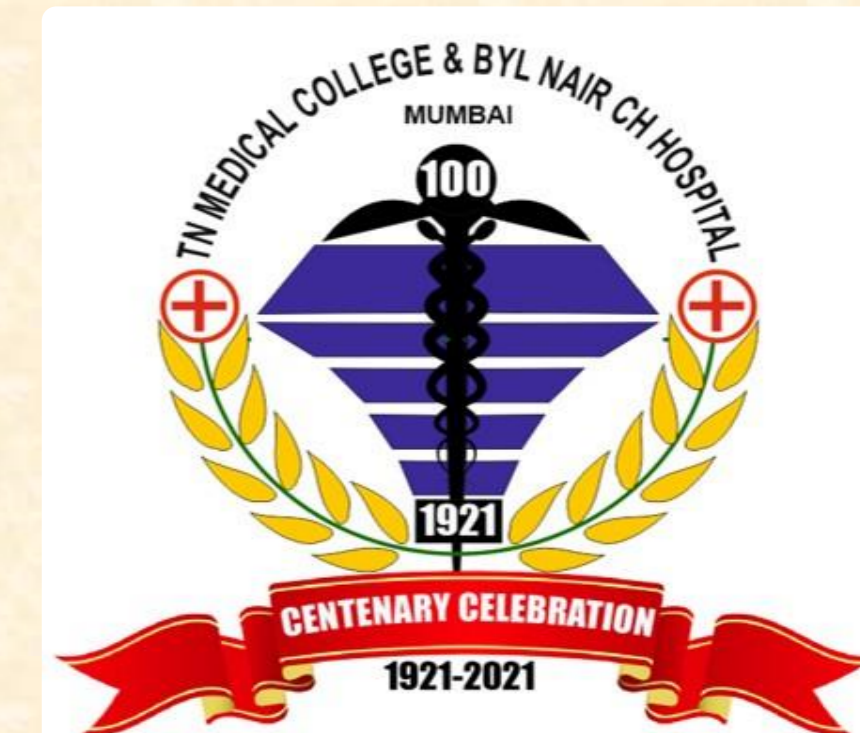


A STUDY OF QUALITY OF LIFE AND DEPRESSION IN CHILDREN AND ADOLESCENTS WITH SHORT STATURE

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INTRODUCTION

Short stature is defined as a **height 2 or more standard deviations (SD)** below the population specific mean height for the particular age and gender. ¹

Children and adolescents with short stature are often **underestimated in their academic abilities and extra-curricular activities** by their peers, **face bullying in school, are rejected by peers, over protected by adults**, experience **low self-esteem, feel isolated and have emotional issues** as a consequence.

This is the first study in the Indian setting, done with the aim to screen for depression in children and adolescents with short stature and to determine their quality of life

OBJECTIVES

To study the following in children and adolescents with short stature attending the endocrinology OPD:

1. Sociodemographic data and clinical profile
2. Quality of life
3. To screen for depression
4. To find the association between the sociodemographic data, clinical profile, depression and quality of life

MATERIAL AND METHODS

Ethics approval taken

Site: Department of Psychiatry and the Endocrinology out-patient department (OPD)

Sample size: 48 dyads of children & parents

Study Design: Observational, cross-sectional

Inclusion Criteria

1. Children and adolescents diagnosed as short stature by the endocrinologist
2. Those in the age group of 8 to 18 years
3. Those who gave assent and whose parents gave consent for the study

Exclusion Criteria:

1. Children who had intellectual disability

METHODOLOGY

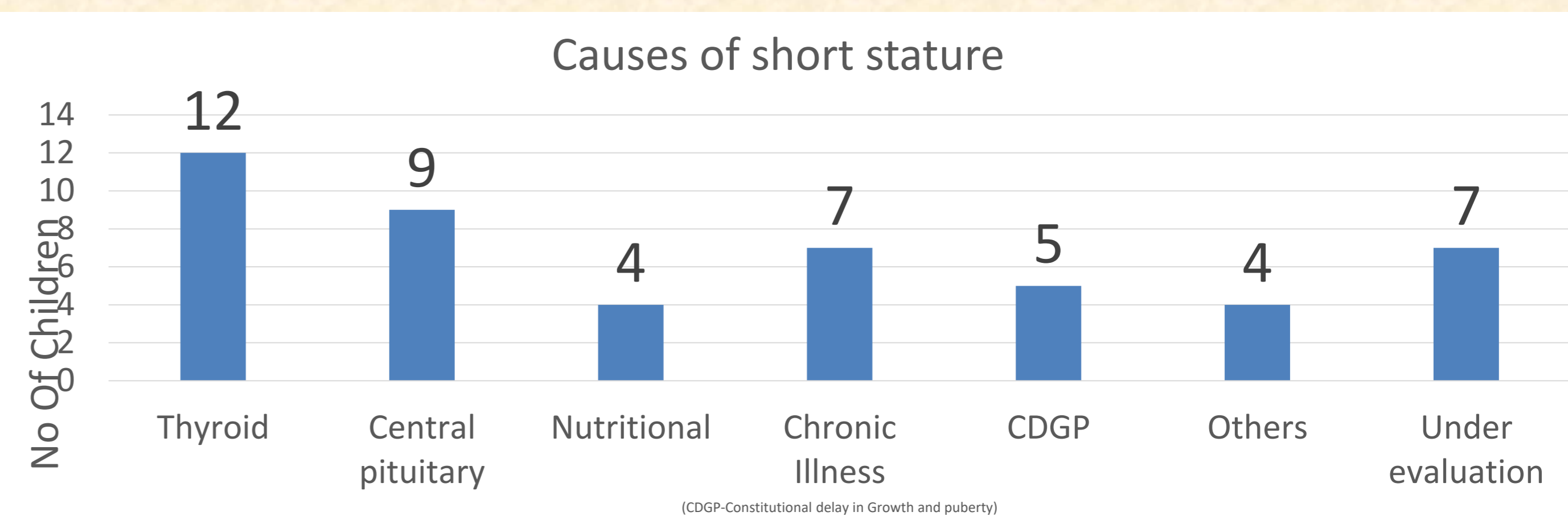
Child's assent and parent's consent recorded. Socio-economic data & clinical profile recorded.

Quality of life -assessed using the Quality of life in short stature youth (QoLISSY) brief version (Parent & Child version) Depression was screened- Moods and feelings questionnaire short version. (SMFQ) (Parent & Child version)

RESULTS

Sociodemographic Data: The **age range of the children: 9-16 years** (Mean 12.5). The mean age of the fathers -40 years and mothers -36 years.

Clinical Profile: Positive family history of short stature-22.9 % Mean duration of treatment - 21.29 months. 27.1% of the children were on injectable treatment & 72.9% -oral medication. **Mean SD in height: -3.53SD**



Scores:1) QoLISSY (Child): Physical domain (71.8), Emotional domain (79.4), Social domain (82.5), Total score (77.34)

2) 1) QoLISSY (Parent): Physical domain (65.5), Emotional domain (77.8), Social domain (79.2), Total score (73.1)

3) SMFQ- Child & Parent version: No child met the cut off for depression

Significant associations : Father's age (< 35yrs), graduation status, employment status and mother's graduation status and the QoLISSY parent version total scores and domain scores.

	Father's Occupation	N	QoLISSY		p-value
			Mean	SD	
QoL-P (EC)	Employed	24	89.06	14.81	0.002
	Self Employed	24	66.67	26.57	
QoL-P (SC)	Employed	24	86.88	17.25	0.013
	Self Employed	24	71.56	20.72	
QoL-P (total)	Employed	24	82.60	14.97	0.002
	Self Employed	24	63.75	23.52	

QoLISSY child version total scores and domain scores were significantly higher in those children who were on injectable treatment Vs those on oral medication

Significant negative correlation -QoLISSY child version emotional domain scores with the SD in height.

DISCUSSION

QoLISSY physical domain of the children was the most affected, similar to a study done by Azab et al in Egypt. ²

The QoLISSY scores of the parents were lower than that reports by children, similar to that reported by Loftus et al ³

Negative correlation between QoLISSY scores and SMFQ scores in similar to that found by Dharmayanti et al. ⁴

CONCLUSION

1st Indian study assessing the QoL and depression in children and adolescents with short using a scale designed for this population.

We did not have a control group as due to the COVID-19 pandemic, the footfall in our out-patient departments had considerably reduced.

Future studies can be prospective in nature/ have control groups with a larger sample size

It is essential to screen for emotional issues, assess the quality of life and develop programs to enhance the coping and resilience in children and adolescents with short stature

CONFLICT OF INTEREST : None

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