7. McIntyre S, et al. Global prevalence of cerebral palsy: A systematic analysis. Dev Med Child Neurol. wileyonlinelibrary.com/journal/dmcn 2022; 64:1494–1506

Question One:

According to the study, what is the primary aim of the research?

a. To determine the causes of cerebral palsy (CP).
b. To identify the most effective treatment for CP.
c. To determine trends and current estimates in the global prevalence of CP.
d. To analyze the neurological effects of CP.

Question Two:

Which regions experienced a significant decline in pre-/perinatal birth prevalence of CP?

a. All regions represented in the study.
b. Europe and Australia.
c. Low- and middle-income countries (LMICs).
d. High-income countries (HICs).

Question Three:

What is the birth prevalence estimate of CP in high-income countries (HICs)?

a. 0.5 per 1000 live births.
b. 1.0 per 1000 live births.
c. 1.5 per 1000 live births.
d. 3.4 per 1000 live births.

Question Four:

What data source(s) were used for the analysis in the study?

a. Hospital records only.
b. Data from birth year 1995 and later.
c. Both participating CP registers/surveillance systems and population-based prevalence studies.
d. Only data from high-income countries (HICs).

Question Five:

According to the article, what was the main focus of the analysis regarding CP prevalence?

a. The neurological symptoms of CP.
b. Trends and estimates in CP prevalence in different regions.
c. The treatment options for CP.
d. The genetic factors contributing to CP.

Question Six:

What is cerebral palsy (CP) primarily caused by, according to the article?

a. Genetic variants
b. Accidental brain injury

c. Hypoxic ischaemia during adulthood
d. Non-progressive interference in the developing brain

Question Seven:

Which of the following is NOT mentioned as a risk factor for CP in the article?

a. Early childhood infections
b. Preterm birth
c. Congenital anomalies
d. Accidental and non-accidental brain injury

Question Eight:

What was the most recent birth prevalence of CP found in the systematic review and meta-analysis mentioned in the article?

a. 0.5 per 1000 live births
b. 1.0 per 1000 live births
c. 2.0 per 1000 live births
d. 2.1 per 1000 live births

Question Nine:

What has contributed to the significant decline in the birth prevalence of CP in HIC regions of Europe, Australia, and Japan, as per the article?

a. An increase in congenital anomalies
b. A rise in early childhood infections
c. Decreased survival of infants born very preterm
d. Improved public health and perinatal care

Question Ten:

Why is it imperative to include data from low- and middle-income countries (LMICs) in updating the prevalence of CP, as mentioned in the article?

a. To identify genetic variants of CP
b. To determine overall birth prevalence in HICs
c. Because higher rates of CP are being reported in LMICs
d. To monitor trends in CP within high-income countries

Question Eleven:

How many regions from 27 countries were included in the data analysis according to the article?

a. 14 regions
b. 19 regions
c. 25 regions
d. 41 regions

Question Twelve:

What types of data sources were used for the analysis in the article?

a. Only data from CP registers
b. Face-to-face clinical assessments
c. Administrative data linkages
d. Both CP registers and published literature

Question Thirteen:

In how many of the 14 regions that contributed to the pre-/perinatal trend analysis did a statistically significant decline in birth prevalence occur?

a. 5 regions
b. 7 regions
c. 10 regions

Question Fourteen:

What was the pattern observed in the 12 regions that provided data for post neonatal CP?

a. All regions showed a significant decline.
b. One region showed an increase, and one region showed a decline.
c. Three regions were heterogeneous, and seven showed no change.

Question Fifteen:

According to the article, what was the estimate for the current birth prevalence of overall CP in regions with data since 2010?

a. 1.6 per 1,000 live births
b. 0.8 per 10,000 live births
c. 3.0 per 1,000 live births