



The Danish Communicative Developmental Inventories: validity and main developmental trends.

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Communication
Denmark
Female
Humans
Infant
Language Development
Male
Reproducibility of Results
Speech Production Measurement
Verbal Learning

Abstract: This paper presents a large-scale cross-sectional study of Danish children's early language acquisition based on the Danish adaptation of the MacArthur-Bates Communicative Development Inventories (CDI). Measures of validity and reliability imply that the Danish adaptation of the American CDI has been adjusted linguistically and culturally in appropriate ways which makes it suitable for tapping into Danish children's language acquisition. The study includes 6,112 randomly selected children in the age of 0 ; 8 to 3 ; 0, and results related to the development of early gestures, comprehension and production of words as well as grammatical skills, are presented.

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Fatal asthma in Finnish children and adolescents 1976-1998: validity of death certificates and a clinical description.

<https://arctichealth.org/en/permalink/ahliterature165492>

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Keywords: Adolescent

Adult

Asthma - mortality

Child

Child, Preschool

Death Certificates

Female

Finland - epidemiology

Humans

Infant

Male

Reproducibility of Results

Abstract: Several studies show that asthma mortality in children and adolescents increased until the mid-1990s, after which it has slightly decreased worldwide. The objective of this study was to describe the mortality rates of childhood asthma in Finland, and to analyze patient characteristics to identify predisposing factors for fatal asthma exacerbation among children and adolescents during 1976-1998 (2004). All death certificates where asthma or related respiratory tract disease was coded as the underlying cause of death were reviewed for those under 20 years of age. Health care records and autopsy reports were evaluated to validate the cause of death and to identify any predisposing factors. In all, there had been 28 asthma deaths. The validity of the death certificates proved to be good as only 7% were misclassified. Death occurred either in the very young children or adolescents: the median age in the group of 12 years (n = 13) was 18.1 years. The fatal exacerbations occurred mostly during summer and early autumn. Clinical triggers, recorded for 14/22 patients with available patient records, included respiratory infection, (12) use of ibuprofen despite known allergy (1), and exercise after visiting a horse stable (1). The severity of the disease was discernible in 21 patients: severe in 15, moderate in 5, and mild in 1 patient. Inhaled corticosteroids were not used as maintenance or periodic therapy in 12/22 patients, of whom 4 had died during the 1990s. In conclusion, asthma mortality in Finnish children and adolescents was rare and its incidence remained stable. The validity of the death certificate diagnoses proved to be good. Poor asthma management and non or undertreatment with inhaled corticosteroids were risk factors for fatal asthma.

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[Accuracy of cryptorchidism diagnoses and corrective surgical treatment registration in the Danish](#)

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Adult
Child
Child, Preschool
Cryptorchidism - diagnosis - surgery
Denmark
Humans
Infant
Male
Registries
Reproducibility of Results
Young Adult

Abstract: In recent years several Danish studies of the etiology, time trends and long-term health consequences of cryptorchidism have relied on diagnoses and surgical treatments registered in the National Patient Registry. We evaluated the diagnostic accuracy of these registry data.

According to the Danish National Patient Registry, 16,168 males were diagnosed with cryptorchidism and 9,244 surgical treatments for cryptorchidism were performed between January 1, 1995 and October 10, 2009. We randomly selected 500 diagnosed cases, of which 284 had been managed surgically. We requested the medical records from the departments making the diagnoses and performing the surgery.

We successfully retrieved medical records for 452 diagnosed cases (90%) and 249 operations (88%). Overall positive predictive value of a registry diagnosis of cryptorchidism was 80% (95% CI 77-84) using the testicular position described by the physician performing the clinical examination as the gold standard. Similarly the positive predictive value of the surgical treatment registration was 99% (95% CI 98-100) using the type of procedure performed.

The data on cryptorchidism in the Danish National Patient Registry are quite accurate. In etiological research the limited misclassification will in most cases only slightly attenuate estimates of the true relative association. Thus, the registry has the potential to serve as a valuable research tool, although caution should be exercised when studying time trends or geographical differences.

PubMed ID: 22902026 [View in PubMed](#) 

The predictive accuracy of pre-adoption video review in adoptees from Russian and Eastern European orphanages.

<https://arctichealth.org/en/permalink/ahliterature183343>

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Keywords: Adoption

Bulgaria

Child, Preschool

Female

Humans

Infant

Male

Orphanages

Reproducibility of Results

Retrospective Studies

Romania

Russia

Video Recording - utilization

Abstract: Many internationally adopted children have a pre-adoption video for prospective adoptive parents to review before their commitment to adopt. No published report to date has examined the value of the pre-adoption video evaluation (PreAVE) as a predictor of post-adoption developmental status. The present study was designed to determine whether PreAVE can predict the post-adoption developmental status of internationally adopted children. In this retrospective chart review, children who presented to the Yale International Adoption Clinic between December 1998 and September 2000, and had both a PreAVE and a post-adoption developmental evaluation (PosADE) were selected (N = 20). PreAVE was done using the Denver II and PosADE was done using the Bayley Scales of Infant Development, 2nd edition. The Pearson r coefficient between the two ratings was determined and sensitivity and specificity were calculated. There was a significant correlation between the PreAVE and the PosADEs ($r = 0.53$, $p = 0.01$). The sensitivity of PreAVE to detect moderate to severe developmental delay was 43% and the specificity was 85%. Although ratings of development on PreAVE are similar to PosADE, the ability to detect moderate to severe developmental delay by video review is limited.

