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MALAYSIA

Positive Parenting Malaysia

The Official Guide Series On Maternal, Child &
Family Care By The Malaysian Paediatric Association

My Child is Hyperactive Does He Have ADHD?

Food Cravings During Pregnancy

Selecting the Best Childcare Centre for Your Little One

Understanding Compulsive Buying Disorder in Teens


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Understanding ADHD

Did you know that ADHD or attention deficit hyperactivity disorder is one of the most common neurodevelopmental disorders during childhood, apart from autism spectrum disorder? It is a term that is being used increasingly by the public, showing that more people are aware of the condition nowadays, but how well do you understand ADHD?

To answer pertinent questions that parents may have on ADHD, Positive Parenting has invited two of our esteemed experts on developmental paediatrics for the Feature article in this issue. On top of that, we also delve into other pertinent topics such as cravings for certain foods during pregnancy, criteria for choosing a childcare centre, as well as the problem of shopping addiction among teens.

We hope you're looking forward to read these educational pieces by our line-up of experts in various fields and will benefit from the new parenting knowledge. Other topics are also available and readable on our website (www.mypositiveparenting.org). We are also on Facebook (@positiveparentingmalaysia), Instagram (@mypositiveparenting), YouTube (ParentFlix) and Spotify (ParentFlix) – give us a follow to check out our digital content and latest updates!

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With **Dr Cindy Chan Su Huay**, Consultant Developmental Paediatrician

Dr Norazlin Kamal Nor, Consultant Developmental Paediatrician

Datuk Dr Zulkifli Ismail, Chairman of Positive Parenting Programme



My Child is Hyperactive: Does He Have ADHD?

Many parents might mistake their child's sudden burst of energy for attention deficit hyperactivity disorder (ADHD), assuming it is a sign of hyperactivity. Conversely, some parents might dismiss signs of inattention and impulsivity as usual behaviour that their child will outgrow, when in reality, they unknowingly impact their child's daily functioning and overall development.

"ADHD is one of the common neurodevelopmental disorders in children that often continues into adulthood. This condition is marked by a persistent pattern of inattention and/or hyperactive and impulsive behaviour," says **Datuk Dr Zulkifli Ismail**, chairman of the Positive Parenting Programme. "What sets it aside from typical behaviour at a specific developmental stage is that, in children with ADHD, these behaviours can be more frequent and severe."

Despite the increasing global prevalence, ADHD is still under-recognised and under-diagnosed in most countries, especially among girls and older children. "The prevalence of this disorder varies from country to country. In Malaysia, the reported rates range from 1.6% to 4.6%. If ignored and left untreated, ADHD can interfere with your child's interpersonal relationships and academic performance," he adds.

ADHD diagnosis

Early recognition and management of ADHD are crucial in ensuring children and parents are able to cope with the challenges that come at every stage of the child's development.

Dr Cindy Chan Su Huay, a consultant developmental paediatrician, considers an accurate diagnosis of ADHD as the important first step before commencing any interventions. "There are three different subtypes of ADHD, and each follows strict criteria for diagnosis. If your child is hyperactive and impulsive, it does not always mean he or she has ADHD, and the same goes for an inattentive and forgetful child," she says. Because the behaviours seen in ADHD can also be observed in typical children, it is important to recognise when the symptoms shown are excessive or developmentally inappropriate, and impact on the function of the child.

"In the first category of ADHD, which is the **hyperactive and impulsive subtype**, the child typically presents with symptoms such as being very fidgety, unable to sit still, frequently leaving their seat when remaining seated is expected, talking excessively, and having trouble waiting for their turn." Dr Cindy explains that children with this type of ADHD are often described as always being "on the go" or "driven by a motor". "Using these descriptions when speaking with parents can help them better recognise the symptoms in their child."

On the other hand, children with the **inattentive subtype** usually struggle with focus and attention. "Making careless mistakes, being unable to sustain attention or follow through on instructions, always being disorganised, and avoiding tasks that require sustained mental effort are some of the symptoms commonly associated with this ADHD type," she states. "A diagnosis of **combined type ADHD** is made when a child fits the criteria of both subtypes."

Symptoms of ADHD can be noticed at an early age and will become more apparent when your child starts school. It is always a good idea to get feedback from your child's teachers regarding how they behave in class and interact with their peers. "This is to make sure that their behavioural changes are not limited to a particular environment, whether at home or school," says Dr Cindy.

Both biological and environmental factors can predispose a child to ADHD. "Boys are three to four times more likely to be diagnosed

with this disorder than girls, and genetics plays a strong role, since children with ADHD are more likely to have a parent or sibling with the same condition," she says. "Preterm birth, alcohol, cigarettes, and substance use during pregnancy, as well as maternal psychosocial stress, are among the environmental factors that may increase the risk of ADHD. These risks can be mitigated with careful prenatal care and lifestyle modifications."

The diagnosis of ADHD begins with the gathering of information from multiple informants, including parents and teachers, followed by a thorough clinical examination to rule out other medical conditions. Dr Cindy explains, "A mental state examination will also be conducted to assess your child's mental faculties, and a diagnosis will be made based on the criteria listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). No laboratory or imaging tests are required to confirm an ADHD diagnosis".





She clarifies that hyperactivity is not always a sign of ADHD. “Although the diagnosis follows strict criteria, a child must exhibit at least six of them for either one or both ADHD subtypes to be diagnosed with this disorder. Moreover, physicians will consider alternative diagnoses if the same set of symptoms is not observed in more than one setting, such as at home and school, or if these symptoms do not interfere with the child’s functioning and development. It is also important to keep in mind that the symptoms and impact of ADHD change and evolve as a child grows through different age groups”.

