

# The Dutch Postmeningitis Study: a cross-sectional follow-up after 25 years

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## Objective

This study aimed to provide more insight into very long-term effects of childhood BM.

## Methods

Independent samples t-tests were used to compare patients with healthy aged-matched norm group. MANCOVA was used to evaluate differences in causing pathogen.

## Results

Patients with *S.pneumoniae* scored worse than patients with *N.meningitidis* on subscales WM (F 5,253, p=0.22) and P&O (F5,051, p=0.025). Patients with GBS and *E.coli* scored worse on the subscale Initiate (F7,464, p=0.00) compared to patients with other pathogens.

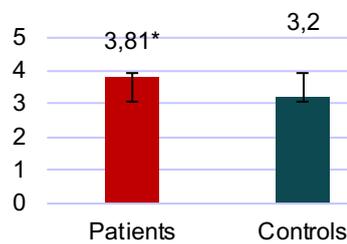
Table 1: N=488

Males, n(%)	221 (44)
Current age, M (IQR)	26 (22-28)
<b>Age at admission (months)</b>	
Median (IQR)	25 (9-46)
Age ≤12 months, n (%)	150 (31)
<b>Pathogen, n (%)</b>	
<i>N.meningitidis</i>	371 (76)
<i>S.pneumoniae</i>	94 (19.3)
<i>E.Coli</i>	6 (1.2)
<i>S.agalactiae</i>	16 (3.3)
<i>L.Monocytogenes</i>	1 (0.2)
<b>Complications</b>	
Focal neurologic signs	31 (6)
Hearing impairment	42 (8.6)

## Acknowledgements

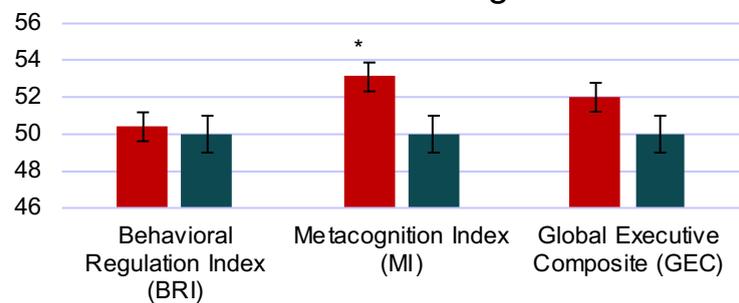
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## Overall QOL



\* p=0.000 95% CI -7.2 to -5.1

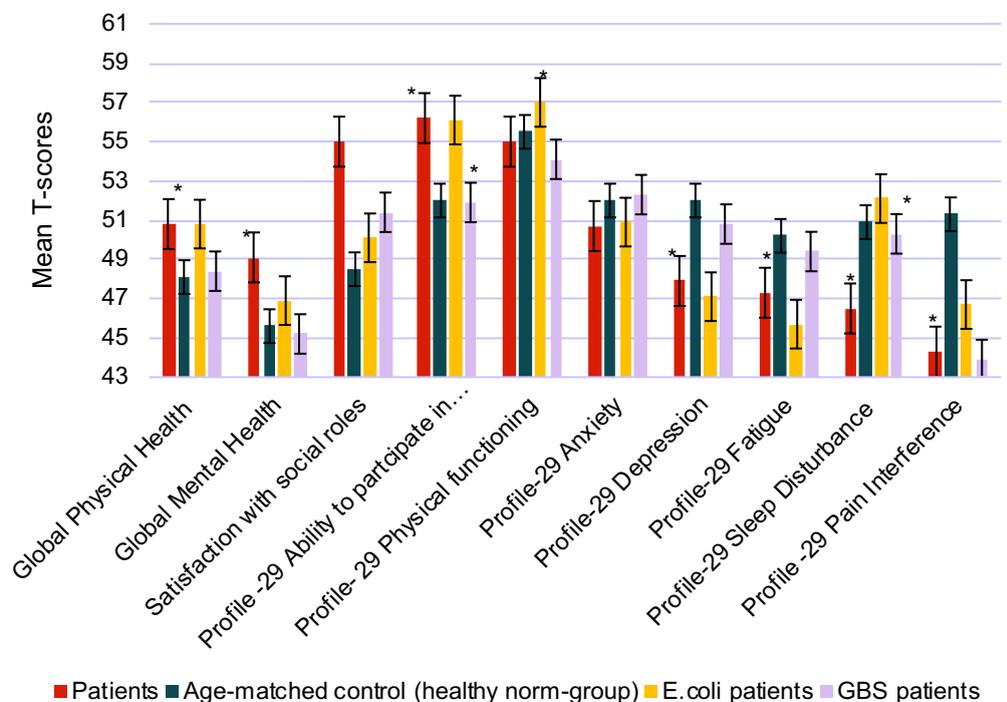
## Executive functioning



■ Meningitis patients ■ Norm value

\* p=0.000 95% CI 1.95-4.16

## Quality of life scores



## Conclusion

- Patients experienced better quality of life (QOL) in general
- Patients who suffered from childhood bacterial meningitis caused by *S.pneumoniae*, *S. agalactiae* and *E.Coli* scored worse on Metacognition scales
- Age at illness was not associated with executive functioning (EF) and QOL