

O05 EPIDEMIOLOGY OF GROWTH IMPAIRMENT IN PAEDIATRIC IBD

T. D. Walters*¹, M. Sherlock¹, T. Seah¹, M. Zachos¹, A. M. Griffiths¹

¹*GI, Hepatology and Nutrition, SickKids, U. of Toronto, Toronto, Canada*

Background: Data concerning prevalence of growth impairment in paediatric IBD in the current era are limited. We prospectively monitored growth among young patients at a single centre, thereby facilitating comparisons with prior decades.

Methods: Between 01/2001 and 12/2006, 205 children aged <14 years were diagnosed with IBD (63% CD, 61% Male) at Sick Kids, Toronto. Growth parameters standardized for age and gender (height: HtZ; height velocity: HVZ) were analyzed using parametric and non-parametric methods for paired data.

Results: At diagnosis, mean HtZ was normal in UC (+0.4 +/- 0.) but reduced (-0.4 +/- 1.) in CD, albeit less than in previous decades (CD HtZ -1. in 1980's; -0.4 in 1990's). Mid-parental heights were normally distributed. After diagnosis, linear growth faltered in year 1 in both CD and UC [median HVZ: -1. CD, -1. UC; HVZ <-2: 43% CD, 41% UC; mean delta HtZ: -0.4 CD, -0.0 UC]. During year 2, growth rate normalized in UC (median HVZ -0. ; IQR -1. to 1.), but remained slow in CD (median HVZ -0. ; IQR -2. to 1.). Overall, HVZ was persistently <-2 in both years in 13% of CD (a significantly lower percentage than in previous decades) and in 5% of UC patients.

Conclusion: Linear growth impairment prior to diagnosis is rare in UC, and less common now in CD, likely reflecting its earlier recognition. Following diagnosis, temporary growth impairment accompanies corticosteroid treatment of IBD regardless of type. Improvements in growth by year 2, compared to past decades, likely represent the earlier use of steroid-sparing agents.