

DEVELOPMENTAL EVALUATION OF CHILDREN FROM AGE 2 - 6

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The Evaluation of children's development from the age 2-6 is very important to make the correction of the retardation till they attending school . Objective The aim of this study was to compare the development of Kengarags children after the Denver's score using Denver Development Screening Tests (DDST). Methods Twenty medical histories were analyzed by blind selection from each age group (2,3,4,5,6 years old) of children. In total, one hundred histories were analyzed, where Denver's tests were made and conclusion were drawn. Fine motor adaptive, personal- social, language and gross motor were compared with the past history: antenatal and perinatal events, illness in the mother, obstetric or neonatal complications. The children were divided into three groups dependent on the condition of health. The first group: no chronical illness, the status of organs and systems were without device. The second group: no chronical illness, there was the functional device, the complication in the neonatal period, the dental caries, the acute disease lasted longer and with complications. The third group: there was chronical illness, physical abnormalities and organ system abnormalities. Results At the age of two: all children of Kengarags could make five DDST from six, but one test could be made by 95% of children. According to DDST score all Denver children could make three tests from six, but three tests could be made by 50-85% of children. At age of three: all children of Kengarags could make three DDST from seven and four tests could be made by 90-95% of children. According to DDST score all Denver children could make two tests from seven and 35-90% of children could make five tests. At age of four: all children of Kengarags could make seven DDST from eight, but 90% of children - one test. According to DDST score all Denver children could make one test from eight and seven tests could be made by 50-85% of children. At age of five: all children of Kengarags could make three DDST from six, three tests could be made by 90-95% of children. According to DDST score all Denver children could make one test from six, five tests could be made by 50-90% of children. At age of six: all children of Kengarags and all Denver children could make two tests from four and two tests could be made by 85-90% of children. The third group of four-year-old children was the largest-20% and the least group was three-year-old children (0%). Conclusion 1. The condition of health did not impress the development of children of Kengarags. 2. The children of Kengarags born in the last three years (2,3,4 years old) outmatched the results of the DDST score. 3. It is necessary to do the study for a more longer time and to involve much more respondents to stimate the different results of DDS testing.

