

Latest developments in measuring child development

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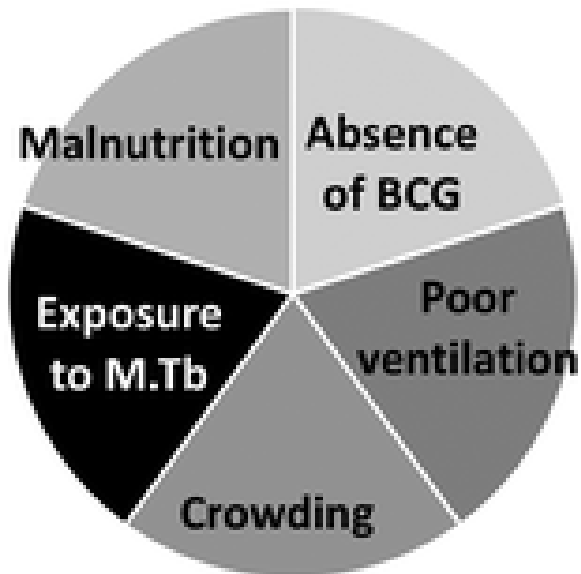


Separating child development from
Growth faltering and Stunting —
Taller is not always smarter

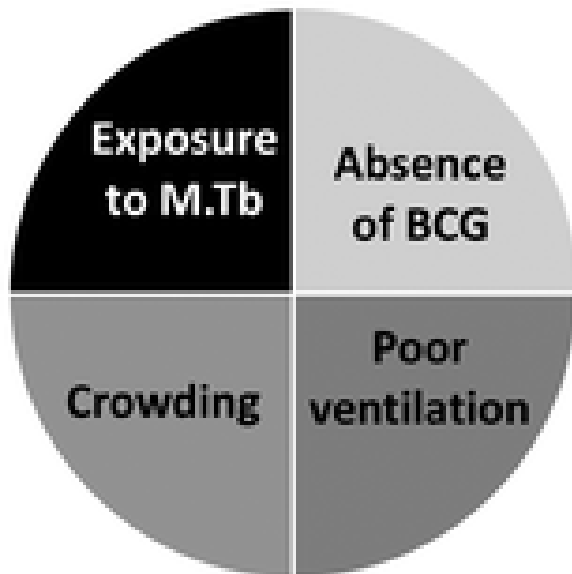


Sufficient Causes of Tuberculosis

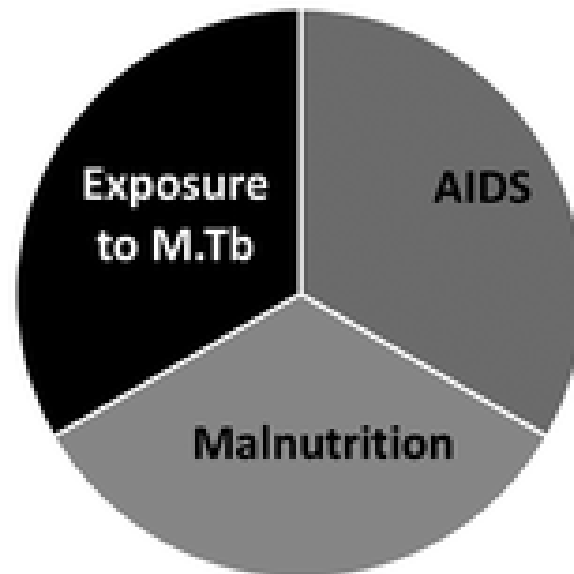
Sufficient cause 1



Sufficient cause 2



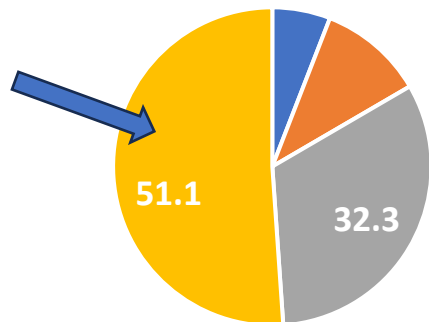
Sufficient cause 3



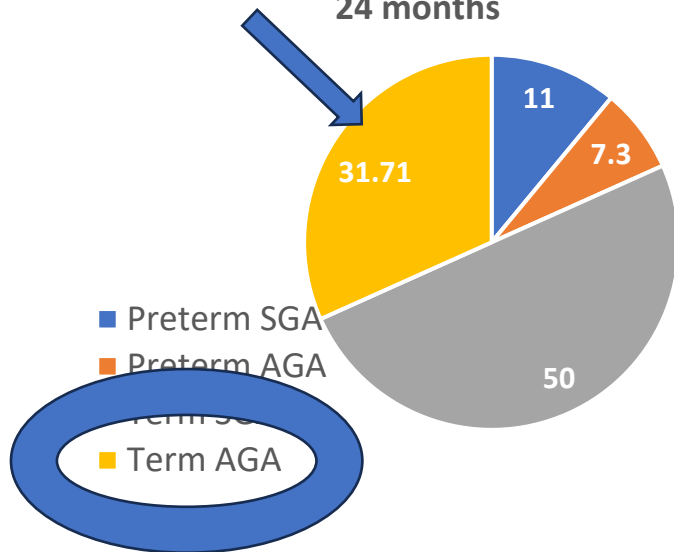
The oxidative stress theory of disease: levels of evidence and epistemological aspects. [British Journal of Pharmacology, Volume: 174, Issue: 12, Pages: 1784-1796, First published: 18 July 2016, DOI: \(10.1111/bph.13544\)](#)

Etiological Fraction: Nutritional Status at 24 months

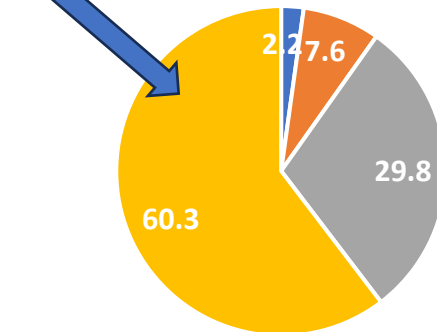
