





MAJOR IMPROVEMENT IN PARENTAL PERCEPTION OF THEIR CHILDREN'S HEIGHT-SPECIFIC QUALITY OF LIFE AFTER ONE YEAR OF GH TREATMENT

OUR EXPERIENCE WITH THE QOLISSY (Quality of Life in Short Stature Youth) QUESTIONNAIRE

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Background

- ☐ Short stature may be a source of social and affective stress in children and their parents, and thus impact negatively on their quality of life (QoL).
- ☐ Treatment by growth hormone (GH) may improve QoL through normalization of height.

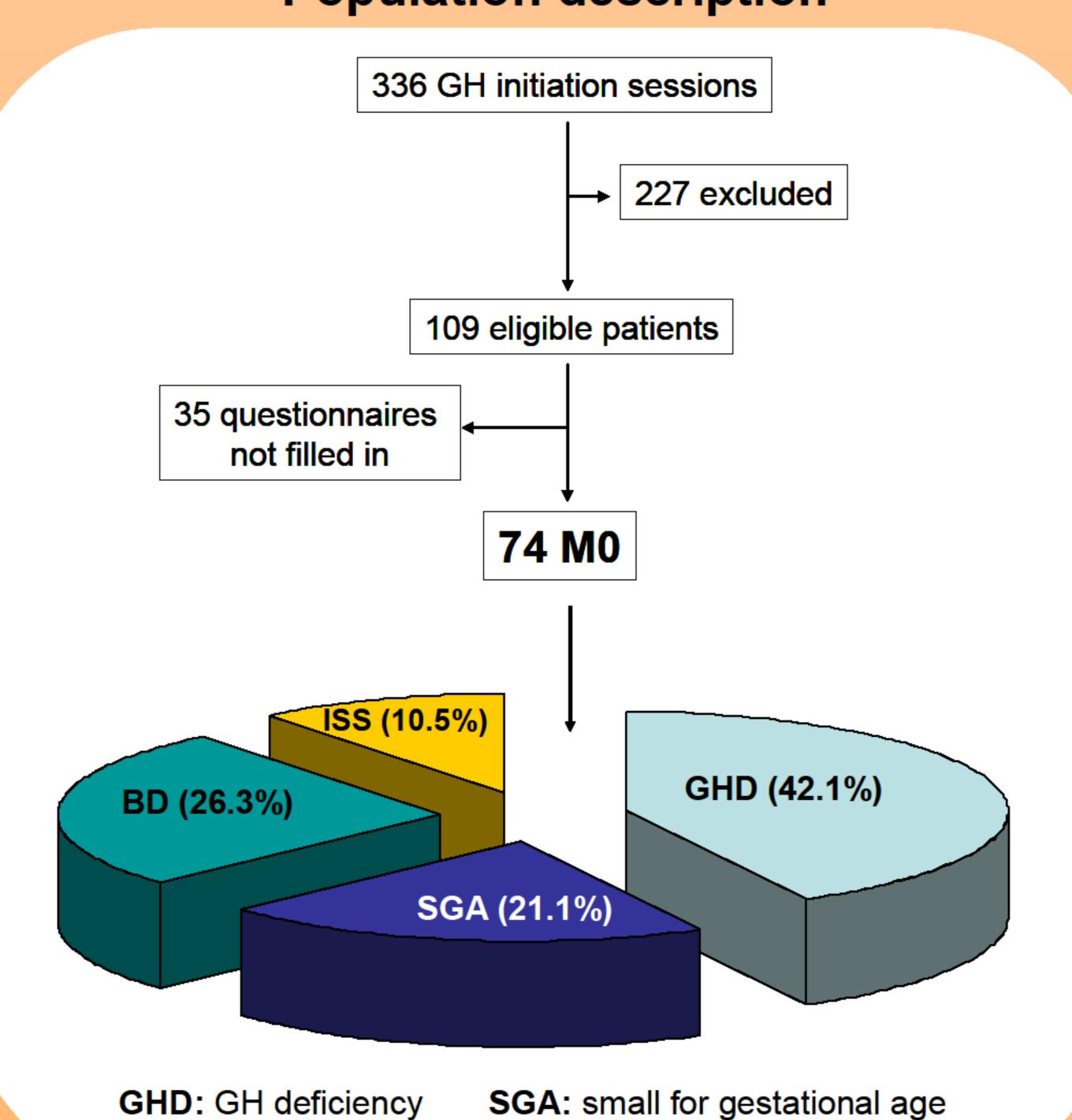
Aims of the study

To evaluate height-specific and general QoL in short stature children after 1 year of GH treatment

Methods

- Prospective study
- **Inclusion criteria:** GH started between April 2012 and December 2014, age ≥ 4 y.o and short stature (≤-2 SDS).
- Exclusion criteria: serious chronic disease, syndromic cause or developmental delay.
- Two questionnaires: **general PedsQL 4.0** and **height-specific QoLiSSY** (Quality of Life in Short Stature Youth, Bullinger et al. Health Qual Life Outcomes 2013),
- Questionnaires completed on the day of first GH injection (M0) and one year later (M12), both in parents and in children.
- Paired t-test was used to evaluate changes in QoL.

