

# Cerebral Palsy Early Identification

Results from the NZ Cerebral Palsy Register (NZCPR) review

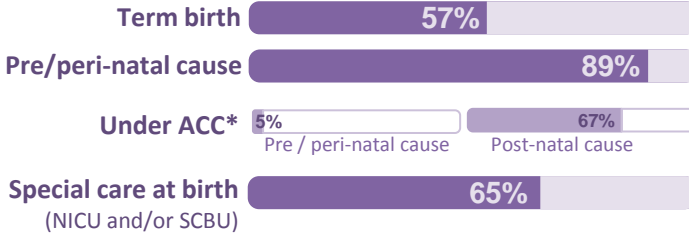


## WHAT DOES THE NZCPR REGISTER DATA TELL US?

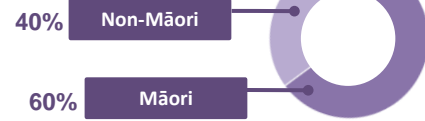
A review of NZCPR data from 277 participants (30% Māori) who were born in NZ in the last 10 years (2009-2019) was completed. Across the North Island, 8 district health boards were represented. Participants were from city based health regions (89%) and from regional centres (11%).



55% M 45% F



Māori with CP were 1.5 times more likely to be living in areas of greater social deprivation (quintiles 4 and 5)



76%\* Walking as main method of mobility (GMFCS I, II)

73% Independent upper limb function (MACS I, II)

90% Spasticity

53% Bilateral distribution of spasticity

There was very limited description noted in medical notes on the use of clinical tools such as HINE or General Movement Assessment to assist with an individual CP diagnosis (i.e. less than 5 participants).



2 in 5  
have or had  
epilepsy



6 in 7  
had no hearing  
impairment



4 in 5  
could talk

## THE EARLY YEARS

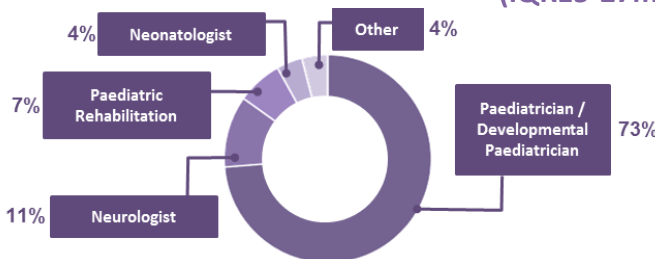
38% had received a diagnosis in the first 12 months\*

The average age of diagnosis was 19 months (SD 12.6)\*

The average age for first hip X-Ray was 26 months for Māori (IQR17-32m) and 20 months (IQR15-27m) for non-Māori

85% had a cranial MRI by 5 years of age

Up to 30 different distinct hospital services were seen by 5 years of age. This was similar across GMFCS levels.



Clinicians providing diagnosis



Top 5 most frequently visited services

\* No difference between non-Māori and Māori

Concerning levels of social deprivation are experienced for Māori tamariki with CP. There was consistency in diagnosis approach across District Health Boards. An early CP diagnosis (<12 months) was less common than overseas comparison.