Severe Stunted at 24 Months



Concurrent Stunted and Wasted at 24 months



Moderate Stunted at 24 months



Risk of NDD at 24 months: By birth Characteristics and nutritional status at 6 months

<-2 DAZ (Yes/No)		
Predictors	(%)	RR (95% CI)
Birth Characteristics		(n=232)
PT+SGA (n=67)	13.4	2.08 (1.10-3.91)*
PT+AGA (n=223)	14.8	2.29 (1.60-3.28) [§]
TRM+SGA (n=704)	9.9	1.54 (1.16-2.04) [†]
TRM+AGA (n=1856)	6.5	Ref
Nutritional Status at 6 Months		(n=235)
Stunted (n=540)	11.1	1.60 (1.20-2.13) [†]
Wasted (n=213)	12.7	1.82 (1.24-2.68) [†]
Underweight (n=457)	14.9	2.14 (1.63-2.81) [§]
Normal (n=2058)	7.0	Ref

Risk of NDD at 24 months: By birth Characteristics

Birth Status	Total	n	% NDD (among birth status)	% among NDD @24 months
PT+SGA	67	9	13.4%	4%
PT+AGA	223	33	14.8%	14%
TRM+SGA	704	70	9.9%	30%
TRM+AGA	1856	120	6.5%	52%
TOTAL	2850	232	8.1%	100%

