

IN TUNE WITH THE SEASONS

It is always exciting to write the first editorial of the year, the one for the spring issue. It feels a bit like a new start every year, as if life is coming back after the winter break. Nature gradually regains its colours, following the cycle of the seasons, respecting the unique rhythm of every tree species, every plant, insect or animal.

These natural cycles have long governed human life and activities. Hunter-gatherer societies, and later the first agricultural societies, lived essentially according to the rhythm of day and night, the seasons, animal migrations or crop cycles. With the emergence of urban civilisations and the first forms of complex social organisation, time became structured around calendars and time measurements. The industrial era marked a major shift in our relationship with time. Industrial production models developed around the pace of machines and the structuring of work. In the 19th century, the expansion of the railway gave time a new dimension: it was no longer local but became global, requiring synchronisation through the creation of time zones and a standardised time on a national and then international scale. The technological acceleration of the 20th century further reinforced this dynamic. The drive for productivity has gradually come to dictate the organisation of work and daily life. The communication technologies of the 21st century have further accelerated this trend. They contribute to the rise of immediacy, constant connectivity and instant responses.

This compression of the pace of our lives, this disconnect between social time and the biological rhythms can be a source of tension. The mismatch between relatively slow biological rhythms and the demands of life is now a significant issue for health and well-being. It may be worth paying attention to this. Several studies have demonstrated the importance of the circadian rhythm in children and adolescents. In paediatrics, chronic sleep deprivation increases long term cardio-metabolic risks. It is also associated with impairments in cognitive development (attention, memory, etc.), mood and emotional disorders and behavioural problems. These risks are also present in the workplace. Prolonged circadian desynchronisation has been linked to metabolic disorders such as obesity and diabetes, cardiovascular diseases, musculoskeletal disorders, sleep disorders, and depression. It can also lead to reduced alertness and impaired judgement, increasing the risk of accidents at work. While the constraints of our modern civilisation and the realities of healthcare require pragmatism, greater awareness and suggestions for improvement may be helpful. These involve identifying high-risk situations, detecting early signs of desynchronisation and implementing preventive organisational measures. For instance, the application of chronobiology to occupational medicine recommends avoiding sudden and irregular changes to working hours and favouring rotations in a physiological order (morning, afternoon, night), as well as maintaining regular mealtimes. Ultimately, these measures reduce absenteeism and accidents, while promoting work quality, professional attractiveness, and the sustainable performance of individuals and teams.

The cycle of the seasons also illustrates that each period and rhythm has its own function, and that the variety of these rhythms

is crucial. Anyone who has ever planted a tree knows that late autumn is the best time to do so. Although the tree may appear dormant, it uses winter to develop its root system, which, in spring, will support a phase of rapid growth and flowering. Every season has its purpose. The succession of seasons brings a continuity that gives meaning: what is done today, even if it seems minor or insignificant, may have a role or an impact tomorrow. We can draw certain parallels with our patients, with children and adolescents who are growing, developing and forming their identities. Every moment and event can be formative and may have consequences for the future. As adults, caregivers or parents, it is up to us to support them as best we can. We must also protect these learning moments, provide reassurance and validation during periods that may seem like a winter, and recognise the value and importance of the present moment.

For our paediatric community, spring also marks our annual gathering: the Belgian Academy of Paediatrics (BAoP) Congress. We would like to thank and congratulate Professor Gunnar Buyse and the entire scientific committee team for the 54th Annual Belgian Paediatric Congress (BPC), which took place in Mechelen on 19th and 20th March 2026. We would also like to thank the organisers at UZ Leuven and the BAOP who, with great dedication, made this event possible.

We hope that you will take the time to explore this new issue of the BJP. Over the past few months, we have received a large number of research articles and case reports. A theme on haemostasis in paediatrics was also planned. We thank Prof Veerle Labarque and Dr Phu Quoc Le, the guest editors, for bringing together high-quality articles on this specific topic. We have thus decided to split our publications into two separate issues: a 'standard spring issue' featuring original clinical and research articles, and a special issue entirely dedicated to coagulation. In the current standard issue, you will also have the opportunity to read the first 'Seeds of Change' publication, a report by Eva van Zanten and Annick de Weerdts about their experience with their Intensive Care Green Team in UZ Antwerp, managing sustainability practices. Eva Van Zanten, . The Made in Belgium section reports the thesis of Dr Lucas Panneel from the University of Antwerp on exposure to plasticizers in the neonatal intensive care units.

Last but not least we want to announce and congratulate the winners of the Best BJP Research Manuscript 2025: Hazel Van Overschelde, Frederick De Baene, Saskia Vande Velde, Stephanie Van Biervliet, Dirk Van de Putte, Matthyssens Lucas and Katrien Van Renterghem from University of Gent for their paper "Bowel function in children with low anorectal malformation after surgical repair. A retrospective single-center cohort study" (BJP 2025; 27(1): 9-14).

On behalf of the editorial board, we wish you an enjoyable and informative read.

Christophe Chantrain and Marc Raes

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VOS QUESTIONS OU COMMENTAIRES



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