primary studies - published, non RCT

GH-IGF-1 Axis in Children with Cystic Fibrosis.

Code: PM31462537 **Year:** 2019 **Date:** 2019 **Author:** Pagani S

Study design (if review, criteria of inclusion for studies)

Retrospective study

Participants

49 prepubertal patients (24 males and 25 females) affected by CF in a stable clinical condition. Patients had no significant comorbidity affecting growth or cystic fibrosis transmembrane conductance regulator (CFTR)-related diabetes requiring insulin therapy. Recruited as a control group were 52 healthy children, sex- and age-matched, were recruited as a control group.

Interventions

Newborn screening. 19 patients had been diagnosed through newborn screening and 30 following presentation of symptoms.

Outcome measures

Body mass index (BMI), height, weight, IGF-I, GHBP, and GHR gene expression values. Blood was collected during two follow-up visits to measure insulin-like growth factor (IGF-I), growth hormone-binding protein (GHBP), and GHR gene expression.

Main results

BMI increased significantly in patients between the time of diagnosis and check-up (P

Authors' conclusions

In our LD patients during childhood, we observed good auxological values and a GH/IGF-I axis function within normal range for the factor evaluated. However, earlier diagnosis through NBS might further minimize and prevent growth retardation, by reducing the duration of symptoms before treatment.

http://dx.doi.org/10.3121/cmr.2019.1476

See also

Clin Med Res. 2019 Dec;17(3-4):82-89. doi: 10.3121/cmr.2019.1476. Epub 2019 Aug 28.

Keywords

Neonatal Screening; Newborn; non pharmacological intervention - diagn; screening; diagnostic procedures;