Risk of NDD at 24 months: By nutritional status at 6 months

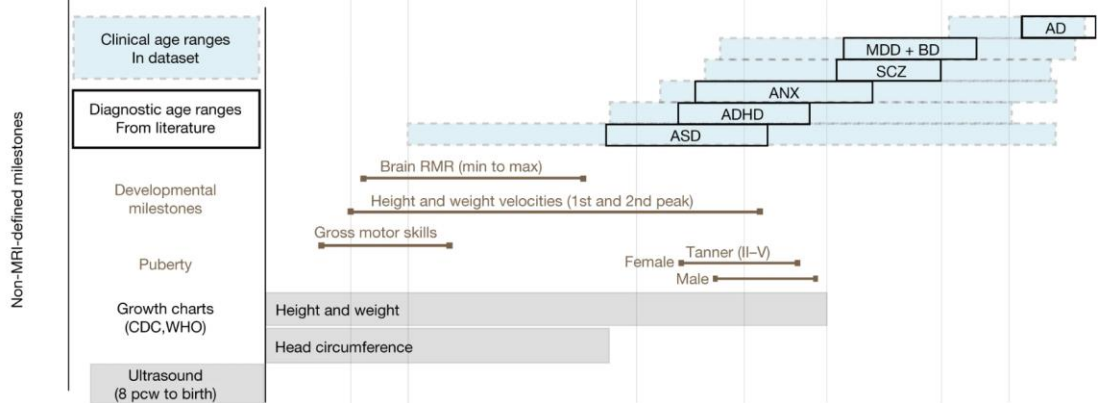
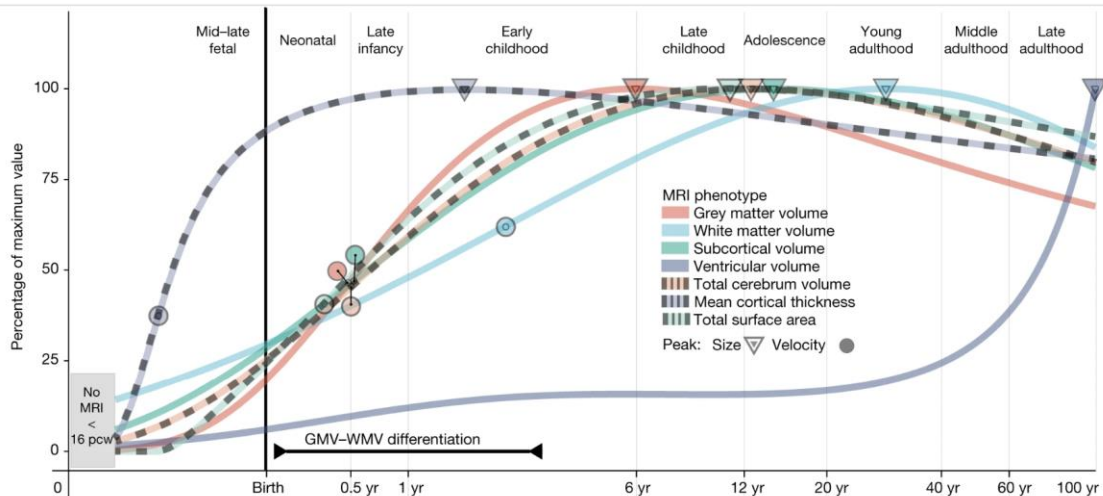
Birth Status	Total	NDD (n)	% NDD (among status at 6 months)	% among NDD @24 months
Stunted	540	60	11%	26%
Wasted	213	27	13%	12%
Underweight	457	68	15%	29%
Normal	2058	143	7%	62%
TOTAL	3268	298	9%	100%



