E-Poster

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Portuguese National Cerebral Palsy Surveillance Program - A Tool for Planning Rehabilitation Services for People With Cerebral Palsy

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

Population-based cerebral palsy (CP) registries are essential for assessing the prevalence, causes, distribution, frequency, and severity of CP within a given country. The Portuguese Cerebral Palsy Surveillance Program (PVNPC), is a population based register, generates and publishes scientific evidence to support CP prevention and address the health, education, and social support needs of individuals with CP, with input from those with lived experience. This study analyzed clinical types, functional abilities, and complexity, aiming to improve predictions for healthcare and rehabilitation support services.

METHODS

The Portuguese Cerebral Palsy Surveillance Program registers 5-8-year-old children with CP born since 2001. The PCPSP is a partner of Surveillance of Cerebral Palsy in Europe (SCPE), sharing concepts, methodology, and classification systems. The PCPSP Portuguese scales for CP Complexity (CPCS) and integration in schooling were also used.

Data from birth-cohorts 2001-2015 and living in Portugal in 2024 were retrieved from the PVNPC database.

RESULTS

From the 2,599 children assessed between the ages of 5-8 the most frequently recorded predominant clinical type was spastic (84%); less frequent were dyskinetic (11%) and ataxic (5%) types. Almost half of the children had severe impairments in global motor skills, GMFCS levels III-V (49%,) and fine motor skills of the upper limbs BFMF levels III-V (47%).

Almost half of the children (47%) were classified as 'unable to be understood' through speech outside their family environment and required alternative and augmentative communication methods. Overall, 71% of children were included in mainstream education at pre-school age and 53% at compulsory school age.

In 2024, 1277 (46%) of the notified are adults with the same profile of clinical pattern: 85% spastic, functionality and complexity GMFCS III-V 50%, BFMF III-V 46%, VSS III-IV 46%, only 34% with 0 complexity factor. 38% of the adolescents and young adults live in Great Lisbon and 14% in the Porto region.

CONCLUSION

The existence of population-based data relating to the clinical type, function and associated morbidity description can contribute to planning specific spasticity and dystonic treatment, auxiliary means of activity, and rehabilitation support. Can also contribute to planning transition services for adult life and adequate responses for rehabilitation care, inclusion and participation.

Statement of Disclosures

None

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