

# Quality of Life in Adolescents After Neonatal Hypoxic-Ischaemic Encephalopathy

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**Categories:** Neurology

**Keywords:**

**How to cite this poster**

Bregant T (2012) Quality of Life in Adolescents After Neonatal Hypoxic-Ischaemic Encephalopathy. Cureus 4(10): e511.

## Abstract

**Introduction:** Among newborns affected by perinatal brain injury 20-50% die during the newborn period, and 25-60% of the survivors suffer from permanent neurodevelopmental handicap, including cerebral palsy, seizures, mental retardation, and learning disabilities (1). **Purpose:** To determine quality of life in adolescents with neonatal HIE. **Material and methods:** Inception cohort of 16 adolescents with mild (68.7%) to moderate HIE (31.3%): 7 girls (43.8%), 9 (56.3%) with mean GA of 35.75 weeks ( $SD=\pm 3.80$ ) was compared to 16 healthy students, gender and age matched of 21.69 years ( $SD=\pm 0.87$ ). HIE was confirmed by presence of abnormal CTG and/or Apgar scores less than 7 at 5 minutes and/or need for resuscitation and/or cord pH less than 7.2 and/or BE more than -15. Self-assessed health-related quality of life was done by SF-36v2 questionnaire, which was tested in our Slovenian population (2,3), Rosenberg self-esteem inventory and Unwholesome behaviour questionnaire. **Results:** Adolescents who experienced HIE reported higher number of additional morbidity yet with a good quality of life. Health-related quality of life was rated high: for adolescents with HIE  $M=81.9$  ( $SD=\pm 11.2$ ) and for healthy adolescents  $M=75.3$  ( $SD=\pm 11.5$ );  $p=0.112$ . Adolescents with HIE did not differ from healthy adolescents in self-esteem ( $p=0.68$ ) and unwholesome behaviours, except for over-eating ( $p=0.01$ ). **Conclusions:** Based on our data of higher morbidity despite the general well-being, we think that children with mild to moderate HIE need a follow-up. They develop compensatory strategies, which enable them to have a good quality of life. We hope that the compensatory strategies do not become insufficient when they reach adulthood but enable them a high quality of life instead.

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**Published 10/23/2012**

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