Newer tools for measuring child development

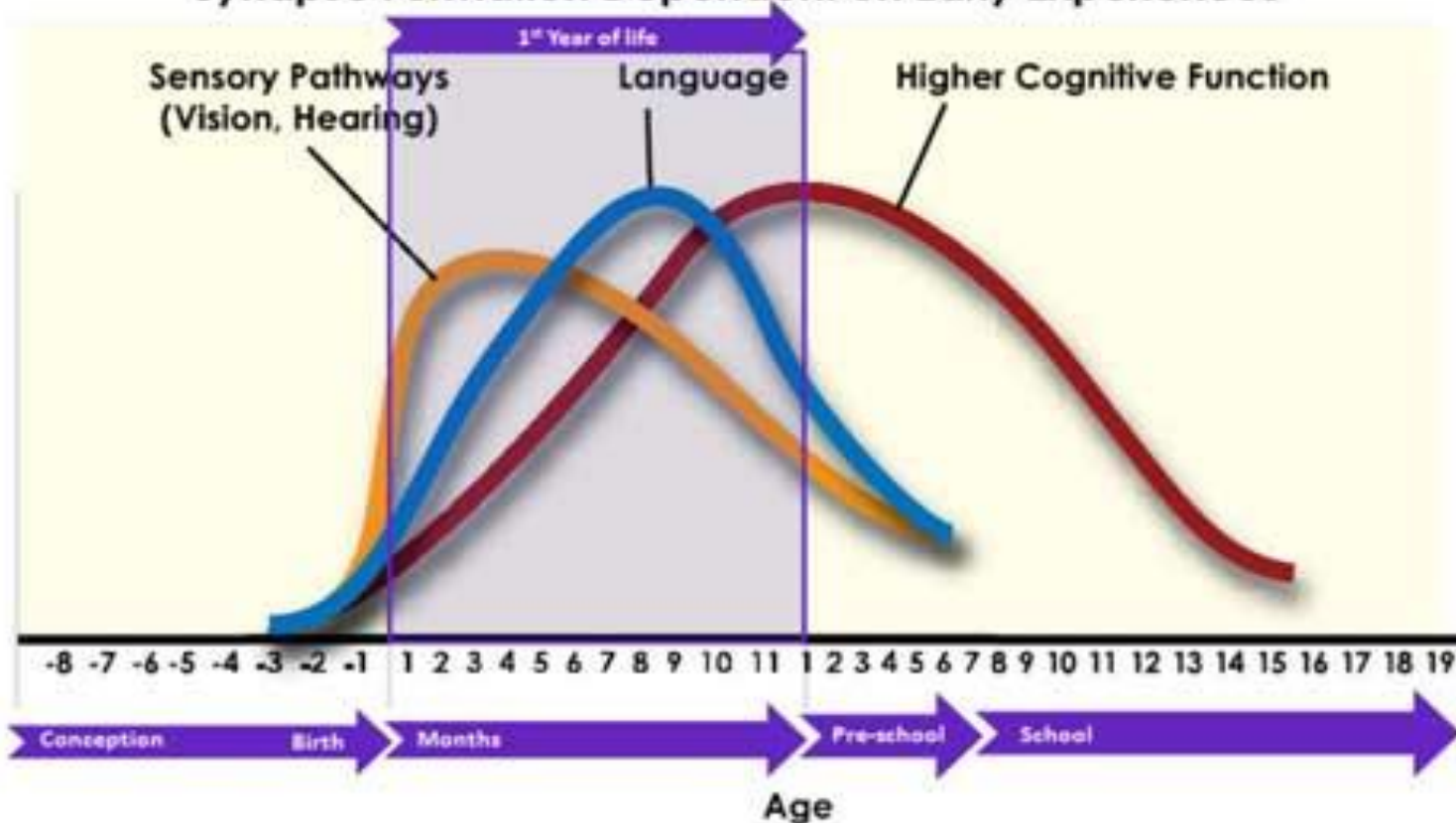


Neurodevelopmental milestones: Brain charts for the human lifespan



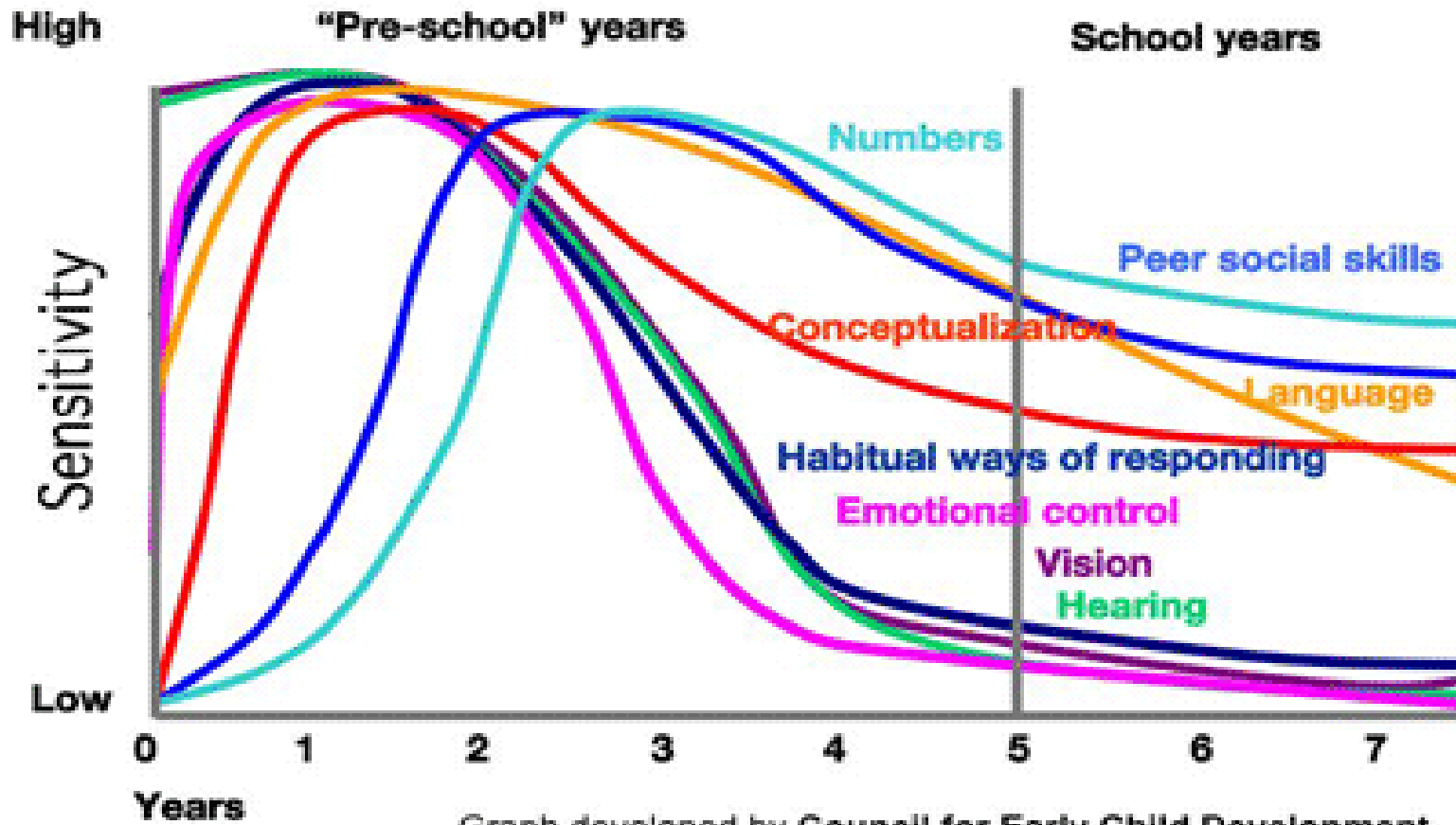
Human Brain Development

Synapse Formation Dependent on Early Experiences



Source: Nelson, C. A., in *Neurons to Neighborhoods* (2000). Shonkoff, J. & Phillips, D. (Eds.)

'Sensitive periods' in early brain development



Graph developed by Council for Early Child Development (ref: Nash, 1997; *Early Years Study*, 1999; Shonkoff, 2000.)

What drives search for newer measurements?

A) *Assessment tests that are*

- Less prone to cultural bias, measurement bias. - can be tailored to local context
- Local standardized norms available
- Easy to administer- with minimal training
- With good predictive validity
- Relatively cheaper or freely available

B) *Assessments that could shed light on*

- How early experiences affect brain development
- Reveal neurobiological processes affected or resilient to early exposures
- Relate structure to function and track improvement

- For population and programmatic level
 - Valid globally
 - Easy to administer with limited training
 - Easy to interpret and open access
- For children aged under three years
- Takes into account- cognition, motor, language and socio-emotional skills
- Generate D- score/DAZ scores (Preliminary)



Electronic testing and data recording

- Laptops, tablets, and smartphones for conducting computerized cognitive tests
- Child interacts directly with the device
- Child's score calculated on the accuracy and speed of responses
- Administered to children as young as age four years

DEEP: Data Capture



Dragging games: Correct and incorrect drags

Courtesy: SANGATH, DELHI

≡ Cambridge Neuropsychological Test Automated Battery

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From Wikipedia, the free encyclopedia

