

 **Waist-to-height ratio not useful in younger children**  
(*Clin Nutr. 2014;33:311-5*)

This study assessed whether waist-to-height-ratio (WHtR) is a better estimate of body fat percentage (BF%) and a better indicator of cardiometabolic risk factors than body mass index (BMI) or waist circumference (WC) in young children. BMI had the highest explained variance for BF% compared to WC and WHtR. In the overweight/obese children, BMI and WC had a higher explained variance for BF% compared to WHtR. This suggests that – in young children – WHtR is not superior to WC or BMI in estimating BF%; nor is WHtR better correlated with cardiometabolic risk factors than WC or BMI in overweight/obese children.


 **Effect of sequencing of complementary feeding in relation to breast-feeding on total intake in infants** (*J Pediatr Gastroenterol Nutr. 2014;58:339-43*)

Timing of complementary feeding in relation to breastfeeding is considered important to determine the total intake in infants. In this crossover trial, exclusively breastfed healthy infants between the ages of 7 and 11 months – receiving complementary foods for at least 1 month in addition to breastfeeding – were randomized to follow a sequence of either complementary feeding before breastfeeding or complementary feeding after breastfeeding. All babies received 3 actively fed complementary food meals per day (morning, afternoon, and evening) in addition to *ad libitum* breastfeeding during the observation period. Semisolid intake was directly measured and breast milk intake was quantified by test weighing method. The total energy intake and energy intake from breast milk and complementary foods between the 2 sequences were compared. Altering the sequence of complementary feeding in relation to breastfeeding did not affect total energy intake. Authors conclude that the sequence of complementary feeding in relation to breastfeeding – whether one precedes other or vice versa – does not affect total energy intake.


 **Simple vision test for identifying concussion injury in players** (<http://www.medscape.com/viewarticle/821495>)

Standard tests based on balance symptoms and cognition tasks to identify concussion injury in players are not always perfect. This study – to be presented at the at the American Academy of Neurology (AAN) 66th Annual Meeting in Philadelphia, April 26 to May 3, 2014 – evaluated the KingDevick test that involves the reading of a series of numbers from index cards or an iPad screen in about 1 minute. This is done at the start of the season as the baseline assessment. After injury the same set of tests are conducted – often on the side of the pitch – and if the time taken is longer than at baseline, then concussion is diagnosed. The test would be repeated every day until the baseline time was reached.

Results showed that among 30 athletes with first concussion during their athletic season, 79% showed worsening of time scores in the King-Devick vision test. In contrast, the Standardized Assessment of Concussion (SAC) test identified 52% of concussions and the Balance Error Scoring System (BESS) test picked up 70%. Combining the King-Devick vision test and SAC captured 89% of concussions, and using all 3 tests identified 100%.

 **Smartphone application for preventing Group B Streptococcus infections in neonates** (<http://www.cdc.gov/groupbstrep/guidelines/prevention-app.html>)

A free Smartphone application, Prevent Group B Strep, is available from CDC, to improve maternal and neonatal management of GBS disease prevention at the point-of-care. Developed for obstetric and neonatal providers, the GBS prevention application features patient-specific and scenario-specific guidance consistent with the 2010 guidelines for the prevention of perinatal GBS disease. The application generates customized user guidance, such as when intrapartum antibiotics are indicated and which antibiotic regimens are appropriate for penicillin-allergic women, based on patient characteristics. The application is available for Apple iPhone/iPad and Google Android devices. Once downloaded, this can be used offline also.

 **New proposed dietary sugar guideline by WHO – drastic cut suggested in daily sugar intake** ([http://www.who.int/nutrition/sugars\\_public\\_consultation/en/](http://www.who.int/nutrition/sugars_public_consultation/en/))

WHO has prepared new guidelines for dietary sugar intake which recommends drastic cuts to sugar intake, halving an earlier recommendation for each individual to consume fewer than 10% of daily calories as sugar. Right now, the guidelines are open for comments. The proposal is based on systematic reviews of research into the impact of sugar on weight gain and dental caries, and advises adults and children to consume less than 5% of calories as ‘free sugars’. The new 5% recommendation is labeled ‘conditional’, and the 10% a ‘strong recommendation’. The ‘free sugars’ mean all monosaccharides and disaccharides added to foods by a manufacturer, a cook, or a consumer, as well as sugars that are naturally present in honey, syrups, fruit juices, and fruit concentrates. The guidelines do not limit sugar consumed in whole fruit or milk.

The guidelines are designed to address both obesity and dental caries. Obesity is on the rise in all age groups and caries is one of the most common non-communicable diseases. Let us watch for the final recommendation by WHO.

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