Cerebral Palsy (CP) is the most common motor disability of childhood. CP patients often experience motor disorders causing activity limitation along with disturbances of sensation, perception, cognition, communication, and behavior. Patients may also experience epilepsy and secondary musculoskeletal, cognitive, communication, and behavior. Patients may also experience epilepsy and secondary musculoskeletal limitations along with disturbances of sensation, perception, cognition, communication, and behavior. Patients may also experience epilepsy and secondary musculoskeletal issues.

The clinical manifestations of CP vary greatly from patient to patient and there is a wide array of development, level of functioning, and social comfort among the CP population.

Clinical manifestations of CP have traditionally been graded on a scale from I-V according to the Gross Motor Function Classification System, which is based on self-reported movement, with emphasis on sitting transfers and mobility. Figure 1

Data Collection

1. Diagnosed with Cerebral Palsy
2. Age >7 and <19 at the time of data collection
3. In a GMFCS category between I and V
4. Not receiving any specialized therapy or treatment for cerebral palsy
5. Not having any significant medical or psychological comorbidities

Screen for eligibility

Administer EQ-5D-Y

Analyze EQ-5D Surveys

Calculate and analyze QALY's

Analysis

Compare EQ-5Y scores in cerebral palsy patients to previously collected controls. Results will be stratified by GMFCS level.

Convert EQ-5D to an index value to calculate Quality Adjusted Life Years (QALYs)

Conclusions/Next Steps

Once the preliminary data is collected at Shriners Hospital for Children, Northern California, the study design and materials will be easily translatable to other settings such as other Shriners hospitals.

We would also like to perform the study in other countries to compare HRQoL between high and low income countries.

The EQ-5D values and QALYs can be used to compare the health states of CP patients in high income versus low income settings and to aid decision making about resource allocation.

Having HRQoL and QALYs will help us compare the two and to make comparisons between populations and to better advocate for resources to be allocated toward helping CP patients.

Our study will provide important data and methods that will provide unique insight and perspectives into the burden of disease of cerebral palsy both in Sacramento and around the world.

References


Acknowledgement and Contact

Funding provided by UC Davis Medical Student Research Fellowship.

Special thanks to Dr. Michael Wilkes and his contribution.

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