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Cover Picture:
AP pelvic X-ray after 1 1/2 years revealing loss of joint space and development of osteoarthritis.
(Refer to page 404-409)

Ignorance in Developmental and Behavioural Disorders

K Lyen

As Singapore attains a progressively sophisticated level of socio-economic development, families are better educated and are becoming more perceptive of variations in childhood development. Increasing numbers of parents are worried about their child's intellectual maturation, and seek help when they sense something is wrong. Concurrently, there are more educational programmes and facilities that can cater for the major developmental and behavioural problems. To maximise the efficacy of these educational programmes, abnormalities need to be recognised earlier, so that intervention can be implemented sooner. The general practitioner (GP) stands at the front line where parents and teachers seek help. Hence it is important for the GP to be well-versed in developmental and behavioural paediatrics.

W B Lian et al's study of General Practitioners' Knowledge on Childhood and Behavioural Disorders⁽¹⁾ is very timely. Forty-eight GPs were assessed, and although this is a very small sample, representing only 2% of non-specialist doctors, the results are not inconsistent with one's general impression. As these GPs were attending a Continuing Medical Education (CME) course before it became compulsory, they are obviously well-motivated, and may therefore engender a potential source of bias. If indeed these GPs are perhaps better than their peers, the study results may be over-optimistic.

Another potential flaw inherent in this type of study is the nature of the questions asked. A True-False questionnaire may not be able to probe sufficiently deeply as to how much one understands a subject. For example, the question about how long a child with an autistic spectrum disorder has to wait before being admitted to a special school, does not have a straightforward answer. It depends upon whether one is referring to a Community Chest and government funded school, or a private school, the latter having a much shorter waiting time. The waiting list also depends on factors such as the age of the child and severity of the autism. Plus there is now a programme for parents with children on the waiting list. But even if a GP got this question wrong, it is not so critical.


What is rather worrying is that only a third of the GPs passed the overall test. One GP got all three questions on child development wrong, and two GPs got both questions on learning disorders wrong.

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Most disturbing is that two GPs said that there was no need for CME lectures on development and behavioural disorders, and it turns out that both these GPs had failed the test.

This study exposes an area of serious weakness in our medical education. Undergraduate education in this is a need to be strengthened. Now that CME training is compulsory, it would be a good idea for this area to have additional focus. It is of interest to test GPs before and after they have attended a CME programme to gauge its efficacy. 

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1. Lian WB, Ho SKY, Yeo CL, Ho LY. General Practitioners' Knowledge on Childhood Developmental and Behavioural Disorders. Singapore Med J 2003; 44:397-403.

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