Growth Screening in children aged three to five years seen in Community Paediatrics in Dreux District, France. Preliminary results

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Background
Over 90% children grow normally, and attain final height within their genetic target. Up to 10 % of all children do not spontaneously catch-up by the age 3 years, besides some cases of TS are diagnosed late, and others with SGA go undiagnosed and unattended.

Objectives
Early screening of growth patterns in children attending Child Protection Visits (PMI, France) in Dreux district. Our objective was the evaluation of prevalence of growth retardation in preschool aged children.

Methods
Standard measures of weight, height and BMI were collected for all children aged 3-5 years during systematic PMI visits. Birth variables, family history of short stature, maternal smoking, ethnic origin, etc. were also recorded. Each child was measured twice (wall stadiometer), and mean height recorded. Parents of those with height < -2 SD received information and written proposal to attend hospital growth visit. Pubertal stage was recorded according to Tanner staging.

Results
590 children were screened from 2013 to 2015 (301 boys, 289 girls)

Mean Body Weight at birth 3258.7 ± 205.1 g

Stature at age 5 years

Ponderal status at birth (Macrosomia: z score =>2SD)

Ponderal status at age 5 years (Overweight: z score =>2SD)

Mean Head Circumference at birth 34.49 ± 0.71 cm

Stature of SGA children at age 5 years

Ponderal status of the macrosomic children at age 5 years

CONCLUSION
These preliminary results show that growth screening in community is important as it enables both early diagnosis and follow-up in children with growth problems. Our results probably underestimate the true prevalence of short stature as results are partial at this point.

REFERENCES / BIBLIOGRAPHY

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