

Evolution and epidemiological assessment of the influence of sociological variables of children born SGA in the last decade in Basque Country



AUTHORS: I. Díez López, I. Lorente Blázquez, A. Sarasua Miranda, M. Moracho del Hoyo, A. Gómez de Segura Lorente, D. Pérez Campos, MT Macarulla Arenaza2 3 VM Rodríguez Rivera2 3

WORKPLACE: Children 1Section Endocrinology, University Hospital of Alava. Vitoria. Research Group of the child PEG HUA. 2Grupo Nutrition and Obesity, School of Pharmacy, University of the Basque Country, Vitoria. 3CIBERObn, Carlos III Health Institute

INTRODUCTION:

Although the theoretical impact of small in weight and / or size at birth (< 2 SDS for EG) is 3-5% (3.5 % in the Basque Country (SOURCE: Local Government) the socioeconomic situation in our country has conditioned a change in its prevalence and possible dominance of one of the reasons already described , such as maternal (somatometric , genetic, environmental , pharmaceuticals, drugs) , fetal (genetic malformations , infections) and placental Although 50 % at 2 years did not do a proper catch up (by excess or defect) with potential impact on future size and metabolic complications , cardiovascular require specific monitoring .



To assess socio- epidemiological changes of the new born in our Country in the past 10 years and its influence on the SGA pathology

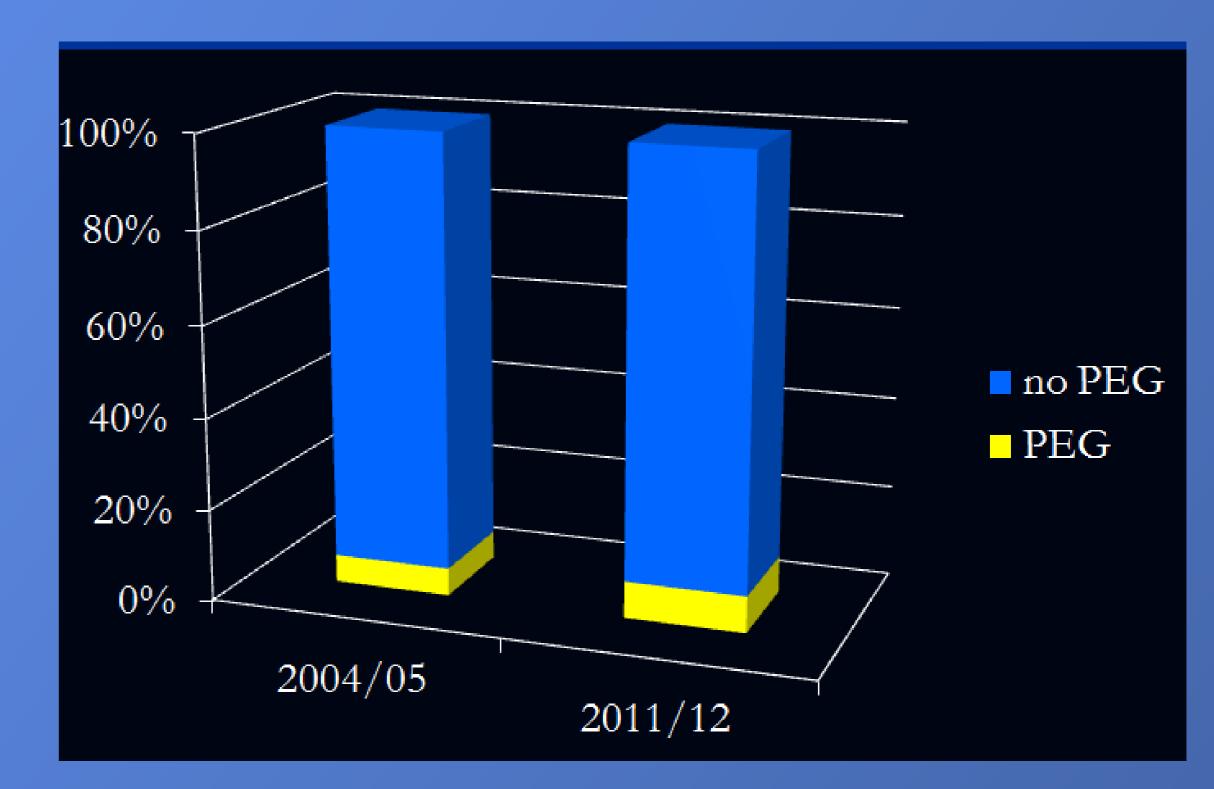
MATERIAL Y METHODS:

