

Title	High incidence of multi domain disabilities in very preterm (VPT) children at five years of age.	Perinatal risk factors for neurocognitive impairments in preschool very preterm children	Prediction of cognitive abilities at the age of 5 using developmental follow-up assessments at the age of 2 and 3 in very preterm children.	Behaviour problems in very preterm born children: association with maternal and paternal perception of child vulnerability.	Difference in mother-child Interaction between preterm and term born preschoolers with and without disabilities.
Participants	VPT children: N = 104 Term controls: N = 95	VPT children: N = 102	VPT children: N = 102 Term controls: N = 95	VPT children: N = 104 Term controls: N = 95	VPT children: N = 94 Term controls: N = 85
Outcome measures	Disabilities on the domains of: - Neurology (Touwen neurological examination) - Motor functioning (M-ABC2) - Behaviour (SDQ for parents and teachers) - Intelligence (WPPSI III)	Neurocognitive functioning: - Processing speed (Baseline speed, ANT) - Working memory (Digit span, WISC III) - Inhibition and sustained attention (Stop signal task) - Focused attention (Focused attention, ANT) - Visual-motor coordination (Tracking and Pursuit, ANT) - Face recognition (Face recognition, ANT) - Emotion recognition (Identification of facial expressions, ANT)	Intelligence (WPPSI-III) - Full scale intelligence - Verbal intelligence - Performance intelligence - Processing speed	Behaviour (SDQ), rated by: - Parents - Teachers	Mother-child interaction observations (Three boxes procedure), scored using the NICHD Early Child Care Research Network coding system: - Maternal supportive presence - Maternal respect for autonomy - Child positive engagement - Child task orientation - Affective mutuality
Main findings	VPT children have more disabilities on the domains of neurology, motor functioning, behaviour and intelligence Of the VPT, 75% had at least one disability and 50% more than one, compared to 27% and 8% respectively of term controls Socioeconomic status is associated with behaviour and intelligence but not with neurology and motor functioning The difference in intelligence and behaviour between VPT and term born children increases as socioeconomic status (SES) decreases	- VPT children scored worse than term born controls on the domains of processing speed, working memory, focused attention, visual-motor coordination, face- and emotion recognition, with effect sizes varying between 32 and 70 - Results concerning inhibition and sustained attention were inconclusive - Bronchopulmonary dysplasia is an independent risk factor for neurocognitive disabilities on the areas of processing speed, attention, face and emotion recognition and visual-motor coordination - SES is not a risk factor for functioning on aforementioned cognitive domains	- Cognitive development at the age of 2 & 3 is predictive for verbal and full scale intelligence at the age of 5 in VPT children; approximately half of the variance of verbal intelligence is explained by cognitive development at age 2 & 3 - Performance intelligence and processing speed are predicted less well by cognitive development at the age of 2 and 3 - When cognitive development at the age of 2 & 3 is taken into account, other developmental assessments at the age of 2 or 3 only marginally improve the prediction of intelligence at the age of 5 - Neonatal infections and low socioeconomic status are risk factors for lower intelligence at the age of 5, when development at the age of 2 and 3 is already taken into account	- Risk factors for parent-rated behaviour problems are: socioeconomic status, preterm birth and very small for gestational age-status at birth, maternal and paternal level of distress, and maternal perception of child vulnerability. - Maternal perception of child vulnerability was especially a risk factor for preterm born children (both with and without developmental and physical vulnerabilities) - Risk factors for teacher rated child behaviour problems are: SES and parental foreign country of birth, very small for gestational age-status at birth, and developmental and physical child vulnerabilities	- Mothers of very preterm born children are less supportive of their child's autonomy than term born children. - A combination of environmental risk (low SES) and child risk factors (preterm birth and the occurrence of disabilities) is associated with a lower level of maternal respect for the child's autonomy.
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