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Editorial

**Dealing with Changes in the New Era
of Technology**

In the modern era, the change in life style among young children and teenagers has gradually made an impact on their health and development. Such changes include the excessive intake of high caloric diet, addict to multimedia entertainment, non-stop internet exchanges with peers, and reversal of day-night cycle due to heavily engaging in electronic games. Studies in the past 2 decades have consistently shown that habitual intake of high carbohydrate, high fat diet is associated with an increase incidence of obesity and type II diabetes mellitus. Spending excessive time in electronic games or focus group social networking via internet inevitably decreases the time allocated to normal reading, physical exercise and social activity. There are repeated examples showing that some of these youth might be influenced by the virtual reality and eventually developed aggressive anti-social behaviour. Some of them might incite bigotry against innocent victims by spreading exaggerated or even fake messages. How to identify this group of introverted 'aggressors' is becoming a major problem for our colleagues working in the field of education. And oftentimes medically, such children or adolescents also suffer from sleep deprivation. On the other extreme, children devoted most of their time in studying may have insufficient time to finish their homework and assignment. Time for sleep and rest will inadvertently be affected. In this issue, an original article suggested that decrease sleeping time as defined as less than 8 hours of sleep per night can induce a change in metabolism of children's body. Eventually, such metabolic changes will lead to obesity. This is one of the few studies that can link the two problems together. Therefore, our challenges as modern paediatrician are not only finding new cures but also promoting a healthy life style to our younger generation. We are desperately in need of more evidence based studies on this aspect not only to identify the dimension of the problem, but also to search for effective means in overcoming all these newly emerging spectrum of diseases. .

The article on primary carnitine deficiency high-lighted another important health related issue that we have to resolve in our community. With the advance of medical technology, many of the inborn error of metabolism (IEM) can now be screened post-natally. Furthermore, a significant of them can achieve normal growth and development if early intervention is offered such as primary carnitine deficiency. We have been successfully using cord blood to screen for congenital hypothyroidism and G6PD efficiency locally over the past 2 decades, but many of the IEM remains undetected by such approach. Previous beliefs argued that many of these IEM are rare among Chinese and post-natal recall for blood taking may encounter resistance from parents. But such presumptions have been proven to be untrue from our colleagues in China. In cities including Shanghai and

Guangzhou, they were able to screen a large proportion of their newborn. A significant numbers of different types of IEM have been identified and some could be treated. Their finding suggests that we can perform post-natal screening for IEM if we have enough funding provided by the Government. Recently, several academic investigators and commercial companies started to offer post-natal screening to selected institutions in our community, some of them involves a patient self-financing scheme. From a health administrative stand point, such piecemeal approach has limitations and we expect to leave out a significant numbers of our newborn population un-screened. It also fails to match the core value of our local healthcare system which is equity. The ideal approach is to provide universal screening through the concerted effort of Government and health care providers, both in the public and private sectors. We hope that the experts involved will continue to negotiate with the Government so an universal IEM screening for local

newborn can be implemented.

Both of these articles highlighted that we should keep in touch with the pulse of our society and makes necessary revision of our approaches to paediatric healthcare problems. Many of such paradigm shift has to involve policy change in the Government such as the universal screening for IEM. Our local pioneers in paediatrics have been performing pretty well in the past 2 or 3 decades but this does not mean that we can be complacent and keep ourselves status quo. More resources should be allocated to study the strategy in dealing with the rapidly emerging community childhealth problems so we can provide effective and appropriate prevention or early intervention to our children in need.

GCF CHAN
Chief Editor