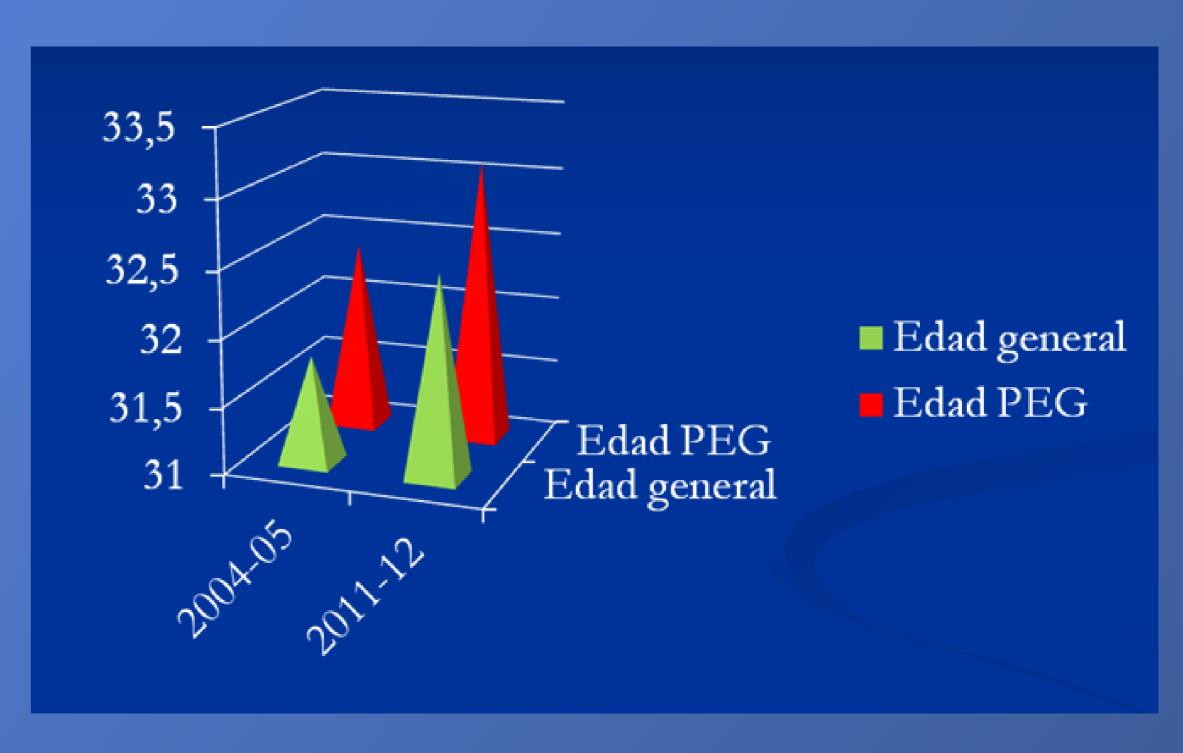
Study and classification of 4,934 cases (\circlearrowleft 2,485) live and single pregnant in our hospital (years 2004-2005) (G1) and weight / height tables regarding Spanish reference (2,008) according to age, sex and weight / height compared to 5,942 cases (\circlearrowleft 3,066) live singletons in our hospital (years 2011-12) (G2). SGA if < 2 SDS weight and / or size . (Balance accuracy and normalized stadiometer) . T -Student Study bilateral IBM SPSS 18.0 . TOTAL: 10,876 cases studied.

