E-Poster

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Immigrant Children With Cerebral Palsy Have More Complex Forms than Those Born in Portugal

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

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BACKGROUND

Migration motivated by health issues is increasing due to easier travel and healthcare advances. Paediatric chronic neuromuscular conditions are among the motivations. We explore evidence of differences in care needs between children with Cerebral Palsy (CP) who are immigrants and those born in Portugal.

METHODS

The Portuguese Cerebral Palsy Surveillance Program (PCPSP) registers 5-to-8-year-old children with CP born since 2001. A partner of Surveillance of Cerebral Palsy in Europe (SCPE), both share methodology. Portuguese scales for CP Complexity (CPCS) and integration in schooling were also used. Data from birth-cohorts 2001-2015 were retrieved from the PVNPC database; residents in Portugal between 2006 and 2024 were included. The reported residence of the mother at the time of delivery defined "native" or "immigrant" children. Etiology, clinical presentation, functionality, complexity, neuroimaging and educational inclusion were considered. Proportions were compared and Odds Ratios were estimated.

RESULTS

Of the 2644 children included, 251 were born abroad (9.5%; 95% CI, 8.42-10.66), mostly in Africa (64%) and Latin America (18%). The annual proportion of immigrants ranged 5.9% to 19.2%, with a trend towards a significant increase. Immigrant children registered younger mothers (< 20 years 9.5% *vs.* 5.5%; p = 0.006), more vaginal deliveries (72.5% *vs.* 48.0%; $p < 0.001$), full-term birth (65.8% *vs.* 53.1% $p < 0.001$), Apgar < 6 (28.6% *vs.* 12.7%; $p < 0.001$), reported TORCH infection (9.5% *vs.* 5.3%; p = 0.037), and identified post-neonatal cause (18.3% *vs.* 7.8%; $p < 0.001$); and fewer firstborns (43.3% *vs.* 55.6%; p = 0.001), twinning (6.2% *vs.* 12.1%; p = 0.004), assisted pregnancy (1.0% *vs.* 5.3%; p = 0.003) and reported pre or perinatal stroke (4.1% *vs.* 11.7%; p = 0.002). The predominant clinical type was similar (dyskinetic CP 14.2% *vs.* 10.9% and ataxic CP 3.6% *vs.* 5.4%; p = 0.168). The predominant CE-MRI findings were different, showing more frequently gray matter lesions (40.6% *vs.* 29.7%) than white matter lesions (26.6% *vs.* 37.0%). Immigrant children had worst performance (Levels 3-5): GMFCS (65.2% *vs.* 48.8% $p < 0.000$), MACS (69.1% *vs.* 48.0% p = 0.02), VSS (64.7% *vs.* 46.1% $p < 0.001$) and associated morbidity. CPCS was higher (≥ 1 indicator 54.4% *vs.* 42.0% $p < 0.001$). Odds for non-inclusion of immigrant children were three times higher in preschool (OR 3.4; 95% CI, 2.39-4.69).

CONCLUSION

Children with CP born abroad live with significantly more complex CP than their native counterparts. Their different risk factors reflect on brain imaging and clinical findings. These conditions contribute to impaired educational inclusion. Their performance and morbidity demand special medical and social care that need to be fulfilled.

Statement of Disclosures

None

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