The **Cambridge Neuropsychological Test Automated Battery** (**CANTAB**),^[1] originally developed at the [University of Cambridge](#) in the 1980s but now provided in a commercial capacity by Cambridge Cognition, is a computer-based **cognitive assessment** system consisting of a battery of [neuropsychological tests](#), administered to subjects using a touch screen computer. The CANTAB tests were co-invented by [Professor Trevor Robbins](#) and [Professor Barbara Sahakian](#).^{[2][3][4]} The 25 tests in CANTAB examine various areas of [cognitive function](#),^{[5][6][7][8][9][10][11][12]} including:

Cambridge Neuropsychological Test Automated Battery	
Purpose	cognitive assessment

- general memory and learning,
- [working memory](#) and [executive function](#),
- [visual memory](#),
- [attention](#) and [reaction time](#) (RT),
- [semantic/verbal memory](#),
- [decision making](#) and response control.

The CANTAB combines the accuracy and rigour of computerised [psychological testing](#) whilst retaining the wide range of ability measures demanded of a neuropsychological battery. It is suitable for young^[13] and old^[14] subjects, and aims to be culture and language independent through the use of non-verbal [stimuli](#) in the majority of the tests.

The CANTAB PAL touchscreen test, which assesses [visual memory](#) and new learning, was included in a REF submission at the University of Cambridge. This submission (which included research from across the University unrelated to CANTAB PAL) received a 4* grade from the [Research Excellence Framework](#) (REF) 2014.^[*citation needed*] CANTAB and CANTAB PAL were highlighted in the Medical Schools Council 'Health of the Nation' 2015 publication.^[15]

Global Scale of Early Development Adaptive Testing Module [Long Form]

Child's Name :	<input type="text" value="Nana munga nakane"/>	Date of Birth :	<input type="text" value="12-04-2021"/>
Name of the Mother/Carer :	<input type="text" value="Maka Nwani Harad"/>	Name of Father :	<input type="text" value="Mwanga Ake Sidi"/>
Age of the Baby :	<input type="text" value="2.338"/> Years	Place of Interview :	<input type="text" value="Clinic"/>

Tools for Development

Global Scale for Early Development [GSED] ADAPTING TESTING MODULES

WHO GSED

Adaptive Dataset (Adaptive)

Adaptive Dataset (Adaptive)