Managing ADHD in children

To ensure targeted treatment for ADHD, **Dr Norazlin Kamal Nor** is of the opinion that a multi-pronged approach, adapted based on the child’s specific set of needs, should be prioritised. “The goal of treatment is to improve your child’s symptoms, functioning, learning, and self-esteem,” she says. “Early intervention increases the likelihood of the best outcomes, and since ADHD is a chronic condition, a long-term follow-up is usually required.”

The standard treatment of ADHD in children includes psychoeducation as well as non-pharmacological and pharmacological interventions. “For non-pharmacological interventions, parents can be taught to use a schedule, checklist, timer, and planner to help their child organise and plan more effectively. Other treatment options include occupational therapy for attention training and to improve executive function,

along with daily physical activity to enhance focus and concentration,” she adds.

Dr Norazlin, who is a consultant developmental paediatrician, explains that medications, such as stimulants and non-stimulants, are typically reserved for cases when the ADHD symptoms are persistent and cause significant impairment in the child. “Medications should be used judiciously, with the doses carefully titrated,” she says. Parents should also monitor for potential adverse effects like insomnia, loss of appetite, and upset stomach when their child starts the regimen. “Stimulants are often prescribed in combination with non-pharmacological interventions to optimise efficacy of ADHD management.”

ADHD may coincide with other health conditions. Anxiety disorder, oppositional defiant disorder, depression, learning difficulties, and sleep problems

are among commonly associated co-morbidities. "Sometimes these conditions are triggered by the frustration of coping with the symptoms of ADHD. A chronic lack of focus at school may give rise to anxiety, while constant disapproval and negative feedback from family members might lead to depression," she explains.

In the long run, ADHD, together with the other comorbidities, can result in poor academic performance and social interactions in children. "They are also at a higher risk of developing psychological, emotional, and self-esteem issues. For example, a child with ADHD may feel less

accomplished and confident compared to their peers. This will eventually affect their learning and development, leading them to withdraw from society," Dr Norazlin says.

Ultimately, both the family and teachers play a crucial role in supporting children with ADHD and addressing any comorbidities, as well as the negative impacts they have on their academic and social lives. By collaborating with teachers, parents can ensure that efforts to help their child adapt to the world around them are continuous, extending beyond just home and school.

She adds: "That said, it must be acknowledged that raising a

child with ADHD is a challenge for many parents. At times, it may seem like your child is deliberately misbehaving, when in fact, they are struggling with the skills needed to control their behaviour. Regardless, it is perfectly understandable for parents to feel frustrated or stressed while dealing with their child. As a result, staying positive and patient, as well as equipping oneself with knowledge about ADHD, will enable parents to better support their children and manage their own emotions."

Practical tips for parents

Applying a few simple strategies can help parents effectively navigate the challenges of raising a child with ADHD while managing a busy schedule. "Parents can start by creating structure for their child through consistent routines around homework, mealtime, playtime, and bedtime. Most importantly, parents should train their child to stick with the routines every day. Tasks such as having your child lay out their clothes for the coming day or follow a bedtime ritual—like brushing teeth, changing into pyjamas, and reading a story together—can reinforce this structure," Datuk Dr Zulkifli explains.

"Other than that, set clear rules in the house. Give your child specific instructions and explain to them the consequences of

breaking the rules," he advises. "Children with ADHD respond well to organised systems of rewards and consequences. Praise your child for appropriate behaviour and consider removing privileges as a consequence of misbehaviour. It is also important to be flexible. Children with ADHD face a lot of criticism and receive very little praise, which can hinder positive reinforcement. A little patience and encouragement can go a long way in motivating your child to learn new behaviours and help them feel confident about themselves."





Broadly, non-medication strategies can include:

- Parent and caregiver training/coaching – many kids with ADHD also have challenging behaviours and problems regulating their emotions, it is not uncommon that this leads to exhausted parents (impact on family function) and child with low self-esteem.
- Exercise
- Classroom management – including adapted ways to give instructions, accommodations on timed tests/exams
- Social skills intervention/support
- Mindfulness training
- For older kids – cognitive behavioural therapy (CBT)
- At home – executive function coaching to develop skills for self-organisation as the child grows



In conclusion, hyperactivity in children can easily be mistaken for ADHD, leading to unnecessary worries for parents and potentially unwarranted interventions for the child. Parents should consult their child's physicians when they notice any signs of ADHD to avoid self-diagnosis and delay in the right treatment. Raising a child with ADHD presents unique challenges, but with tailored interventions and the right support, your child will learn the right skills to thrive and reach their full potential. Over time, these skills will make it possible for them to confidently integrate into society and be an active part of it. PP



Food Cravings During Pregnancy



By **Dr Yap Moy Juan**, Consultant Obstetrician & Gynaecologist

If you have been pregnant before, there's a high chance that you have experienced food cravings during pregnancy. In fact, you are not alone! It is estimated that around 50-90% of pregnant women experience food cravings at least once during their pregnancy. Let's learn more about this maternal phenomenon!

Pregnancy cravings

A pregnancy craving is a strong, irresistible desire to eat a specific food during pregnancy. This intense urge is not necessarily caused by hunger. Typically, pregnant women experience food cravings during their second trimester (week 13-27 of pregnancy), which is also when the cravings are most intense. Pregnancy cravings are diverse and different from person to person, with carbohydrate-dense and protein-dense foods being the common cravings. These may include:

- Sweets, like chocolate, ice cream, candy
- Fruits, like strawberries, mangoes,
- Spicy, salty, sour or fatty foods
- Comfort foods, like cereal, mashed potatoes, fries



Potential explanations

The exact cause of pregnancy cravings is still not clear. But there are several possible reasons:

Nutritional needs:

Being pregnant increases the body's demand for energy and certain nutrients such as folic acid, iron, calcium, sodium, and potassium. Some studies suggest that food cravings during pregnancy are the body's way of dealing with nutrient deficiencies due to the increased needs. Hence, pregnant women usually crave high-energy foods and foods containing specific nutrients.

