

- The curiosity over what "executive dysfunction" might mean is welcomed. We recommend a consultation of the pertinent scientific literature.
- Professor Erlane and I agree on the requisite quality of the *Jornal de Pediatria*. This quality is also constructed by the interest and criticism of its readers.

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five South-American countries (Argentina, Chile, Peru, Paraguay and Uruguay) and has accumulated data on, since 1997, a total of 3,812 preterms weighing less than 1,500 g at birth. We publish in scientific journals³ and have given several presentations at a variety of scientific meetings, Pediatric Academic Societies (PAS), Latin-American Pediatric Research Society (SLAIP - *Sociedade Latino-americana de Pesquisa Pediátrica*), Argentinean Society of Pediatrics National Research Meetings (*Encuentro Nacional de Investigación Pediátrica*) and the Chilean Pediatric and Neonatology congresses (*Congreso Chileno de Pediatría* and the *Congreso Chileno de Neonatología*).

The neonatal corticoid usage recorded on the NEOCOSUR database is, currently, 68.9% (51-100), greater than that reported in Montevideo, Uruguay,⁴ and of the study in question.¹ These data confirm that, in our countries, the application of preventative measures, the effectiveness of which has already been proven in clinical trials, has spread to localized populations, even though we do still need to fight unceasingly to increase their use.

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Neonatal networks

Dear Editor,

It was with great interest that we read the article published in the July/August 2004 issue on the neonatal use of corticosteroids.¹ In the editorial that accompanied this article,² it was mentioned that "...the use of antenatal corticosteroid therapy in preterm labor at less than 34 weeks reached 61%. As far as we know, this figure is much higher than in any other Latin American study," and, in addition to the BNRN, the Vermont-Oxford and NICHD were cited as examples of "multicentric networks".

There was, however, an omission in the form of the non-inclusion of the NEOCOSUR Collaborative Group, a neonatal network whose goal is to collect information, prospectively, on newborn babies weighing less than 1,500 g and their mothers. The network is made up of 16 neonatal units from

Authors' reply

Dear Editor,

We are grateful for the opportunity to reply to the letter from our colleagues Drs. Grandi and Ceriani Cernadas, from Buenos Aires. Initially we would like to say that, in our Editorial, we used the Vermont-Oxford Network and the North-American NICHD networks as being the best known, and that it was not our intention to cite all existing networks. The fact that the NEOCOSUR network was not included should not, therefore, be seen as an omission.

It is a cause of satisfaction to learn that the coverage of neonatal corticoid use for the NEOCOSUR network is "currently" 68.9%. In the group's publication,¹ referring to 385 very low birth weight babies born at 11 centers in four South-American countries, the prevalence of prenatal corticoid usage was 56%. As such, this figure is lower than the 61% in the article on which our editorial commented.

The CLAP views with great enthusiasm the Brazilian Neonatal Research Network, initiative and also the work done by the NEOCOSUR network. The common objective of the improvement of the quality of neonatal care in Latin America and the Caribbean can be achieved by the work of teams with these characteristics. The collection of high quality epidemiological information at the population level that rank programs and assess the interventions made is indispensable.

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Childhood obesity – How can we be efficient?

Dear Editor,

I thought the childhood obesity review by Mello et al. was very good,¹ however, I noted certain points where there were errors.

The claim that, "formal gymnastics, carried out at a gym (...) are unlikely to be tolerated for long periods (...) because the processes are repetitive, lack any element of play and are artificial" has no support. According to Frost et al.², the case is exactly the opposite: the simple prescription of physical exercise with no regular follow-up results in systematic abandonment of physical activity by practically all patients. In fact, this statement by Frost et al.² has support based on human behavior: people organize themselves in groups headed by people capacitated to perform certain activities: one goes to school, where there are teachers, to learn and to exercise the abstract intellect; to church, where there are spiritual leaders, to pray and perfect the spirit; in the same way, one goes to the gym, where there are teachers that study the body's ability. Around 2,500 B.C. the Chinese established that the human body should be continually exercised in order to achieve harmonious development.³ In the same way, gymnastic exercise is for the whole life. In fact, working out, eating

greens, taking cold baths and sleeping early on hard mattresses are non-specific practices that promote health.

In respect of the supposedly artificial aspect of gymnastics, in fact, the human body is gifted with a wide variety of movements, which are not commonly used in day-to-day life. According to the law of use and disuse, if a bodily capacity is not used it will atrophy and the individual will end up losing it. Once lost, amplitude and variety of movement is lost, which results, for example, in postural damage. The maintenance and acquisition of a wide range of bodily abilities is the basis of gymnastics aimed at postural correction and lumbar pain control.^{4,5}

Obviously, one should stimulate a more active daily life, just as schools wish to stimulate the individual to study at home and spiritual leaders wish people to pray always. Nevertheless, the way in which the subject is approached in the text discourages the practice of physical activities at gyms, which is an error. Well-directed physical exercise is not just aimed at burning calories or improving cardiovascular performance, but is also a fundamental element in the harmonious development of the locomotive system.

There are other interpretive errors when the authors claim that "the majority of programs are planned for a period of up to 10 months". What takes place at references 62 and 67 is that the 10 months are simply an evaluation period for intensive training. Well-directed, regular gymnastics is a lifelong practice. Obesity, in particular childhood exogenous obesity, is a question of lack of education. Man evolved to strive for maximum calorie intake with minimum physical activity, since for millennia hunger, due to the absolute lack of food, was always a challenge to human existence. This century, with food surplus and technology, it is necessary for man to rescue this millenary concept and use his intelligence suiting his physical activity to his calorie intake.

The gym, in turn, offers a number of different training methods, each with its weak and strong points. This being so, it is necessary to choose those methods of working out that, becoming a part of the individual's daily life, are always acquiring and maintaining physical abilities.

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