Global Scale for Early Development [GSED] ADAPTING TESTING MODULES

Adaptive Study - Report Viewer

File Edit Help

Save as PDF Print as User Print Test

Enter text to search: Find

Click on column header text to group by that column

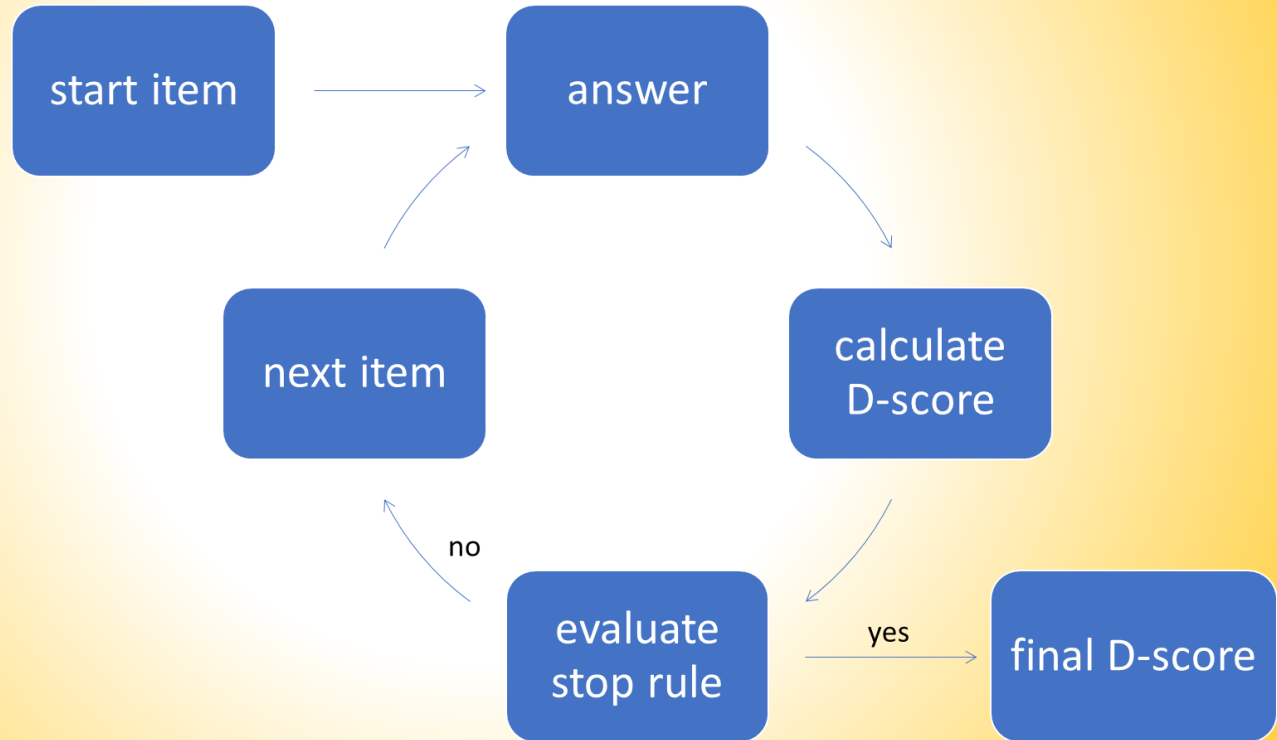
GSED...	Item...	DOY	GSED	Item...	Item...	Q_CLASS	Q_CLASS	Q_CLASS	Q_CLASS	Q_CLASS	Q_CLASS	Q_CLASS	Q_CLASS	Q_CLASS	Q_CLASS	Q_CLASS
20-05...	3017	27-09-2...	IP	1		1	1	1	1	1	1	1	1	1	1	1

- ...one day of the words "I," "you," "his," or "her" (e.g., "I go to store," or "He eats rice") (crock031)
- ... "Why" questions (e.g., "Why are you tall?") (crock031)
- ... can your child do it, just as you do? (jones038)
- ... about things that will happen in the future using correct language (e.g., "Tomorrow he will attend school," or "Next week we will go to the...") (muse029)
- ... child help out around the house with simple chores, even if he/she doesn't do them well? (muse029)
- ... your child know to keep quiet when the situation requires it? (e.g., at ceremonies, when someone is asleep) (muse029)



World Health
Organization

Adaptive GSED



Evaluating Adaptive GSED Field test

- Adaptive and fixed test within a week

	Short Form	Long Form
Bangladesh	473	473
Pakistan	462	458
Tanzania	473	471

- Adaptive test D-score versus Fixed test D-score
- Leniency and user experience
- Administration time and user experience



Comparison of
Average
Assessment time
of GSED tools
(full vs adaptive)
by age group.

