2024–2025 Pediatrics Review Syllabus

Behavioral Medicine & Substance Use Disorder:
Page 98, Autism Spectrum Disorder (ASD)

Text currently reads:	*Text should read:*
Autism Spectrum Disorder (ASD) • Affects 1:36 children – Males ~ 4× more likely to be affected than females • May be underdiagnosed in females – Increased incidence in Black and Hispanic children – Rate in siblings: 10–20%  • ~ 50% of affected children have associated intellectual disability • More common with certain genetic conditions – Tuberous sclerosis – Fragile X syndrome – Angelman syndrome – Rett syndrome – Noonan syndrome – **Trisomy 2** – Neurofibromatosis 1 – CHARGE syndrome – DiGeorge syndrome – Untreated phenylketonuria	**Autism Spectrum Disorder (ASD)** • Affects 1:36 children – Males ~ 4× more likely to be affected than females • May be underdiagnosed in females – Increased incidence in Black and Hispanic children – Rate in siblings: 10–20%  • ~ 50% of affected children have associated intellectual disability • More common with certain genetic conditions – Tuberous sclerosis – Fragile X syndrome – Angelman syndrome – Rett syndrome – Noonan syndrome – Trisomy 21 – Neurofibromatosis 1 – CHARGE syndrome – DiGeorge syndrome – Untreated phenylketonuria

Metabolic Disorders:

Page 400, Audience Response Answers and Explanatory Information

Text currently reads:	*Text should read:*
AR 5 E. Scheduled oral cornstarch supplementation **Answer: E. Scheduled oral cornstarch supplementation** • This is a classic presentation for a GSD; the lab values are consistent with the elevated lipids and lactate, as well as the enlarged liver • The problem is an inability to break down glycogen to glucose; so, provide the body with a slow-releasing form of **glycogen** via cornstarch • Fatty acids and protein supplementation will not address the need for glycogen; glucagon will force the body to release what glycogen it can, but then will get low glucose again • Repeat IV dextrose does not address the need for ability to live independently and may force the body to store more glycogen that it is not using	**AR 5** E. Scheduled oral cornstarch supplementation **Answer: E. Scheduled oral cornstarch supplementation** • This is a classic presentation for a GSD; the lab values are consistent with the elevated lipids and lactate, as well as the enlarged liver • The problem is an inability to break down glycogen to glucose; so, provide the body with a slow-releasing form of glucose via cornstarch • Fatty acids and protein supplementation will not address the need for glycogen; glucagon will force the body to release what glycogen it can, but then will get low glucose again • Repeat IV dextrose does not address the need for ability to live independently and may force the body to store more glycogen that it is not using