Hormonal changes:

Some studies suggest pregnancy hormones can increase hunger and amplify the sense of smell and taste, inducing both cravings and aversions. In fact, pregnant women often mention that foods and drinks taste different during pregnancy, such as increased bitterness in vegetables and heightened sweetness in fruits. A combination of increased hunger and changes in food taste may lead to food cravings, especially for sweet foods such as fruits.

Social influences:

Pregnant women in different parts of the world may experience different food cravings depending on foods that are familiar and available to them. Additionally, the general notion that pregnant women are "eating for two" makes it more socially acceptable for them to indulge their food cravings, even when it involves eating different, strange, less healthy, or large amounts of food. In turn, this may increase urges for those foods during pregnancy.

Some concerns and advice

While it is fine for pregnant women to satisfy their food cravings, it is important not to overindulge. On average, women only need an extra 200-300 calories during the second and third trimesters.

Excessive weight gain and poor nutrition can negatively impact both mother's and baby's health. The mother may have an increased risk of delivery complications, gestational diabetes, and hypertension in pregnancy. Meanwhile, the baby is more likely to have a heavy birth weight, childhood obesity, and adult obesity in the future.

Another concern is when pregnant women crave for non-food items such as soil, soap, or ice. This is known as pica, a rare eating disorder defined by an appetite for matters without any nutritional value. This may indicate an underlying issue, such as a lack of calcium or iron in their diet. Anyone experiencing this condition should consult a doctor.

In general, food cravings in pregnancy are fine and women should not worry about enjoying the foods they desire. The key is balance and moderation. Choose healthier alternatives as best as you can and limit less healthy options. And if you are concerned about any aspects of your pregnancy, please let your doctor know. PP



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Selecting the Best Childcare Centre for Your Little One

By **Pn Anisa Ahmad**, Early Childhood Advisor & Life Member, Malaysia Association of Registered Early Child Care and Development (MyECCD)



A childcare centre is often a child's first experience outside the home, marking the beginning of their journey into the wider world. This environment shapes early growth, development and health, making the selection of a high-quality centre crucial.

It is a place for young children to learn, explore and build foundational social skills. Here, children develop cognitive abilities, physical skills, problem solving, and emotional resilience that will serve them in school and beyond. Additionally, childcare centres support parents by ensuring their child's needs are met in a safe, structured environment while they work or attend to other responsibilities. Many centres today provide daily reports to keep parents updated on their child's activities and well-being, so that parents can stay connected to their child's progress and feel assured of their comfort and development.

Criteria to look for

In Malaysia, registered childcare centres are categorised into **home-based** (four to nine children) and **institutional/workplace/community-based** (10 or more children) centres but knowing what to look for can be challenging. However, there are three key pillars that you can consider to ensure a safe, nurturing and developmentally enriching childcare experience for your little one: attentive and qualified staff, a safe and engaging environment, and developmentally appropriate activities.

Qualified, caring staff: Look for staff members who are not only qualified but also warm and nurturing. Caregivers should have completed the *Kursus Asas Asuhan Kanak-kanak*, a foundational training for working

with young children, which is mandatory for registered centres. To guarantee safety in the event of an emergency and to ensure safe food handling, staff members must also receive CPR and first aid training, food handling certification, and typhoid injection.

When assessing staff quality, consider the centre's child-to-minder ratio. The Department of Social Welfare (JKM) recommends a ratio of **3:1 for infants, 5:1 for children aged one to three years, and 10:1 for three- to four-year-old children**. Adequate staffing ensures each child receives personalised attention and care. Observe how the staff interact with children – they should communicate with warmth, patience and encouragement, creating an environment where children feel valued and secure.

Safe and stimulating environment:

A childcare centre should be a safe space that encourages exploration and growth. Facilities must be clean, childproofed, and equipped with age-appropriate furniture, toys, and equipment. Electrical outlets should be covered, hazardous materials locked away, and floors clear of tripping hazards. An outdoor play area, if available, should be secure and well-maintained, providing ample space for children to develop physical coordination and strength through safe play.

Cleanliness is a key aspect of safety and health. Check that staff and children practise good hygiene, such as regular hand washing, especially before and after meals, after using the bathroom, and before and after activities or play. Policies for handling illness are equally important – ask about the centre’s procedures for managing sick children to prevent the spread of infections.

In terms of security, it is essential to choose a licensed or registered centre with JKM and to verify that it adheres to safety protocols. These should include visitor screening, emergency contact plans, and policies for picking up children. The centre should ideally have its own Child Protection Policy.

Developmentally appropriate activities:

While we want top-notch childcare centres to offer balanced, structured activities that foster social, cognitive, and physical growth, it is always in the child’s best benefit and interest to enjoy unstructured, unrestricted play. Both individual and group plays, as well as indoor and outdoor sessions, should be incorporated into the centre’s activities. Children’s cognitive, motor, and problem-solving skills, as well as emotional resilience will all be developed through play.

Look for centres that encourage creativity and



independence, allowing children to engage with age-appropriate tasks and challenges. For example, art projects, storytelling, simple puzzles, and music are excellent ways to support holistic development. Discipline and guidance should focus on positive reinforcement, teaching children self-control and empathy. Policies should be in place to address common issues such as biting, hitting, or bullying in a constructive manner.

Also, inquire about nap routines and alternative activities if a child is not inclined to sleep, ensuring the centre respects individual needs. If screen time is included, confirm that it is limited, purposeful, and balanced with other hands-on activities.