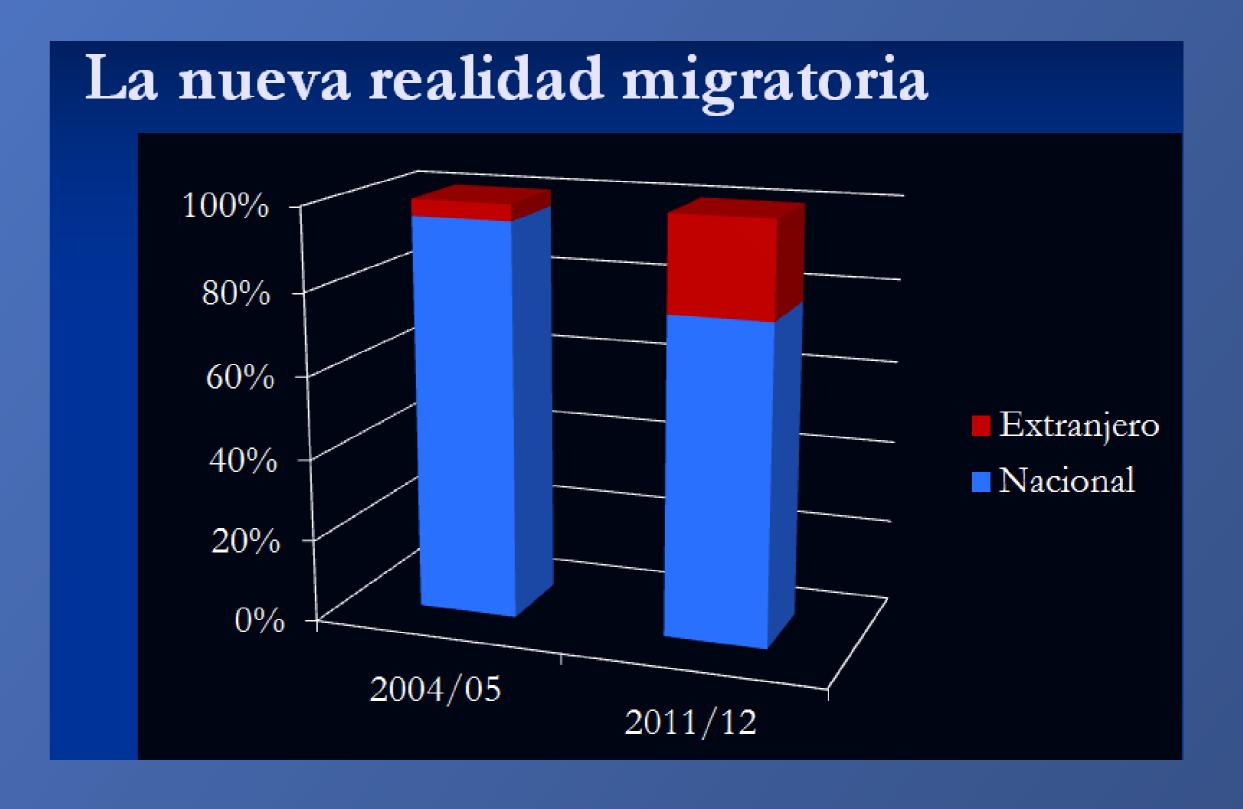
RESULTS:

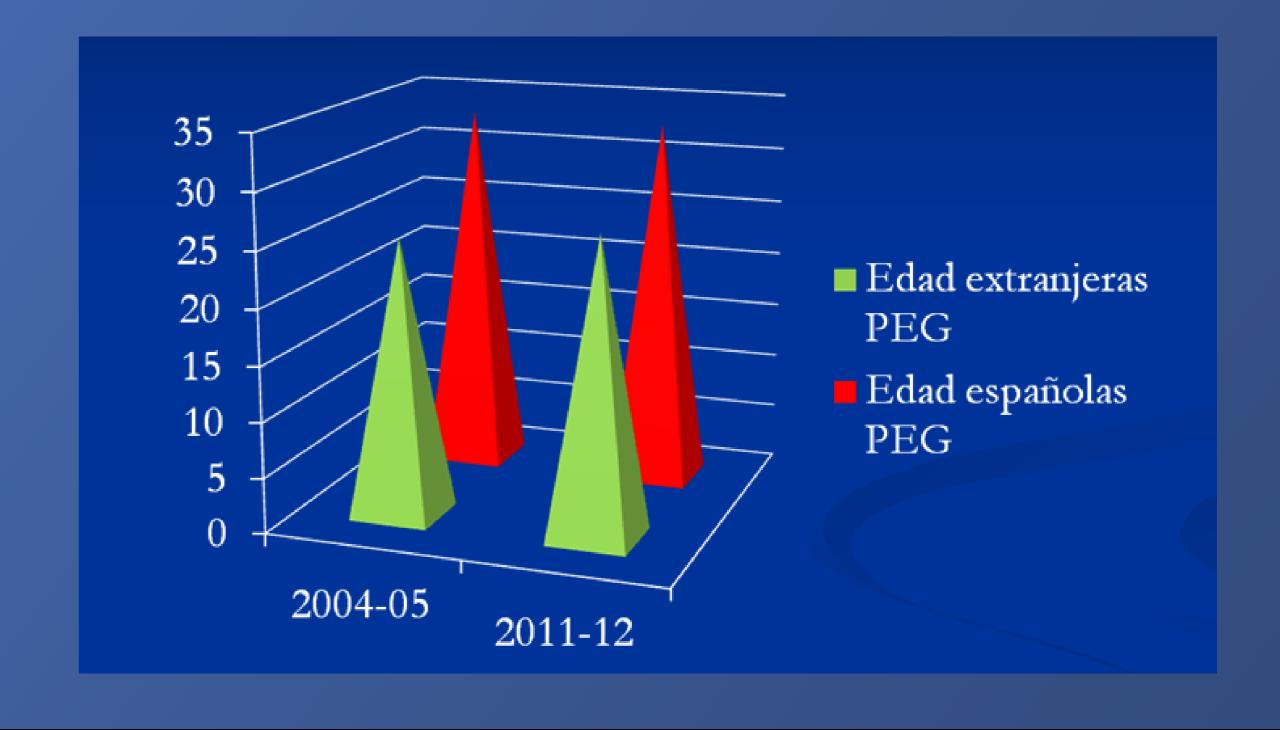
G1 Total SGA 319 (6.4 % of total). (\bigcirc 140 , 43%) G2 Total SGA 438 (7.4 % of total) (194 \bigcirc , 44%) increased 2.7 % p : 0.01 . In G1 \bigcirc 5.6 % are SGA and 7.3 % from G2 \bigcirc 6.3 % is 8.6 % SGA and \bigcirc \triangle p : 0.02 . Regarding maternal age distribution of RN is almost similar in both groups: G1 parity 25 -29a (14 %), 30 -34a (38 %), 35 -39a (33 %) average 31.8 years vs G2 parity 25 -29a (15 %), 30 -34a (40 %), 35 -39a (31 %) average 32.5 years \triangle p : 0.06. PEG proprocional are distributed . About groups : G1 preterm newborns (< 37s) represent 493 (10%), with 30 SGA(6%). G2 preterm infants (< 37s) account 416 (7%), with 20 PEG (5%). \triangle p : 0.01 . Regarding parity : primiparous assume G1 2220 (45 %) with SGA 255 (8.7 %) (80% of total). G2 represent primiparous 2495 (42 %), SGA 261 (10.5 %) (60 % of total) . \triangle p : 0.01 .

Regards, on 222 G1 mothers were foreign (4.5 %) compared to 1366 G2 mothers were foreign (23 %) Δ p : 0.001. Facing the Spanish their mean age was 26.2 vs lower 34th, the most parity 2.8 vs 1.6 % and the lower the PEG (4.8 vs 8.2)









CONCLUSIONS:

Our media has seen an increasing number of children born SGA, especially in Spanish, primiparous and more elderly women. Future medical consequences of this should raise a global strategy for prevention and monitoring