Population description



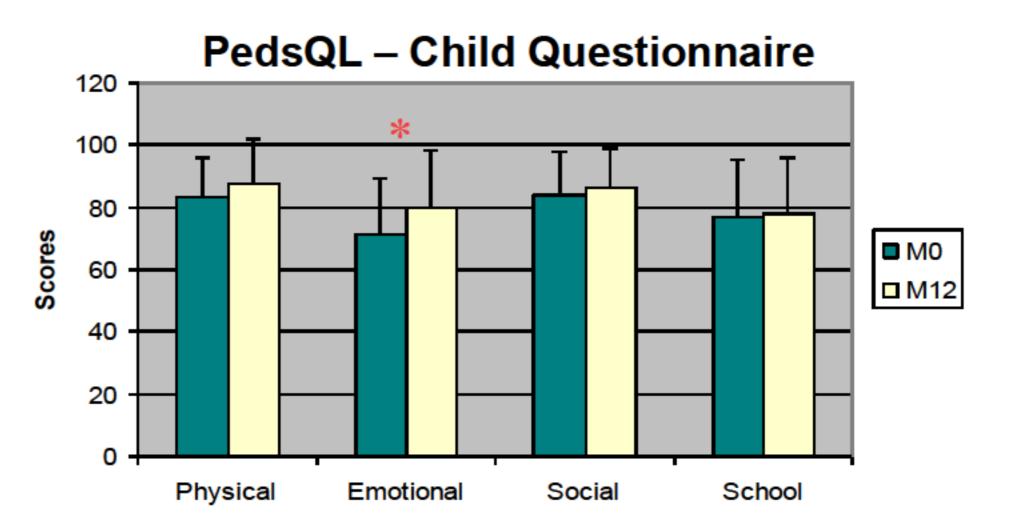
This work was partially supported by

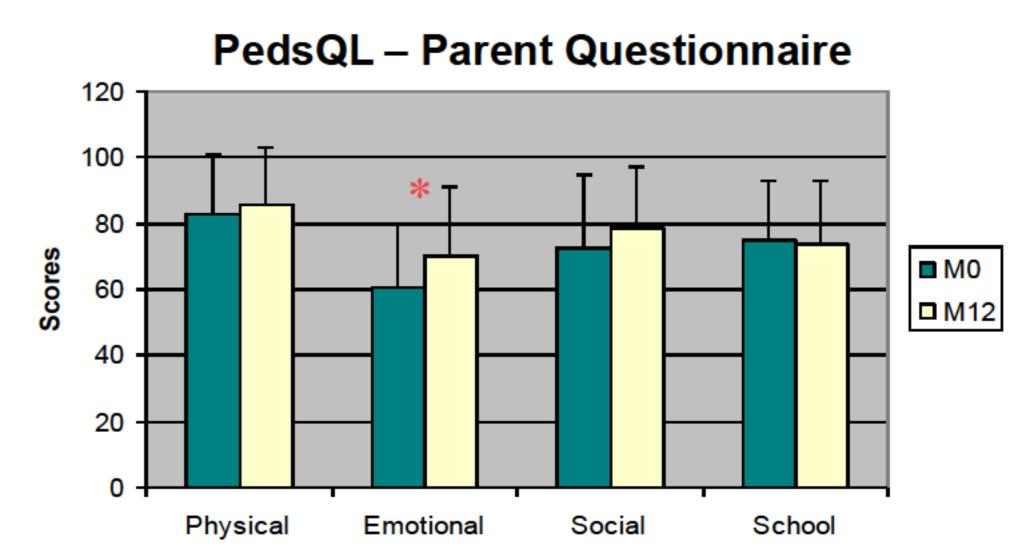


ISS: idiopathic short stature

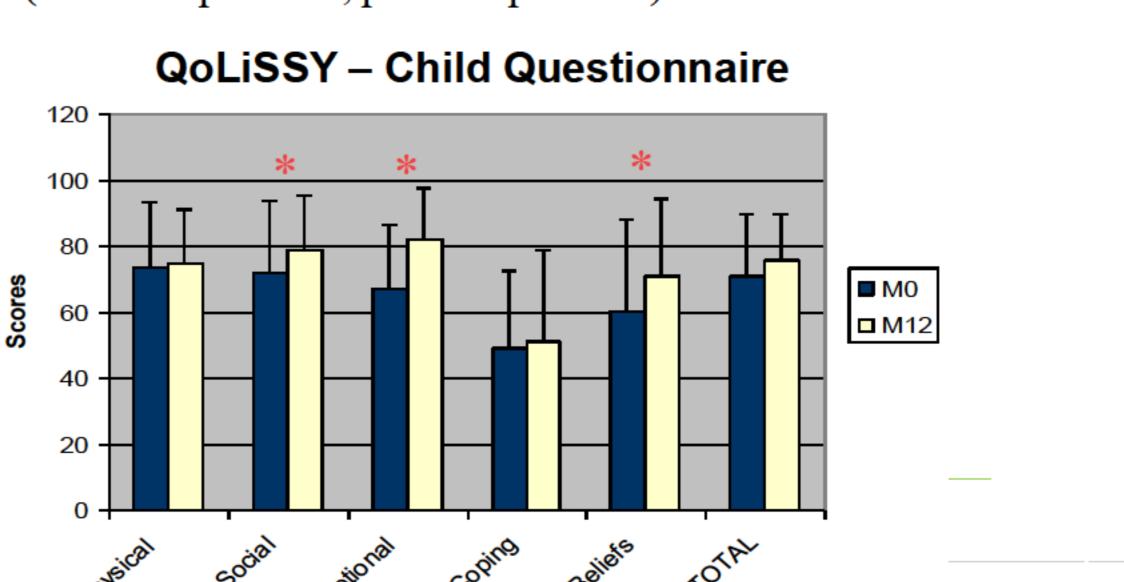
Results

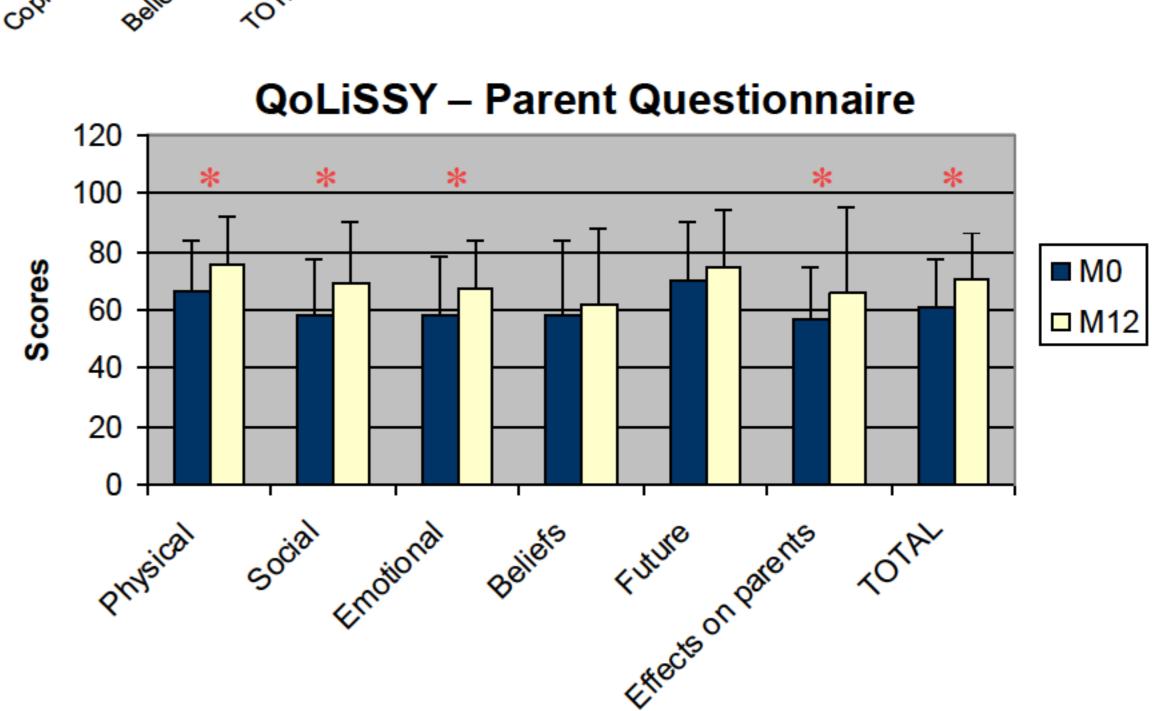
- Of 74 patients included, 37 (58% boys) have completed up to date the M12 questionnaires.
- Mean age: 10.2 yrs (4.2-16.6), initial height: -2.7 SDS (-2 to -5).
- Gain in height after 1 year: 0.8 SDS (0-2 SDS).





In PedsQL questionnaires, children and parents report improvement of Emotional QoL (children: p=0.025, parents: p=0.004).





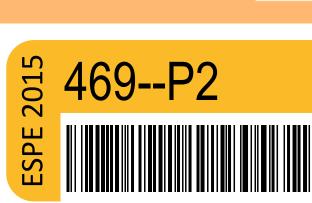
In QoLiSSY questionnaires, children report improvement of social (p=0.045) and emotional (p=0.046) QoL. Beliefs concerning importance of height in life are also improved (p=0.036).

Parents report important improvement of children's physical (p=0.001), social (p=0.002) and emotional QoL (p=0.001), and of parental stress linked to child's short stature (p=0.025)

Conclusions

☐ Our preliminary results show that after one year of treatment, children's height-specific QoL is significantly improved, according to parental perception (physical, emotional, social) and children's perception (emotional and social QoL and beliefs).

□Parental QoL is also improved (effects on parents).



Growth

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BD: bone dysplasia