A checklist for your visit

When you visit a potential childcare centre, use a checklist to assess each aspect systematically. Some questions to ask include:

- Is the centre licensed or registered with JKM?
- What are the qualifications and experience of the staff?
- Does the centre maintain a low child-to-staff ratio?
- Are the facilities safe, clean and childproofed?
- Is there adequate play and a diverse schedule of activities to support various developmental areas?
- What are the policies for handling illness and emergencies?
- Is there a nutritious, accommodating meal plan as suggested by KKM?

Inspect the facilities and observe the staff and children in action. Pay attention to the general atmosphere: Is it warm and welcoming? Are children engaged and happy? It must be suited to the child’s best interest, not merely catered to the parents’ convenience.

Selecting the best childcare centre requires careful evaluation of staff qualifications, safety standards and developmental offerings. While childcare can be invaluable, remember that it is not a substitute for your own role in your child’s life. By choosing wisely, you’re ensuring that your little one receives the care, support and stimulation they need to thrive, but staying engaged and informed is equally vital. Be sure to review any updates from the centre or JKM and always be proactive in monitoring your child’s experience. PP

An educational collaboration with



Malaysia Association of Registered Early Child Care and Development (MyECCD)

Guide to Your Family's First Aid Kit

By **Datuk Dr Zulkiffi Ismail**, Consultant Paediatrician & Paediatric Cardiologist

Every home needs a first aid kit tailored for family needs, equipped to handle everything from scrapes to minor fevers. This essential guide covers what to pack, where to store it, and tips for ensuring it's ready when you need it most.



Essential items

- **Wound care:** Adhesive bandages (various sizes), sterile gauze pads, antiseptic wipes, adhesive tape, antibiotic ointment
- **Burn relief:** Burn gel or aloe vera, sterile burn dressing
- **Pain & fever relief:** Pain relievers for both adults and children (e.g. paracetamol, ibuprofen)
- **Basic medical tools:** Tweezers, small scissors, digital thermometer, cotton swabs
- **Emergency supplies:** Disposable gloves, face mask, instant cold packs, CPR mask
- **For kids:** Kid-friendly adhesive bandages, teething gel, soothing cream
- **Optional:** Eye wash or saline solution, anti-diarrhoea medication, charcoal tablets for stomach aches, motion sickness tablets, and cold/allergy relief, e.g. antihistamines, decongestant, cough syrup

How to store your first aid kit?

- **Keep it accessible but safe:** Store in a cool, dry place

that's easy for adults to access but out of children's reach.

- **Label & organise:** Use labelled boxes or compartment organisers, so each item is visible and easy to grab in an emergency.
- **Consider more than one kit:** Keep an extra kit in the car for emergencies on the go.

When & how to use?

- **For minor wounds:** Clean with antiseptic, apply antibiotic ointment, and cover with a bandage.
- **Burns:** Cool with water, apply burn gel, and cover loosely with sterile dressing.
- **Fever & pain:** Use pain relief tablets as directed for age and weight, and take temperature using a thermometer.
- **Allergies:** Administer antihistamines for mild reactions. For serious allergic reactions, consult medical advice immediately.

Additional tips

- **Include emergency contact information:** Add a card with phone numbers for local emergency services, family doctor, and ambulance.

- **Teach kids basic first aid awareness:** Show them where the kit is stored and explain its importance without encouraging unsupervised use.
- **Check and restock:** Check expiration dates at least twice a year, ensure items are well-stocked, and replace anything used, expired, or damaged.
- **Try creating a "mini first aid kit"** with just five essential items that fit in your pocket or backpack. This is great for quick trips or hikes and teaches you to prioritise essentials. PP

Did you know?

The concept of "first aid" was formalised by the Knights of St. John in the 11th century to help wounded soldiers on the battlefield. However, it was only in the 19th century that the term "first aid" was coined by the British Red Cross.

An educational contribution by



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Common Sickness During Holiday Seasons

By **Datuk Dr Zulkifli Ismail**, Consultant Paediatrician & Paediatric Cardiologist

The year's end is around the corner and for many families, this is an exciting period of "balik kampung", holiday trips, and vacations. However, enthusiasm can turn into disappointment in an instant once someone gets sick and all plans are disrupted. Let's learn about some common illnesses during holiday seasons so that we can be more prepared!

Why do we get sick during holidays?

As parents, you may have gone through a similar experience: arriving at your beach retreat with your family, you found one of the kids started sneezing and coughing, derailing your itinerary for the trip as you had to nurse the little one to full health. In fact, this experience is common for many families. But why is there a tendency for us to get sick during holiday seasons?

Going for a holiday requires you to travel, thus exposing yourself and your family to other people who are potentially ill along the way. And if you're travelling by trains, flights, or buses, you will be sitting in an enclosed, crowded space with others, further increasing the possibility of getting infected.

Travelling, especially long-haul trips, is also tiring and stressful, and this can affect our immune system and make us even more susceptible to diseases.

The threat doesn't stop once we arrive at our destination. Holidays often mean large gatherings with other family members too. Plus, during peak holiday periods such as school holidays or year-end holidays, these destinations tend to be extra-crowded with other vacation-goers as well. We are also less familiar with the new environments, e.g. hygiene level of food and water. All these factors make us vulnerable to germs and diseases from other people, which could cause our family to get sick and dampen our holiday mood.



