

Adults born preterm at risk of early chronic disease: New review offers key pointers for doctors treating such patients

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Premature birth is linked to an increased risk of heart disease, high blood pressure, pregnancy complications and other chronic diseases in adulthood. A new review in *CMAJ (Canadian Medical Association Journal)* aims to help physicians identify adults who were born premature to prevent and manage health conditions.

In Canada, 8% of babies are born premature (before 37 weeks' gestation), and more than 90% survive, owing to advances in health care. However, there are no guidelines for long-term management of people born prematurely, who are at higher risk of certain chronic diseases.

"By identifying patients who were born prematurely, we can take steps to prevent and manage [chronic diseases](#) for which they may be at risk to help prevent early death and allow a patient to live a longer, healthier life," states Dr. Thuy Mai Luu, staff pediatrician, Division of General Pediatrics, Centre hospitalier universitaire Sainte-Justine Research Center, Montréal, and associate professor, Faculty of Medicine, Université de Montréal, with coauthors.

Young adults born preterm have a 40% increased risk of premature death compared with people born at term.

Adverse [health conditions](#) associated with preterm birth may include a higher risk of hypertension and heart anomalies associated with heart

failure, increased risk of diabetes, including gestational diabetes in pregnant women, impaired respiratory function and suboptimal bone mass that can lead to osteoporosis and fractures.

Recommendations:

- Regular measurement of blood pressure to help manage risk of early [heart disease](#), including monitoring of pregnant women who were born preterm
- Pulmonary function testing for adults born preterm who have long-term respiratory issues
- Calcium-rich diets and weight-bearing exercises to prevent osteoporosis and reduce risk of fractures in adults born preterm
- Consideration of preterm birth as a risk for metabolic syndrome.

"It is our role as clinicians to identify patients at risk by enquiring about perinatal history to the same extent that we ask about smoking or family history of early cardiovascular death," the authors conclude.

More information: *Canadian Medical Association Journal*,
www.cmaj.ca/lookup/doi/10.1503/cmaj.150450

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