correlations were shown between Secure and Insecure attachment, the attachment variables Coherence of Mind, Coherence of Transcript and Full Scale Intelligence Quotient. No statistically significant correlations were obtained in the FT-group.

Conclusions Extremely Preterm born, when young adults, shows significantly lower IQ-scores, have negative self and positive others model and shows a higher proportion of insecure attachment. To our knowledge, this is the first study to report data on EFT and its impact on the attachment organization in adulthood. Insecure attachment, low IQ and prematurity may be considered as significant risk factors for developing psychopathology, they deserve careful attention in future research and clinical follow-ups.

Methods Disability in daily activities was assessed with the Dutch Pediatric Evaluation of Disability Inventory (PEDI-NL) in 145 VLBW children, at 44 months corrected age (CA). Children with CP are known to have disabilities and were therefore excluded. Multiple logistic regression analyses were performed to determine the risk factors for disabilities in daily activities. Perinatal and socio-demographic factors, a low (< 1SD) Psychomotor-Developmental Index (PDI) and low (< 1SD) Mental Developmental Index (MDI) of the Bayley Scales of Infant Development (BSID II) at 24 months CA were considered as potential risk factors and included in the analyses.

Results One or more disabilities were found in 27 VLBW children (19%). The highest frequencies were found in mobility (19 (13%) children) and in social functioning (12 (8%) children). Logistic regression analyses detected a low PDI and a low MDI as risk factors for disability in mobility; R-square 0.211. For disability in social functioning, a low MDI and being first born were detected as risk factors: R-square 0.285.

Conclusions At school entry, one in five VLBW children does have a disability in daily activities especially in mobility and social functioning which may reduce participation with their peers. However, prediction of the disabilities by risk factors is limited. Therefore, adding the PEDI to follow up assessments may enable adequate referral for intervention focussing on participation.

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