

ESTIMATING THE PSYCHOSOCIAL IMPACT OF IDIOPATHIC CENTRAL PRECOCIOUS PUBERTY (ICPP) IN GIRLS AGED 6 TO 8 YEARS: A QUALITATIVE STUDY.

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Introduction and objectives

- Emotional and behavioural problems are often used in support of GnRH agonists therapy in girls with early pubertal timing.
- However, there is little evidence to show that ICPP leads to psychological distress and whether treatment is associated with improved psychological outcome.
- The objective of this qualitative study was to explore the psychosocial impact of ICPP in recently diagnosed girls.

Methods

- 27 girls and their parents were included in this study.
- Interviews were thematically analysed by an anthropologist and an endocrinologist.
- 3 main themes emerged from the analysis describing:
 - body changes
 - relationship with family members and peers
 - understanding of the condition and its treatment

Results

Main characteristics of the patients at inclusion in the study

Age at inclusion in the study (yrs)	8.1 (7.5-8.5)
Age at B2 (yrs)	7.0 (6.0-7.0)
Height (SDS)	+2.7 (2.3-3.3)
BMI (SDS)	+1.0 (0.3-2.4)
B2/ B3	9(30%)/ 21(70%)
PH 1/ PH2/ PH3	5(16.7%)/ 12(40%)/ 13(43%)
Periods: Yes/ No	1(3.3%)/ 29(96%)
LH peak (UI/l)	11.7(6.9-24.2)
Estradiol (pg/ml)	9.0 (5.0-12.0)
Uterine length (mm)	40 (37-45)

• Body changes

➤ Breast development

- Girls
 - ✓ Teasing

“The girls, they said ‘You’ve got breasts! You’ve got breasts’ all day long. All day long!” (Isabelle, age 7)
 - ✓ More positive experiences with breast development distinguishing them from their peers socially

“And sometimes we play mummies and daddies, and I’m the mummy, because I’ve got breasts and the others, they haven’t.” (Mélanie, age 8)
- Mothers and fathers
 - ✓ Feeling of fear and anxiety about other people’s views or due to the image of femininity conveyed by their daughter’s breasts

“Not people in general, but maybe a man who stares too much. That might disturb me, yes.” (mother of Léonore)

➤ Body hair

- Girls
 - ✓ Not an issue

“But that doesn’t bother me, it has no effect, it doesn’t hurt, you can’t see it...” (Alise, age 7)
 - ✓ Only in particular situations (swimming pool, hot weather)
- Mothers
 - ✓ Difficulty to deal with

“I remove the hair all the time. I don’t know, for me even seeing it is...I don’t know, I find it disturbing. Her, I don’t think so, but it’s me that’s bothered by it.” (mother of Isabelle)
- Fathers
 - ✓ Did not know or hadn’t really paid any attention to that aspect
 - ✓ Sometimes embarrassed

“It’s true that you can see the hair in the armpits, so there, yes, that could be embarrassing” (father of Isabelle).

➤ Growth spurt

- Girls
 - ✓ Felt **“growing too fast”** but did not express any anxiety
 - ✓ Understood the risk of short stature in adulthood and concerned about social isolation due to this

“At the moment, they don’t tease me because I’m big and strong” But when I stop there, they’ll think I’m too short and then I will really be on my own.” (Mélanie, age 8).
- Mothers and fathers
 - ✓ Concerned about their daughters being teased for being tall

“She mustn’t grow too much because it will make her feel uncomfortable in her own skin. That’s what happened to me. They called me a ‘big asparagus’ at school and I’d rather she didn’t go through that if possible” (mother of Laura)
 - ✓ Accepted the idea that their daughters might end up being small adults

“I was short and I got ribbed over that a lot. They called me ‘Tom Thumb’ and that never did me any harm. I tell myself that we’re girls so we can cheat”... (mother of Laetitia).
 - ✓ Risk of short stature in adulthood, particularly in terms of the regard of others:

“I think it’s the most visible effect and it will stay with her all her life.” (father of Laetitia)

➤ Menses

- Girls
 - ✓ Did not raise the issue of their menses
 - ✓ Did not worry about having to manage their first period at school
- Mothers
 - ✓ Often worried about when their daughters’ periods would start

“Since they diagnosed this precocious puberty, I worry all the time. I keep wondering whether her periods will start tomorrow, or next week.” (mother of Léonore)
 - ✓ A link between this event and sexuality, or even the possibility of pregnancy

“You can’t think about periods without thinking about pregnancy, so yes, she will become sexual, but, nevertheless, she’s a little girl, she could easily be taken advantage of” (mother of Léonore)

• Relationship with family members and peers

- Conflictual mother-daughter relationships

“It’s like I’ve got an adolescent in the house, but she’s not an adolescent, she’s an eight-year-old girl!” (mother of Marie S).
- Closer mother-daughter relationships, leading fathers to retreat into the background
- Perfect little girls with an exemplary attitude at home
- No change in class linked to ICPP, except in one child, who had a conflictual relationship with the teacher
- No patient described as being isolated at school or outside school

• Understanding of the condition and its treatment

- **“Something normal”** happening too early and too fast.
- Or a **“real disease”** requiring regular follow-up at the hospital.
- Scared of needles and pain

“I prefer not to take it, at least like that it scares me less, I’m less stressed by it” (Isabelle, age 7).
- Social benefits that treatment could provide

“So that people stop saying things about me and, like that, I would be just like all the other little girls” (Awa, age 8)
- One child even agreed to treatment with the aim of reassuring her mother

“Otherwise, afterwards, I want it to stop and for mum to be relieved that I...that it’s been stopped” (Mélanie, age 8)

Conclusion

- Emotions varied widely among ICPP girls and their parents.
- Thus, considering emotions to justify treatment is hazardous.
- These data will allow the creation of a quantitative tool to assess the psychosocial functioning of patients and families.
- Such an instrument is needed to improve decision making on treatment in this context.

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