Age Group	Mean duration (minutes)			
	SF (Full)	SF (Adaptive)	LF (Full)	LF (Adaptive)
0 to 6 months	12	-	26	-
7-12 months	15	4	41	12
13-24 months	13	3	48	14
>24 months	11	3	56	17

Conclusions

- ✓ **Measurements made by the adaptive and fixed tools are unbiased and close for both SF and LF. A formal equivalence test confirmed these findings.**
- ✓ **The adaptive test is evaluated positively and is easy to administer.**
- ✓ **Both adaptive tests were short: 3 to 5 minutes for SF and 10 to 14 minutes for LF.**



Structural MRI

Non-invasive

> [Brain Dev.](#) 2021 Mar;43(3):363-371. doi: 10.1016/j.braindev.2020.11.002. Epub 2020 Nov 22.

Transient structural MRI patterns correlate with the motor functions in preterm infants

High contrast sensitivity and spatial
Low motor performance at 1-year corrected age associated with the poor visibility of sagittal strata on MRI done at 40 weeks of term-equivalent age

cortical and subcortical structures

- Comparisons of volume and density
- Any diffuse changes

 frontiers | Frontiers in Neurology


TYPE Original Research
PUBLISHED 18 August 2022
DOI 10.3389/fneur.2022.952405

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A structural MRI study of global developmental delay in infants (<2 years old)



Evaluated the abnormal development of the cerebral cortex in infants with global developmental delay

Functional Magnetic Resonance Imaging

> Asian J Psychiatr. 2020 Apr;50:101945. doi: 10.1016/j.ajp.2020.101945. Epub 2020 Feb 11.

Study of functional magnetic resonance imaging (fMRI) in children and adolescents with specific learning disorder (dyslexia)

Sambhu Prasad¹, Rajesh Sagar², S Senthil Kumaran³, Manju Mehta⁴

reactions and stimuli

Participants with dyslexia fail to use normal brain regions specialized in language processing, but rather use different areas

the brain are involved in a particular mental process

BOLD- Blood Oxygenation Level Dependent signal

Using fMRI to Investigate Memory in Young Children Born Small for Gestational Age

Henrica M. A. de Bie, Michiel B. de Ruiter, Mieke Ouwendijk, Kim J. Oostrom, Marko Wilke, Maria Boersma, Dick J. Veltman, Henriette A. Delemarre-van de Waal

Published: July 1, 2015 • <https://doi.org/10.1371/journal.pone.0129721>

Decreased memory related activity in posterior parahippocampal gyrus as well as the hippocampus proper in SGA, compared to AGA babies

Functional MRI of a 12-month-old child depicting visual activity in the striate cortex

Functional Near Infrared Spectroscopy (fNIRS)

Early adversity in rural India impacts the brain networks underlying visual working memory

Sobanawartiny Wijekumar, Aarti Kumar, Lourdes M. Delgado Reyes, Madhuri Tiwari, John P. Spencer

First published: 25 February 2019 | <https://doi.org/10.1111/desc.12822> | Citations: 33

Children (aged 4-48 months) from families with low maternal education and income showed weaker brain activity in working memory areas in the left frontal cortex.

