Quality of life in young patients after transplantation: impact of socio-demographic factors and parental functioning: preliminary results (MiPedQoL)

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Introduction

The Multi-informant Pediatric Quality of Life study (MiPedQoL) of the University Hospital Ghent aims to explore the general and disease specific quality of life in children with chronic diseases by self reports and parental proxy reports. This part of the study focuses on transplant patients in particular and investigates the correlations between QoL and parental functioning.

Material and methods

| Participants | N = 27 children
| N = 18 parents |
| Child Age M (SD) | 13.22 [2.92] |
| Sex (child) | Female 26 % (N = 7) Male 74 % (N = 20) |
| Solid Organ Transplantation | Kidney (N = 8) Liver (N = 17) Kidney + Liver (N = 1) Heart (N = 1) |

- Children and their parents:
  - PedsQL\textsuperscript{TM} 4.0 Generic Core
  - PedsQL\textsuperscript{TM} 3.0 disease specific module:
    - Transplant Module
- Parents:
  - Hospital Anxiety and Depression Scale (HADS)\textsuperscript{a}
  - Pediatric Inventory for Parents (PIP)\textsuperscript{b}
- MiPedQoL substudy group compared with
  - transplant patients of a validation study (Weissberg-Benchell et al, 2010)
  - healthy children (Varni et al, 2001)

Results

Correlations between PedsQL\textsuperscript{TM} 4.0 and SES/HADS/PIP – parent report

**Conclusion**

- The PedsQL\textsuperscript{TM} 4.0 Generic Core shows significant lower QoL scores for all subscales in the Transplant groups compared with healthy children according to the self and proxy report.
- Additionally, the MiPedQoL Transplant sample showed lower scores on the psychosocial health scale compared with the validation transplant sample.
- We identified significant positive correlations between the PedsQL\textsuperscript{TM} Core scales and the Transplant Module, and negative correlations between the PedsQL\textsuperscript{TM} and the PIP Total.
- No correlations were found for SES, except for the HADS.
- Future research should investigate these relationships in a larger sample and by means of longitudinal measurements in order to further explore protective and risk factors in transplant pediatric patients.