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SUMMARY

Comprehensive data upon the prevalence of C.C.D. are not readily available. There are changes in incidence of C.C.D. and changes in survival of patients.

Development of children with C.C.D. is usually accompanied by many developmental abnormalities as well as impaired physical and psychological functioning, with increasing risk of maladjustment. The presence of a chronic disease also has an impact on the family and may lead to marital problems. It also affects school environment and peer relations and may cause underachievement, school absence or missed school years as well as disturbance of the child-peer relationship.

The commonest of the chronic childhood disorders are discussed in this work. They include tuberculosis, asthma, congenital heart defects, rheumatic heart disease, diabetes mellitus, diabetes insipidus, hemolytic anemias, hemophilia, schistosomiasis, nephrotic syndrome, leukemias, epilepsy, and rheumatoid arthritis.

We concentrated on the most recent management measures of each disorder. This includes clinical and laboratory investigations, treatment strategies, supportive care measures, and long-term management procedures.

General measures in the care of children with C.C.D should be fulfilled. Special considerations for the health care of adolescents with C.C.D. should be made aware of as they are especially important and difficult to manage.

Diversity and fragmentation characterize the organization of services for chronically ill children. Two main organizational concepts have been increasingly detailed as likely to improve the lives of chronically ill children and their families. These are regionalization and the development of individualized service plans that should cover expected medical and surgical diagnosis and treatment.