Common holiday illnesses

Here are some common illnesses that you may contract during holidays:

- **COVID-19:** This respiratory disease caused by SARS-CoV-2 is no longer a pandemic but there may be a rise in cases from time to time. The most recent surge in Malaysia happened in December 2023, which was coincidentally a holiday season.
- **Influenza:** There are four types of influenza viruses (A, B, C, D) but only influenza A and B viruses present significant risk to health. In Malaysia, influenza is present all year round with peaks in May-July, as well as November-January, which coincides with the holiday period.
- **Common colds:** Also known as an upper respiratory infection (URI), colds may be caused by more than 200 respiratory viruses, e.g. rhinoviruses, adenoviruses, parainfluenza viruses, etc. Common colds are very common but less severe than COVID-19 and influenza.
- **Food poisoning:** Almost 1 in 10 people fall sick after eating contaminated foods and beverages, with symptoms ranging from diarrhoea and vomiting to stomach cramps and fever. Food poisoning may be caused by various pathogens such as *Salmonella*, *E. coli*, *Campylobacter*, rotavirus, and norovirus. Traveller's diarrhoea is often caused by a change in bacteria flora in the gut.

Are you planning to go somewhere with your family this coming holiday season? By following these steps, you will ensure that you and your family stay healthy during your trip, allowing everyone to enjoy the quality time together. PP

How to protect your family?

Here's a strategy to keep you and your family healthy during holidays:

1. Make early preparations

- **Learn about the destination.** Study the do's and don'ts at the destination. See if there are any current outbreaks or endemic diseases you need to be aware of and take the necessary precautions, e.g. vaccination.
- **Get travel insurance.** An insurance will be useful in case of emergencies, e.g. injury, sickness, lost belongings, cancelled trips, etc. Check with your insurance provider to get a suitable plan for your needs.
- **Don't forget the essentials.** Remember to bring a first aid kit, over-the-counter medicines, sunscreen, insect repellent, and other essential items. If anyone has a specific condition like allergy, remember to bring the prescribed medications, e.g. EpiPen.



2. Practise personal precautions

- **Wash hands regularly.** Use soap and water to remove germs from your hands. Remember to wash hands, especially before and after eating and after going to the toilet. Avoid touching your face with your hands.
- **Cover coughs and sneezes.** Use a handkerchief or tissue, instead of your hand. If these are not available, you can also cover coughs and sneezes with the inside of your elbow.
- **Wear a face mask.** Face masks provide another layer of protection against respiratory infections, especially for vulnerable groups. If you are sick, it's better to stay home, but if the trip is unavoidable, you should wear a face mask while travelling.



3. Get vaccinated

- There are various **travel vaccines available** that can be taken before a trip, e.g. influenza, COVID-19, rotavirus, cholera, typhoid, hepatitis A, yellow fever, meningococcal, pneumococcal vaccines.
- **Consult your doctor** about any required or recommended vaccination before going to another country and when to get the shots. Generally, the vaccines should be taken at least two weeks before departure.



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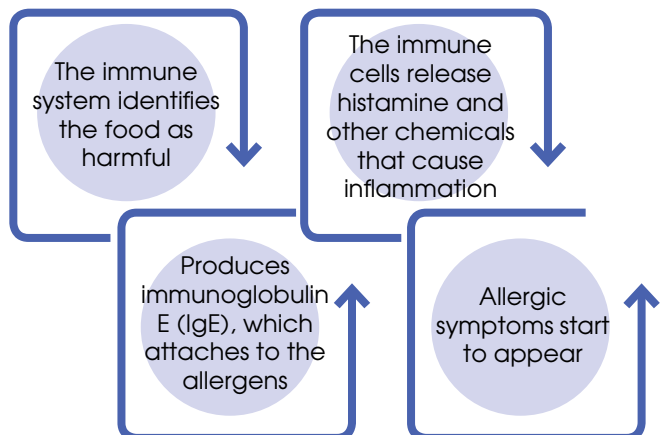
Essential Precautions for Food Allergies in Children

By **Dr Amir Hamzah Abdul Latiff**, Consultant Paediatrician & Consultant Clinical Immunologist/Allergist (Adults & Paediatrics)

About 4% of children are affected by food allergies, with the common triggers being eggs, peanuts, tree nuts, cow's milk, soy, wheat, fish, and shellfish. Fortunately, many children will outgrow their allergies by adulthood. Even so, this condition should not be ignored in their childhood, as allergic reactions can be life-threatening, and avoiding certain food groups altogether can prevent your child from getting proper nutrition.

Why do some children develop allergies to certain foods?

The exact reason is not fully understood. However, factors like family history, genetics, and the timing of food introduction are shown to influence the risk. Normally, foods are not perceived as invaders by the immune system. However, when a child with food allergies ingests certain foods, their immune system overreacts and triggers a series of responses that lead to allergic symptoms in the respiratory system, skin, and digestive system.



Precautions for parents

Food allergies should not hinder your child from getting the proper nutrition required for healthy growth and development. With careful planning and food preparation strategies, you can ensure that their meals are safe and nourishing. Even so, parents should note that accidental ingestion can still happen, especially when your child is not under constant supervision. Being prepared for such possibilities by implementing several safety measures is important in protecting your child from life-threatening reactions.



Food preparation strategies

- **Stock up:** Always keep allergy-free ingredients in stock to avoid running out of safe food options. Include suitable substitutes to meet your child's nutritional needs, for example, using fortified soy beverage instead of milk, and brown rice instead of wheat.
- **Separate:** Store allergy-free foods separately from the ones with allergens in the pantry and refrigerator to avoid cross-contamination. Keep them covered or in sealed containers to minimise the exposure to airborne allergens.
- **Check the labels:** Allergens in trace amounts can still trigger a reaction. Make it a habit to carefully check the food labels for any allergens when buying groceries and each time before your child consumes the food.
- **Avoid cross-contact:** Never use the same kitchen utensils for both allergy-free foods and those containing allergens. Always wash your hands, utensils, and cooking surfaces thoroughly with soap and water. It is a good practice to prepare allergy-free meals first to reduce the risk of cross-contact.

