Immunol. 2014;Dec 4*)

It is often said that overweight/obesity and childhood asthma/wheezing disorders are associated, but the results of observational studies are inconsistent. This systematic review of 38 studies including more than one million participants, suggest that overweight and obesity are associated with an increased risk of childhood asthma whereas underweight is associated with its reduced risk. Although the findings assert that overweight/obesity and childhood asthma are associated, the causal pathway and temporal aspects of this relationship remain unanswered.

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