Background and Aim The role of N terminal pro-B type natriuretic peptide (NT-pro-BNP) to differentiate cardiac and respiratory causes of dyspnea in adults has been previously investigated. This study is conducted in order to evaluate the diagnostic value of this peptide in differentiating between cardiac and respiratory causes of neonatal respiratory distress.

Methods A prospective case-control study was conducted on 30 neonates >34 weeks gestational age, presenting with signs of respiratory distress who were evaluated clinically and underwent NT-pro-BNP assay on the 4th and on the 10th days of life if respiratory symptoms continued. Echocardiography was performed for all cases and accordingly classified into cardiac and respiratory problems (CP/RP) groups based on the presence of significant cardiac defects. The control group included 17 healthy neonates.

Results Each of the CP and RP groups included 15 infants. The mean value of NT-pro-BNP was significantly higher in the CP group than the RP group on the 4th day of life. The best calculated cut-off point was 196.4 fmol/L (95% CI 61.7–95.2%, sensitivity of 73.3% and specificity of 64.3%). A level of 127fmol/L could be used to rule out cardiac disease (sensitivity of 100% and specificity of 64.3%). A level of 480fmol/L can be used to rule in cardiac disease (sensitivity of 46% and specificity of 100%). In between these 2 levels, there is a grey zone with 5 cases (33%).

Conclusions NT-pro-BNP levels can be a useful biomarker to identify neonates with cardiac problems.

A NEUROBEHAVIORAL INTERVENTION AND ASSESSMENT PROGRAM IN VERY LOW BIRTH WEIGHT INFANTS; OUTCOME AT 5 YEARS OF CORRECTED AGE

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Background We carried out a RCT to evaluate the effect of the Infant Behavioral Assessment and Intervention Program (IBAIP) in 176 VLBW infants. This post discharge intervention program was given until 6 months CA. Positive intervention effects were found on mental outcome at 6 and on motor outcome at 6, 24, and 44 months.

Aim To evaluate the effect of the IBAIP in VLBW infants on cognitive, neuromotor, and behavioral development at 5.5 years CA.

Methods Development was assessed using the Wechsler Preschool and Primary Scale of Intelligence (WPPSI-III-NL), the Movement Assessment Battery for Children (MABC-2), the Developmental Test of Visual Motor Integration (VMI), a neurological examination, and the Strength and Difficulties questionnaire (SDQ).

Results Sixty-nine VLBW children in the intervention and 67 VLBW children in the control group participated at 5.5 years CA (response rate 77.3%). Some important social and perinatal risk factors were at the disadvantage of the intervention group. Verbal and performance IQ-scores < 85 occurred significantly less often in the intervention group (17.9% versus 35.3%, p=0.041, and 7.5% versus 21.2%, p=0.023, respectively). After adjustment, only the odds ratio for performance IQ was significant: 0.24, 95% CI: 0.06–0.95. Significant intervention effects on mean scores were found on WPPSI-III-NL subtasks block design and vocabulary. After adjustment, mean scores were significantly better in the intervention group on these WPPSI-III-NL subtasks, MABC-2 component aiming and catching and the VMI.

Conclusions The IBAIP leads to improvement in intelligence, ball skills and visual-motor integration at 5.5 years CA.