Additional safety measures

- **Medical identification:** Make sure your child wears a medical alert bracelet with the information of their food allergies when they are away from home. This is to let other caretakers or medical personnel recognise their condition and respond immediately in the event of a medical emergency.
- **Allergic medications:** Your child's physician may prescribe medications like antihistamine and adrenaline for mild to severe allergic reactions. Store them in easily accessible places at home, school, and other locations that your child regularly visits.
- **Adrenaline auto-injector:** This pen-like device is an auto-injector containing adrenaline for the treatment of severe allergic reactions. Your child should carry two of this device with them at all times, with the dose adjusted according to their body weight.
- **Other caretakers:** Inform your child's teachers and other caretakers of the above precautions. Provide brief and specific instructions on the foods to avoid and guide them on the proper way of using the adrenaline auto-injector.

Watch out for a severe allergic reaction!

Severe allergic reaction, or anaphylaxis, is a life-threatening condition that requires urgent medical attention. The symptoms to look for include:

- Difficulty breathing
- Wheezing or persistent cough
- Swelling of the tongue and throat
- Hoarse voice or difficulty talking
- Persistent dizziness and fainting

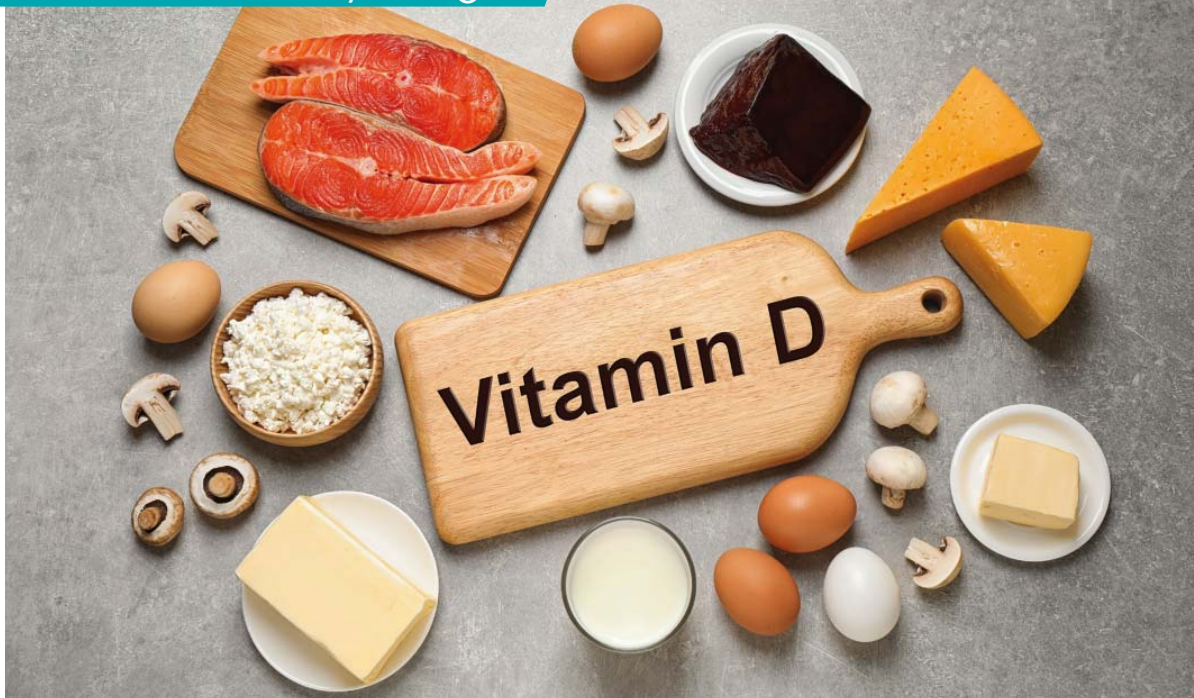
If any one of these symptoms is noticed minutes or hours after your child eats, administer adrenaline immediately and call for an ambulance. Anaphylaxis can occur in more than one episode; therefore, it is important that your child is under close monitoring by the healthcare practitioners until their condition improves.

Preparing food for children with allergies can be tricky, but there are hassle-free ways to make their meals allergen-free without neglecting the nutritional requirements. By also prioritising other safety measures, parents can effectively manage food allergies and safeguard their child's well-being both at home and when their child is away. PP

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Ensuring Sufficient Vitamin D Intake In Children

By **Prof Dr Poh Bee Koon**, Nutritionist and Member, Nutrition Society of Malaysia (NSM)

Even though Malaysia is a tropical country and receives sunlight all year long, almost half (47.5%) of the children here suffer from vitamin D insufficiency, according to the Nutrition Survey of Malaysian Children (SEANUTS Malaysia).

Vitamin D is essential for development of strong bones and a healthy immune system in children. Being deficient in this nutrient can predispose them to serious health risks like rickets, and also delay their growth and development.

Recommended Nutrient Intake (RNI) of vitamin D for Malaysian children:

- **Infants** (0-12 months): 10 µg per day
- **Children** (1-12 years): 15 µg per day

Reference: Recommended Nutrient Intakes for Malaysia, Ministry of Health (2017)

Vitamin D functions

Vitamin D acts as a hormone that regulates calcium and phosphorus levels in the body. The balance of these minerals is crucial for healthy mineralisation of bones and teeth. This is important in children as they have rapid growth spurts, especially in the first few years of their lives. Adequate levels of vitamin D are necessary for the proper development of their skeletal system.

Besides that, vitamin D also has other non-skeletal roles, such as in the modulation of the immune and neuromuscular systems. Children with sufficient levels of this nutrient will experience better muscle strength and coordination, enhanced immune function, and an overall reduction in the risk of getting infections.



