

It is a cause of satisfaction to learn that the coverage of neonatal corticoid use for the NEOCOSUR network is "currently" 68.9%. In the group's publication,¹ referring to 385 very low birth weight babies born at 11 centers in four South-American countries, the prevalence of prenatal corticoid usage was 56%. As such, this figure is lower than the 61% in the article on which our editorial commented.

The CLAP views with great enthusiasm the Brazilian Neonatal Research Network, initiative and also the work done by the NEOCOSUR network. The common objective of the improvement of the quality of neonatal care in Latin America and the Caribbean can be achieved by the work of teams with these characteristics. The collection of high quality epidemiological information at the population level that rank programs and assess the interventions made is indispensable.

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Childhood obesity – How can we be efficient?

Dear Editor,

I thought the childhood obesity review by Mello et al. was very good,¹ however, I noted certain points where there were errors.

The claim that, "formal gymnastics, carried out at a gym (...) are unlikely to be tolerated for long periods (...) because the processes are repetitive, lack any element of play and are artificial" has no support. According to Frost et al.², the case is exactly the opposite: the simple prescription of physical exercise with no regular follow-up results in systematic abandonment of physical activity by practically all patients. In fact, this statement by Frost et al.² has support based on human behavior: people organize themselves in groups headed by people capacitated to perform certain activities: one goes to school, where there are teachers, to learn and to exercise the abstract intellect; to church, where there are spiritual leaders, to pray and perfect the spirit; in the same way, one goes to the gym, where there are teachers that study the body's ability. Around 2,500 B.C. the Chinese established that the human body should be continually exercised in order to achieve harmonious development.³ In the same way, gymnastic exercise is for the whole life. In fact, working out, eating

greens, taking cold baths and sleeping early on hard mattresses are non-specific practices that promote health.

In respect of the supposedly artificial aspect of gymnastics, in fact, the human body is gifted with a wide variety of movements, which are not commonly used in day-to-day life. According to the law of use and disuse, if a bodily capacity is not used it will atrophy and the individual will end up losing it. Once lost, amplitude and variety of movement is lost, which results, for example, in postural damage. The maintenance and acquisition of a wide range of bodily abilities is the basis of gymnastics aimed at postural correction and lumbar pain control.^{4,5}

Obviously, one should stimulate a more active daily life, just as schools wish to stimulate the individual to study at home and spiritual leaders wish people to pray always. Nevertheless, the way in which the subject is approached in the text discourages the practice of physical activities at gyms, which is an error. Well-directed physical exercise is not just aimed at burning calories or improving cardiovascular performance, but is also a fundamental element in the harmonious development of the locomotive system.

There are other interpretive errors when the authors claim that "the majority of programs are planned for a period of up to 10 months". What takes place at references 62 and 67 is that the 10 months are simply an evaluation period for intensive training. Well-directed, regular gymnastics is a lifelong practice. Obesity, in particular childhood exogenous obesity, is a question of lack of education. Man evolved to strive for maximum calorie intake with minimum physical activity, since for millennia hunger, due to the absolute lack of food, was always a challenge to human existence. This century, with food surplus and technology, it is necessary for man to rescue this millenary concept and use his intelligence suiting his physical activity to his calorie intake.

The gym, in turn, offers a number of different training methods, each with its weak and strong points. This being so, it is necessary to choose those methods of working out that, becoming a part of the individual's daily life, are always acquiring and maintaining physical abilities.

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Author's reply

The benefits of physical exercise are unquestionable. Formal exercise, at gyms, has much to offer its adherents. However, as the reader mentioned, what we observe in practice is that, in managing childhood obesity, its mere prescription ends up not being adopted or, in particular, maintained over the long term by a significant proportion of obese children.¹

As is described in the article, there are a number of different which could impact on the poor compliance with systematic physical exercise programs at gyms. Among these is the difficulty that parents find taking children to sports centers, both due to the cost and because of the traveling and time involved, all of which must observe a frequent timetable. However, by no means do we discourage working out, on the contrary we propose physical activity, which can be structured at sports centers, or not.²

The point is not to limit physical activity to the gym since we know that obesity is an epidemic public health problem and that many individuals, particularly children, are restricted by social and economic factors that make adherence to such a system of physical exercise impossible. It has been proved that physical activity incorporated into lifestyle during the performance of daily activity multiplies the effects of weight loss, as do initiatives that reduce sedentary behavior.³

We, therefore, defend a more active daily life, in which the activity can be effectively incorporated as a health and lifestyle habit. For this to happen one should offer children alternatives that are achievable within their personal realities, preferably activities that involve play, and that are typical of childhood, such as skipping, playing with balloons, playing in the backyard, block play area or neighborhood square and walking round the block among many other daily activities. Regular visits to the gym remain a good option, but are not the rule.

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Psicose funcional em crianças e adolescentes

Prezados Editores,

Foi com grande interesse que lemos o Suplemento 2 do *Jornal de Pediatria sobre Saúde Mental*, especialmente o artigo intitulado "Psicose Funcional em Crianças e Adolescentes" de Tengan & Maia¹. Os autores discutiram um assunto relevante para a psiquiatria infantil, a distinção entre esquizofrenia com início na infância e autismo.

A partir dos trabalhos de Kolvin & Rutter², o autismo foi seguramente diferenciado da esquizofrenia de início precoce, tornando-se uma das mais bem validadas distinções na psiquiatria infantil, porém uma característica marcante da esquizofrenia com início na infância em relação à esquizofrenia com início na vida adulta é o alto índice de alterações no desenvolvimento social, motor e da linguagem. O isolamento social pré-mórbido foi a característica mais comum, detectado em 50-87% dos casos de esquizofrenia com início na infância em cinco centros de pesquisa independentes³.

As síndromes completas de esquizofrenia e autismo parecem ser distintas, entretanto é possível que um subgrupo de pacientes com esquizofrenia com início na infância e aqueles com autismo tenham uma composição genética semelhante⁴. Yan et al.⁵ relataram uma translocação equilibrada entre os cromossomos 1 e 7 em um menino com esquizofrenia com início na infância. Os pontos de quebra ocorreram no braço curto do cromossomo 1 (região p22) e no braço longo do cromossomo 7 (região q21). Esse relato é bem interessante se considerarmos um caso anterior de rearranjo cromossômico envolvendo os cromossomos 1, 7 e 21 em um menino autista, onde o ponto de quebra no cromossomo 1 também ocorreu na região p22⁶. Esses achados fazem dos pontos de quebra dos cromossomos 1 e 7 locais prováveis para estudos de genética molecular. Essas regiões podem conter genes que possivelmente estejam envolvidos na etiopatologia da esquizofrenia com início na infância e do autismo; portanto, esses dois distúrbios aparentemente tão distintos podem apresentar uma base biológica em comum em alguns casos, consistindo de variantes fenotípicas de uma doença de início bastante precoce³.

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