the newborn stage through childhood

Open Access Article

Tablet Use Affects Functional Brain Activity from the Dimension

by Hui Li, Danda, Chunqi Chang



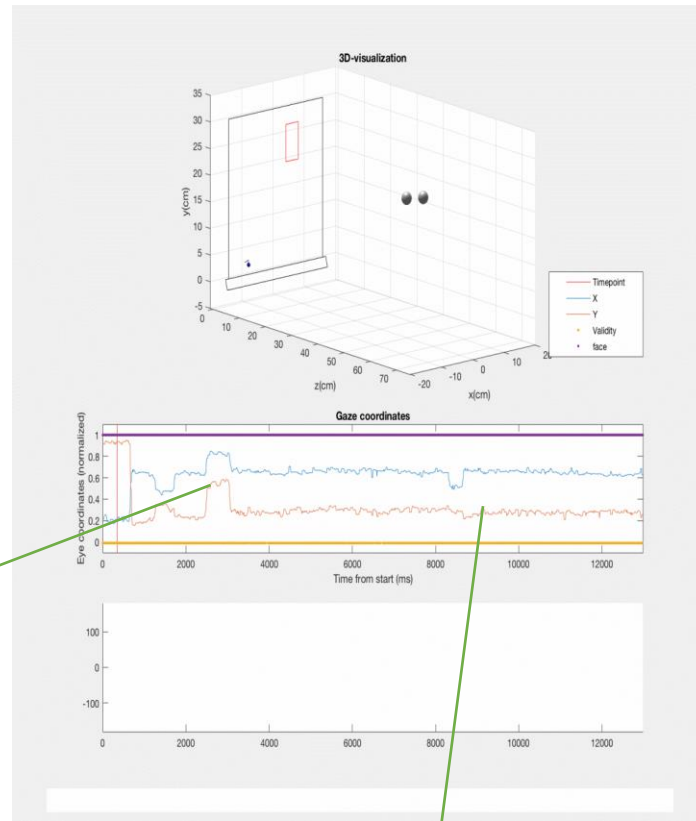
S Evidence

Sha Xie and

Examined the effects of tablet use on brain function; 'no significant differences in the 'heavy-use' group compared to the control group in executive function.



Eye tracking



Saccades

- Latency
- Amplitude (accuracy)
- Duration, velocity

Fixations

- Duration
- Spatial distribution

Eye tracking

Measures looking behaviour (location, duration, and shifting of gaze as the child views pictures or videos)

Control of attention and gaze involves areas of brain that are also associated with higher level of cognition (occipital, temporal, parietal and frontal cortices, limbic system)

Likely to be affected by interventions, producing measurable and significant findings

Article

Long-Chain Polyunsaturated Fatty Acid Supplementation in Infancy Reduces Heart Rate and Positively Affects Distribution of Attention

In this randomized trial of docosahexaenoic acid (DHA) supplementation in infancy:

- No differences between intervention groups on Bayley scores at age 18 months.
- Group differences found in sustained attention using a visual habituation task

Evoked/Event Response Potentials (ERPs)

- Non-invasive
- Electrode sensors measure changes in the electrical activity of cortical neurons
 - Latency
 - Amplitude (of the voltage)
 - Scalp distribution
- Highly accurate temporal information
- Difficult to identify spatially the source of the activity within the brain

Original Research Article

Effects of iron supplementation on neural indices of habituation in Bangladeshi children

Examined the effects of supplementation with iron on neural indices of habituation using auditory event-related brain potentials (ERPs)- No effect noted

STIMULUS
ONSET

TIME (msec)

(voltage wave-forms)
auditory, cognitive, or motor stimuli

Data Collection: PDC vs EDC



Technological Advancement: USG Machines



- Large machine size
- Operation requires a highly skilled and experienced sonographer.



- Portable machine, but still requires a full clinical setup
- Operation requires a trained medical personnel



- Handheld Device
- Can be operated by semi-skilled community workers
- AI based algorithm



Testing a low-cost Identification of gestational age, fetal growth restriction and placental insufficiency using newly developed, portable, low-cost technologies

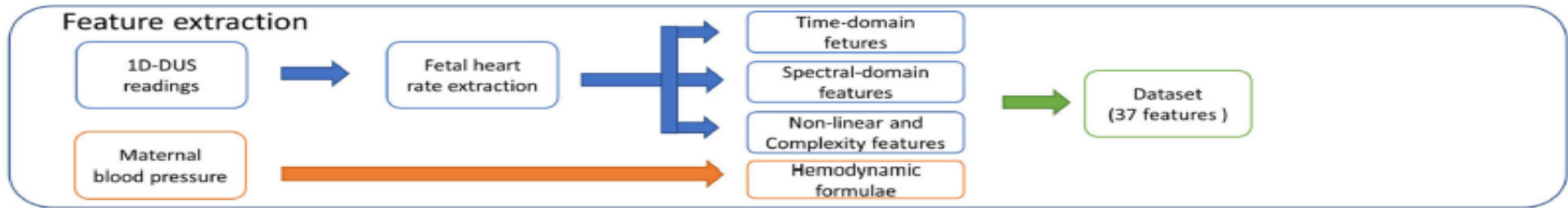


Pilot testing a novel system developed by Clifford et al ,

A low-cost one-dimensional ultrasound audio recording to identify IUGR and placental insufficiency in 2nd and 3rd trimester

Develop algorithms for the estimation of Gestational age, IUGR and Placental insufficiency based on 5-10 mins of audio recording.

If successful use preliminary data for full scale community testing in Pemba



Way forward

Advancements in brain health measurement technology

Portable neuroimaging devices
Integration with artificial intelligence

Long-term follow-up studies with data on external exposures

Future directions

Interdisciplinary collaboration

(neuroscientists, developmental psychologists and healthcare professionals)

Ethical guidelines and regulations

Ethical frameworks for paediatric neuroimaging
Data privacy