Sources of vitamin D

The sun, or more specifically the ultraviolet B (UVB) radiation, is the most abundant source of this vital nutrient. UVB penetration into the skin aids in the synthesis of vitamin D. However, lifestyle choices, such as spending more time indoors and wearing protective clothing or sunscreen, can reduce the body's ability to produce sufficient vitamin D in children.

To address this limitation, parents must include foods rich in vitamin D in their child's diet. Some of the essential dietary sources of this nutrient include:

- **Natural foods:** Fatty fish like mackerel and tuna, cod liver oil, and egg yolk
- **Fortified foods:** Milk, cereals, and margarine that are fortified with vitamin D
- **Supplements:** Vitamin D supplements are available in liquid or chewable form, and should be given to your child only after consultation with a paediatrician

Consequences of vitamin D deficiency

In infants and young children, vitamin D deficiency can lead to rickets. Rickets is a condition in which the bones become soft and weak due to impaired mineralisation. Common symptoms that children will present with are bone pain, muscle weakness, and cramps. If left untreated, rickets can lead to serious complications like bone fractures, slow dental development, and permanent bone deformities, including bowed legs and a hunched back (kyphosis).




In addition to the skeletal issues, children with deficient vitamin D are also at risk of delayed growth and development, weakened immune system that makes them susceptible to infections, and a higher chance of developing metabolic and autoimmune conditions like diabetes mellitus, multiple sclerosis, allergies, and eczema.

Vitamin D deficiency is a serious health concern in children, as it not only affects their normal growth and development but also predisposes them to a range of health conditions. Children should be encouraged to play outside to promote natural vitamin D production in their bodies, while parents must ensure their child gets adequate amounts of this nutrient through their diet. Talk to a nutritionist or dietitian to learn more on how you can increase your child's vitamin D levels with the right foods and supplements. PP



Ways to prevent vitamin D deficiency

Due to the serious manifestations of vitamin D deficiency in children, it is crucial for parents to ensure that their child receives a sufficient amount of this nutrient from an early age. Several strategies that can be followed include:

- Encourage your child to **play outside around mid-morning or mid-afternoon** for adequate UVB exposure. Exposing the skin for a short burst of time on multiple days per week allows for greater vitamin D production. Conversely, dark skin tone, cloud cover, sunscreen, or protective clothing may limit the penetration of UVB into the skin. 
- Provide **a balanced and varied diet**, which includes vitamin D-rich foods such as mackerel, tuna, and egg yolk. 
- Choose foods and beverages that are **fortified with vitamin D** such as milk, margarine, and fortified cereals. 
- Consider **vitamin D supplements**, especially for infants who are exclusively breastfed. Consult with your child's physician for the age-appropriate dose of vitamin D to prevent overdose and toxicity.

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Nutrition Society of Malaysia



The Importance of Early Attachment

By **Dr Serena In**, Clinical Psychologist & Committee Member, Malaysian Society of Clinical Psychology (MSCP)

Human babies are vulnerable and helpless. As infants, our children depend on us for everything – feeding, cleaning up, safety, comfort, and all kinds of needs. Hence, earliest emotional bonds or attachments with the people who care for them – typically the birth parents – are vital, not just when they are growing up, but also for shaping their future relationships as adults.

What is attachment?

Attachment is a strong and lasting emotional bond between two individuals in which the presence or closeness of a person provides a sense of comfort and security to the other person. This can be observed in relationships, for example between parents and children, siblings, and life partners.

Attachment theory was first described by John Bowlby (1950), a British psychiatrist and psychoanalyst, as one of the earlier psychological explanations that emphasises the crucial role of early attachment between infants and their parents or caregivers (**attachment figures**) in their social-emotional development.

Attachment theory proposes that babies have an innate drive to form attachments with their caregivers. This instinct to seek for attachment is crucial for survival in infancy as children who maintained closeness to an attachment figure are more likely to receive comfort and protection and survive to adulthood. Hence, when infants are stressed, threatened, or frightened, they typically will display **attachment behaviours** (e.g. crying, clinging) to attract the attention of their primary attachment figure.

When a caregiver is present and responsive to an infant's needs and attachment behaviours, they provide comfort and allow the infant to develop a sense of security. This teaches the infant that they can depend on the caregiver and allows them to explore the world more confidently. This theory also suggests that initial caregiver-child attachment is a key factor in the formation of relationships throughout the child's life.

Stages of attachment

- **Asocial/pre-attachment (0 – 6 weeks):** Young infants do not show any particular attachment to any figure. Most stimuli produce a favourable reaction from them, like a smile. They begin to learn that signals such as crying and fussing will attract the attention of their caregiver.
- **Indiscriminate attachment (6 weeks – 7 months):** Infants develop trust that their caregiver will respond to their needs. Initially, most infants respond equally to any caregiver. From three months, infants start to distinguish between familiar and unfamiliar people. They still accept care from others but respond more positively to the primary caregiver.
- **Specific attachment (7 – 9 months):** Babies seek a particular figure for comfort and security when distressed. They show a strong attachment and preference for one specific person (the primary attachment figure). They show unhappiness when separated from the primary attachment figure (separation anxiety) and look anxious around strangers (stranger anxiety).
- **Multiple attachments (10 months onwards):** Babies begin to be more independent and are able to form multiple attachments with other caregivers, such as the second parent, older siblings, and grandparents. These attachments vary in strength and importance to the infants.

Attachment styles

Once children reach the toddler age, they begin to establish their attachment style, which is a particular way a person relates to other people. Here are four attachment styles:

- **Secure attachment:** Children with a secure attachment show distress when separated from their caregiver and are

easily comforted when the caregiver returns. They are assured that their caregiver will respond appropriately to their needs and regard the caregiver as a secure base to return to when exploring their environment. This is the most common attachment style.

