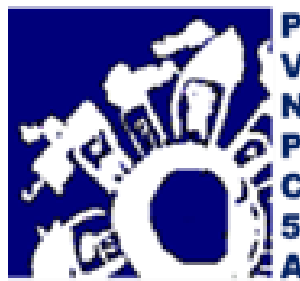




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EUROPEAN DEPRIVATION INDEX AND CHILDREN WITH CEREBRAL PALSY

DATA FROM THE PORTUGUESE CEREBRAL PALSY SURVEILLANCE PROGRAM

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Background and Objectives

- *The Portuguese National Surveillance of Cerebral Palsy (PVNPC) registers **clinical, epidemiological, and functioning data** of children with cerebral palsy (CP) at 5-8 year old, born in the 21st century.*
- ***Social inequality**, have been associated with CP outcomes, probably due to their **relationship with several risk factors**, and appears to have a **negative impact on CP severity**.*

on behalf of the **National Surveillance of Cerebral Palsy in Portugal**, affiliated to **Surveillance of Cerebral Palsy in Europe**

Materials/Methods

*PVNPC actively registers CP children at 5-8 years-old, born since 2001, following the **common Surveillance of Cerebral Palsy in Europe (SCPE) protocol**,*

*The PVNPC additionally use the **Complexity Clinical Score** and the **Educational Inclusion Classification scale**;*

*Social inequality was characterized according to the **European Deprivation Index - Portuguese version (EDI-PT)**, and classified into tertiles*

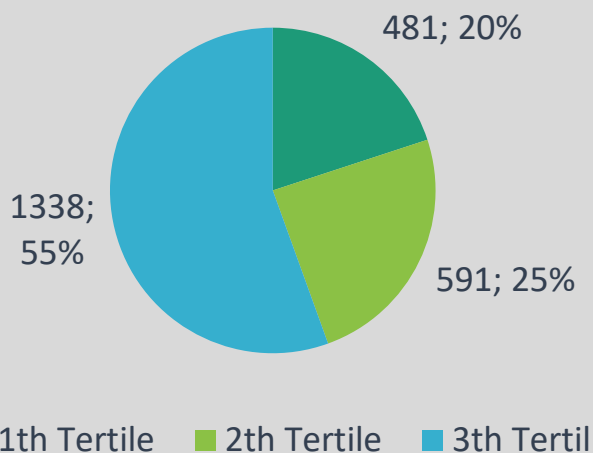
*Children with CP **born between 2001-2015 and reported to the PVNPC between 2006-2024** were analyzed and compared with 2001-2015 total Portuguese live births (PLB).*

Associations between the clinical forms of CP, complexity indicators and the EDI-PT classification were explored.

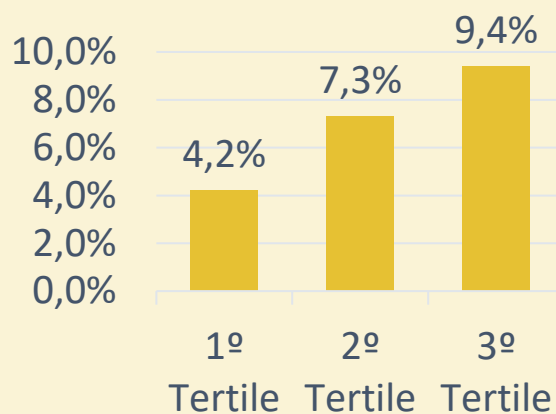
Proportions were described with 95% confidence interval, Univariate Chi-square test was used to estimate associations by the odds ratio (OR) (95%-CI).

RESULTS

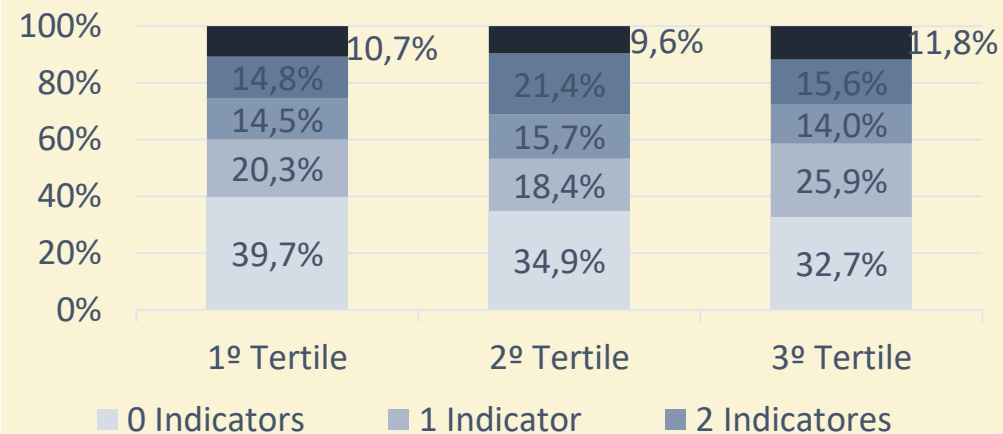
Children With CP according to EDI-PT classification



Posneonatal CP



Complexity Clinical Score



- Of 2410 children with CP classified according to EDI-PT,
 - 481 were in the 1st tertile (20% vs PLB-23%);
 - 591 in the 2nd tertile (25% vs PLB-33%);
 - 1.338 in the 3th tertile (55% vs PLB-44%).

- The differences between tertiles were significant ($p,004$) for post-neonatal causes with a recorded risk of
 - 1.803 (CI 0.9935, 3.38) in the 2nd tertile
 - 2.365 (CI 1.408, 4.175) for the 3rd tertile.

Complexity Clinical Score

- More complex CP ($p,019$)
- 0 indicators:
 - 1st Tertile 39,7%;
 - 2nd Tertile 34,9%;
 - 3th Tertile 32,7%;

Complexity CP scale (Quantifies the number of severity indicators):

- ▶ not walking (GMFCS levels III, IV, V);
- ▶ moderate to severe cognitive impairment (IQ <50);
- ▶ active epilepsy;
- ▶ severe visual and/or hearing impairment.

TAKE HOME MESSAGES

- This socioeconomic disadvantage at birth appears to have a negative impact in
 - the proportion of new cases, and
 - could contribute to a higher risk of more severe/complex functional outcomes of CP.
- However given the CP variability, both in etiological processes and functional outcomes, these data can only be considered as preliminary and require further investigation.



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- 591 in the 2nd tertile (25% vs PLB-33%);
- 1.338 in the 3th tertile (55% vs PLB-44%)

Risk for the 3rd tertile

OD :1.453

confidence interval 1.309,
1.612¹

$p < 0.0000001$

European Deprivation Index (PT Version) - mother's residence at the time of birth 2001-2015

