

BMC accretion and calcium retention in preterm infants.

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**Growth and body composition of preterm infants: a longitudinal study from birth to 1 year of age.** M Ouzzane, L Leke, G Krim, N Kalach, O Kramp, B Risbourg (*Pédiatrie II, CHU-Amiens, 80054 Amiens cedex, France*)

A study of growth and body composition in preterm infants ( $n = 45$ ) was performed using anthropometric measurements until the age of 12 months corrected for prematurity. In order to determine the incidence and time of catch-up, they were compared to full-term infants ( $n = 35$ ).

Body weight (g), height (cm), occipital frontal head circumference (cm) and mid-arm circumference (cm) were measured at birth, at 40 weeks, 4, 6 and 12 months gestation-corrected age by the same pediatrician. Body fat mass was calculated by adiposity indices (weight/height<sup>3</sup> x 100 at birth and weight/height<sup>2</sup> x 10 subsequently) and triceps skinfold thickness (mm). Lean body mass was estimated from upper arm muscle circumference (\*AMC) and upper arm muscle area (\*\*AMA), which were calculated from mid-arm circumference (MAC) and triceps skinfold thickness (TSKF) measured on the left midtriceps area by using the Holtain skinfold caliper.

Thirteen percent of preterm and 20% of term infants were breast-fed. Flour supplementation was observed in the second month for 90% of preterm and 76% of term.

We found a difference between preterm and term babies in weight and body mass index (BMI) at 40 weeks postconception; at

6 months, there were no significant differences. Descriptive statistics and estimated growth rates for weight, height, head circumference, plotted by sex, demonstrated greater rates of growth patterns in preterm infants in the first semester of life: weight gain:  $770 \pm 190$  vs  $650 \pm 160$  g/month; height gain:  $2.84 \pm 0.52$  vs  $2.74 \pm 0.45$  cm/month; head gain:  $1.47 \pm 0.26$  vs  $1.35 \pm 0.13$  cm/month ( $P < 0.05$ ). However, the growth rate during the first year was less in preterm when compared to term infants. Muscle mass estimated by arm surface and area was not different at 6 or 12 months.

For BMI, we found that preterm infants with a low ponderal index (birth weight/length<sup>3</sup> x 100) less than the 10th percentile for age and sex experienced a higher growth rate than those with a ponderal index between the 10th and 90th percentile at 1 year: weight gain:  $570 \pm 90$  vs  $540 \pm 80$  g/month; height gain:  $2.07 \pm 0.3$  vs  $2.02 \pm 0.25$  cm/month; head gain:  $1.03 \pm 0.13$  vs  $0.91 \pm 0.11$  cm/month ( $P < 0.05$ ). But despite this higher growth rate, preterm infants with low ponderal index still had a lower weight and BMI at 1 year of age. In term babies with low ponderal index ( $< P10$ ) the postnatal growth rate at 1 year is lower than those with a higher ponderal index: weight gain:  $400 \pm 80$  vs  $606 \pm 108$  g/month ( $P < 0.05$ ); height gain:  $2.21 \pm 0.3$  vs  $2.14 \pm 0.2$  cm/month (NS); head gain:  $1.02 \pm 0.17$  vs  $1.08 \pm 0.17$  cm/month (NS).

No correlation was detected between any of the infant feeding variables such as duration of breast-feeding, time of introduction of solid food and formula with the measures of growth rate or body composition.

**Relationships between serum SHBG, body composition and dietary intake in premenopausal women.** F Saint-Martin<sup>1</sup>, S Dumoulin<sup>1</sup>, I de Glisezinski<sup>1</sup>, S Jamrozik<sup>1</sup>, P Barbe<sup>1</sup>, JP Thouvenot<sup>2</sup>, B Perret<sup>3</sup>, A Bennet<sup>1</sup>, JP Louvet<sup>1</sup> (<sup>1</sup> Department

\* AMC(mm) = MAC - (3.14 x TSKF); \*\* AMA (mm<sup>2</sup>) = [MAC - 3.14 (TSKF)]<sup>2</sup>/4 (3.14).