PubMed ID: 14552516 [View in PubMed](#) 

Reliability and validity of proxy respondent information about childhood injury: an assessment of a Canadian surveillance system.

<https://arctichealth.org/en/permalink/ahliterature208633>

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Canada
Child
Child, Preschool
Female
Humans
Infant
Male
Population Surveillance - methods
Reproducibility of Results
Wounds and Injuries - epidemiology

Abstract: The reliability and validity of proxy respondent information in the Canadian Hospitals Injury Reporting and Prevention Program surveillance system was assessed. A standardized form was used to collect data on injury date, location, context (activity at the time), breakdown factor (what went wrong), mechanism, product involvement, safety precaution use, and motor vehicle involvement. The test-retest method determined reliability, with the kappa coefficient quantifying agreement between respondent information provided in the emergency department and later during a telephone interview. Of 421 eligible respondents, 325 (77%) completed the telephone interview, with a median time to interview of 33 hours (range 24-70 hours). Agreement was high for all items; kappa coefficients ranged from 0.79 (substantial agreement) to 1.00 (perfect agreement). Reliability was not significantly modified by respondent view of the injury event, age of the child, language of the form, or level of respondent education. Validity was determined by measuring the agreement between respondent information and that provided by an independent witness. Witness information was considered to represent the truth. Of the 140 injury events selected, 92 (66%) had the form completed by both the original respondent and an independent witness. Kappa coefficients were greater than 0.65 for all but one item (safety precaution use), and the positive predictive value of respondent information for item categories whose prevalence was ≥ 0.25 ranged from 0.82 to 0.95. The authors conclude that proxy respondent data on childhood injury are both reliable and valid.

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Validation of the translated Oxford ankle foot questionnaire in 82 Danish children aged between five and 16 years.

<https://arctichealth.org/en/permalink/ahliterature262378>

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Ankle - physiopathology
Child
Child, Preschool
Denmark
Disability Evaluation
Female
Foot - physiopathology
Humans
Male
Questionnaires
Reproducibility of Results
Translations

Abstract: We present the validation of a translation into Danish of the Oxford ankle foot questionnaire (OxAFQ). We followed the Isis Pros guidelines for translation and pilot-tested the questionnaire on ten children and their parents. Following modifications we tested the validity of the final questionnaire on 82 children (36 boys and 45 girls) with a mean age of 11.7 years (5.5 to 16.0) and their parents. We tested the reliability (repeatability (test-retest), child-parent agreement, internal consistency), feasibility (response rate, time to completion, floor and ceiling effects) and construct validity. The generic child health questionnaire was used for comparison. We found good internal consistency for the physical and the school and play domains, but lower internal consistency for the emotional domain. Overall, good repeatability was found within children and parents as well as agreement between children and parents. The OxAFQ was fast and easy to complete, but we observed a tendency towards ceiling effects in the school and play and emotional domains. To our knowledge this is the first independent validation of the OxAFQ in any language. We found it valid and feasible for use in the clinic to assess the impact on children's lives of foot and/or ankle disorders. It is a valuable research tool.

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Correlation of serum allergy (IgE) tests performed by different assay systems.

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Child
Child, Preschool
Humans
Hypersensitivity - blood - diagnosis
Immunoassay - methods
Immunoglobulin E - blood
Reproducibility of Results
Sensitivity and specificity

Abstract: BACKGROUND: In vitro testing is commonly used to diagnose and manage allergies. Clinical reactivity has been correlated with food-specific IgE levels by using the ImmunoCAP (Phadia, Uppsala, Sweden). OBJECTIVE: To determine whether IgE levels derived from different assays are equivalent to those measured by ImmunoCAP. METHODS: Fifty patients from the Mount Sinai Pediatric Allergy practice were prospectively enrolled. For each deidentified sample, specific IgE levels were measured to egg, milk, peanut, cat, birch, and Dermatophagoides farinae at different laboratories, each using a different assay system (Phadia ImmunoCAP, Agilent Turbo-MP, and Siemens Immulite 2000). Results were analyzed to determine whether IgE measurements were equivalent. Food allergen-specific IgE levels were correlated with clinical data and around empirically determined thresholds that predict probability of clinical disease in 50% or 95% of subjects. RESULTS: Variable degrees of agreement existed among the 3 assays. Immulite 2000 overestimated all specific IgE levels compared with ImmunoCAP. Turbo-MP overestimated for egg but underestimated for birch and D farinae. Differences for milk, peanut, and cat were observed, without a trend toward overestimation or underestimation. Furthermore, several values for the food allergens were discrepant around the 50% and 95% positive predictive values for clinical reactivity. CONCLUSION: Discrepancies in specific IgE values from 3 different assays can potentially lead to altered management and treatment. The predictive values for clinical reactivity associated with food-specific IgE levels determined by ImmunoCAP should not be applied to results from other assays.