- **Anxious/ambivalent attachment:** Children with an anxious attachment become very distressed when separated from their caregiver and are difficult to comfort when the caregiver returns. They are not sure if their caregiver will be available and can respond appropriately to their needs. They are also less confident in exploring their environment and cautious of strangers.
- **Dismissive/avoidant attachment:** Children with an avoidant attachment show little or no distress when separated from their caregiver and tend to ignore or avoid the caregiver when they return. They appear to manage their own distress and do not show any signals seeking for comfort. They also tend to show no preference between a caregiver and a stranger.
- **Disorganised/fearful attachment:** Children with a disorganised attachment show a confusing mix of reactions, like freezing up or looking disoriented, when their caregiver leaves or returns. They are unable to resolve their distress based on their relationship with their caregiver. This attachment style is linked to inconsistent caregiver responses, in which the caregiver may be a source of both comfort and fear. This is the least common attachment style.



The impact of early attachment on future relationships

Children who are securely attached tend to be more independent and resilient, have stronger self-esteem, and perform better in school. Attachment style during childhood can also influence their ability to form healthy relationships as an adult, including their romantic relationship.

Research shows that attachment styles can influence communication between partners, the risk of violence in relationship, as well as overall marriage quality. And once they become a parent themselves, their attachment style may also play a role in shaping their attachment with their own children. Hence, without any change or new learning, it is possible for one's attachment style to be passed down and repeated over generations.

However, various other factors are at play as well in shaping our relationships with others, not just attachment style. For example, your parenting style, be it authoritarian, authoritative, permissive, or uninvolved, also plays a significant role in nurturing the development of your child's self-concept and self-confidence.

As a parent, the best thing you can do to establish a secure attachment with your child is by being sensitive to their attachment signals and responding appropriately to their needs. If you are concerned about your child's behaviour, consult a healthcare provider, such as a clinical psychologist, to assess the situation accordingly in order to formulate a treatment plan to manage the issue effectively. PP

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Understanding Compulsive Buying Disorder in Teens

By **Dr Thiyyagar Nadarajaw**, Consultant Paediatrician & Adolescent Medicine Specialist



In today's fast-paced world, shopping is more than just a way to acquire things we need – it has become a pastime and for some, even a form of stress relief. Many teenagers, like adults, enjoy shopping and consider it a way to unwind or feel better when they're down, often calling it "retail therapy."

Compulsive buying disorder

While there's nothing wrong with the occasional purchase to lift one's spirits, for some young people, shopping can take on a more problematic role. When this behaviour turns into compulsive buying, it becomes unhealthy and can lead to a pattern of addiction known as **compulsive buying disorder** or **oniomania**.

Shopping addiction is characterised by an uncontrollable urge to purchase items, often rooted in emotional triggers rather than necessity. This form of addiction is similar to other behavioural addictions, such as gambling or gaming, and involves real changes in the brain.

Specifically, the act of buying can stimulate dopamine, the brain's "reward chemical", which creates feelings of pleasure and satisfaction. Over time, the brain may start to crave that dopamine surge, leading to compulsive shopping behaviours as the person seeks out that rewarding "high".

For teens, who are already experiencing an intense period of emotional and psychological growth, shopping can easily become an unhealthy coping mechanism. Online shopping, in particular, offers a fast, accessible outlet that delivers instant gratification with just a few clicks.

Signs of compulsive buying disorder

Recognising compulsive buying disorder in teenagers can be challenging. Some of the key indicators include:

- Constantly thinking about shopping
- Inability to stop shopping compulsively
- Experiencing a “rush” after buying something
- Feelings of guilt or regret
- Financial problems (e.g. stealing, getting into debt)
- Lying or hiding purchases
- Shopping to cope with stress or sadness



Possible factors

Several factors can contribute to a teen’s likelihood of developing a shopping addiction. For some, compulsive shopping stems from low self-esteem or social pressure. Adolescence is a time when fitting in is crucial, and buying the “right” clothes, gadgets, or accessories may feel like a way to boost social status.

Furthermore, the online world often intensifies these pressures, with social media constantly showcasing products and promoting a lifestyle that can be hard to resist. Many influencers encourage followers to purchase products to feel or look a certain way, which can increase a teen’s urge to shop, even when they can’t afford it. Teens may also lack experience managing money, making it harder to control their impulses when they have easy access to funds or credit.

Shopping addiction among teens is a growing concern, but with understanding and guidance, parents can help their children develop a balanced relationship with spending. By identifying the signs of an addiction early and providing the right support, you can equip your teen with the tools they need to manage their impulses, stay financially responsible, and build self-esteem in healthy ways. PP

How parents can help

As a parent, it can be difficult to know how to address compulsive buying without appearing critical or judgmental. However, there are several supportive ways to help your teen manage this tendency and develop healthier financial habits:

- **Encourage open communication** – Begin by having a conversation with your teen about their shopping habits without judgement. Understanding the emotional triggers behind their shopping can help you guide them towards more constructive coping mechanisms.
- **Teach financial literacy** – Help your teen understand the value of money by teaching them about budgeting and saving. Encourage them to track their spending and set limits on non-essential purchases.

- **Suggest alternative coping strategies** – If your teen is using shopping to manage stress, sadness, or boredom, encourage them to explore other ways to cope with these feelings such as exercise, creative hobbies, and spending time with friends and family.



- **Set boundaries** – For teens who rely on online shopping, help them set boundaries, such as waiting 24 hours before making a non-essential purchase. This “cooling off” period can help them reconsider whether the item is truly necessary.
- **Adopting online parental controls** – By restricting access to certain apps or websites or by setting time limits on online browsing, parents can create a structured environment that encourages mindful, intentional spending.
- **Model healthy shopping habits** – Teens often imitate parental behaviours. Show them responsible shopping habits by discussing how you budget and save, and how you make decisions around purchasing.

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