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Reliability and validity of the Swedish version of the modified Yale Preoperative Anxiety Scale.

<https://arctichealth.org/en/permalink/ahliterature129014>

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Child
Child, Preschool
Female
Humans
Male
Pilot Projects
Preanesthetic Medication
Psychometrics
Reproducibility of Results
Sweden
Test Anxiety Scale

Abstract: The modified Yale Preoperative Anxiety Scale (m-YPAS) is an observational behavioral checklist that has been widely used as an indicator of pre-operative anxiety in children. The present study describes the translation process of m-YPAS into Swedish and the testing of its reliability and validity when used with Swedish children. The questionnaire was translated using standard forward-back-forward translation technique. The validation process was divided into two phases: a pilot study with 61 children as a first version and a test of a final version with 102 children.

The reliability tested with Cronbach's alpha was acceptable to good. Interrater reliability analyzed with weighted kappa was acceptable to good with Students Registered Nurse Anesthetists and Certified Registered Nurse Anesthetist (CRNA) as evaluators (phase 1) and good to excellent with CRNA's very experienced in child anesthesia (phase 2). Both concurrent and constructed validity could be demonstrated.

This validation study of the Swedish version of the m-YPAS shows good consistency, interrater validity, and construct validity when used by experienced assessors.

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Evaluation of the interpretation of serial ultrasound examinations in the diagnosis of deep venous thrombosis in children: a retrospective cohort study.

<https://arctichealth.org/en/permalink/ahliterature104672>

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Alberta - epidemiology
Child
Child, Preschool
Female
Humans
Infant
Infant, Newborn
Male
Reproducibility of Results
Retrospective Studies
Venous Thrombosis - epidemiology - ultrasonography

Abstract: To assess ultrasound intrascan variability and the potential error rate of serial ultrasounds in the diagnosis of deep venous thrombosis in children.

A retrospective cohort review of imaging results of children having at least 3 serial ultrasound examinations of the same region within a 2-month period. The results were interpreted as either (1) inadequately visualized or (2) the absence or presence of deep venous thrombosis, and were categorized by location. Serial imaging findings then were further categorized based on results and clinical information.

Sixty-four patients and 157 vessel segments were included in the study. Deep venous thrombosis was documented in 58 patients. Concordant results were observed in 26 patients (40.1%), clot resolution in 17 patients (26.6%), clot formation in 12 patients (18.8%), and discordant results in 9 patients (14%). Twenty-one of 64 patients (32.8%) had at least 1 vessel inadequately imaged.

The inconsistency of serial ultrasound results in up to 25% of patients calls attention to the potential inaccuracy of ultrasound for diagnosis and follow-up of deep venous thrombosis in children. The high proportion of patients with at least 1 inadequately visualized vessel also highlights the limitation of ultrasound in the diagnosis of pediatric deep venous thrombosis.

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Does language influence the accuracy of judgments of stuttering in children?

<https://arctichealth.org/en/permalink/ahliterature89279>

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Analysis of Variance
Child, Preschool
Female
Humans
Judgment
Language
Male
Middle Aged
Reproducibility of Results
Speech
Speech Perception
Stuttering - diagnosis

Abstract: PURPOSE: To determine whether stuttering judgment accuracy is influenced by familiarity with the stuttering speaker's language. METHOD: Audiovisual 7-min speech samples from nine 3- to 5-year-olds were used. Icelandic children who stutter (CWS), preselected for different levels of stuttering, were subdivided into 5-s intervals. Ten experienced Icelandic speech-language pathologists (ICE-SLPs) and 10 experienced U.S. speech-language pathologists (US-SLPs), the latter being unfamiliar with the Icelandic language, independently judged each 5-s interval (n = 756) as stuttered or nonstuttered on 2 separate occasions. RESULTS: As in previous studies, intervals judged to contain stuttering showed wide variability within the ICE-SLP and US-SLP groups. However, both SLP groups (a) displayed satisfactory mean intrajudge agreement, (b) met an independent stuttering judgment accuracy criterion test using English-speaking CWS samples, and (c) met an agreement criterion on approximately 90% of their stuttering and nonstuttering judgments on the Icelandic-speaking CWS samples. CONCLUSION: Experienced SLPs were shown to be highly accurate in recognizing stuttering and nonstuttering exemplars from young CWS speaking in an unfamiliar language. The findings suggest that judgments of occurrences of stuttering in CWS are not generally language dependent, although some exceptions were noted.

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