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European Respiratory Society guideline on long-term management of children with bronchopulmonary dysplasia

Liesbeth Duijts ^{1,2}, Evelien R. van Meel¹, Laura Moschino³, Eugenio Baraldi³, Magda Barnhoorn⁴, Wichor M. Bramer⁵, Charlotte E. Bolton ⁶, Jeanette Boyd⁷, Frederik Buchvald⁸, Maria Jesus del Cerro⁹, Andrew A. Colin¹⁰, Refika Ersu^{11,12}, Anne Greenough¹³, Christiaan Gremmen⁴, Thomas Halvorsen ^{14,15}, Juliette Kamphuis⁷, Sailesh Kotecha¹⁶, Kathleen Rooney-Otero¹⁷, Sven Schulzke¹⁸, Andrew Wilson¹⁹, David Rigau²⁰, Rebecca L. Morgan²¹, Thomy Tonia²², Charles C. Roehr^{23,24} and Marielle W. Pijnenburg¹

Affiliations: ¹Dept of Pediatrics, Division of Respiratory Medicine and Allergology, Erasmus MC, University Medical Center Rotterdam, Rotterdam, The Netherlands. ²Dept of Pediatrics, Division of Neonatology, Erasmus MC, University Medical Center Rotterdam, Rotterdam, The Netherlands. ³Dept of Women's and Children's Health, University of Padua, Padua, Italy. ⁴Lung Foundation Netherlands, Amersfoort, The Netherlands. ⁵Medical Library, Erasmus MC, University Medical Center Rotterdam, Rotterdam, The Netherlands. ⁶NIHR Nottingham BRC Respiratory Theme and Division of Respiratory Medicine, University of Nottingham, Nottingham, UK. ⁷European Lung Foundation (ELF), Sheffield, UK. ⁸Pediatric Pulmonary Service, DBLC, Rigshospitalet, Copenhagen, Denmark. ⁹Pediatric Cardiology, Ramón y Cajal University Hospital, Madrid, Spain. ¹⁰Division of Pediatric Pulmonology, Miller School of Medicine, University of Miami, Miami, FL, USA. ¹¹Division of Respiriology, Marmara University Istanbul, Istanbul, Turkey. ¹²Division of Respiriology, University of Ottawa, Children's Hospital of Eastern Ontario, Ottawa, ON, Canada. ¹³Women and Children's Health, School of Life Course Sciences, Faculty of Life Sciences and Medicine, King's College London, London, UK. ¹⁴Dept of Pediatrics, Haukeland University Hospital, Bergen, Norway. ¹⁵Dept of Clinical Science, University of Bergen, Bergen, Norway. ¹⁶Dept of Child Health, School of Medicine, Cardiff University, Cardiff, UK. ¹⁷Division of Hospital Medicine, Nemours Children's Hospital, Orlando, FL, USA. ¹⁸Dept of Neonatology, University Children's Hospital Basel UKBB, Basel, Switzerland. ¹⁹Dept of Respiratory and Sleep Medicine, Princess Margaret Hospital for Children, Perth, Australia. ²⁰Iberoamerican Cochrane Centre, Barcelona, Spain. ²¹Dept of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, ON, Canada. ²²Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland. ²³Dept of Paediatrics, Medical Sciences Division, University of Oxford, Oxford, UK. ²⁴Newborn Services, John Radcliffe Hospital, Oxford University Hospitals, Oxford, UK.

Correspondence: Liesbeth Duijts, Erasmus MC, University Medical Center Rotterdam, Sp-3435; PO Box 2060, 3000 CB Rotterdam, The Netherlands. Email: l.duijts@erasmusmc.nl



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This guideline provides recommendations on monitoring and treatment of children with established bronchopulmonary dysplasia older than 36 weeks postmenstrual age or after discharge from the hospital, based on PICO questions relevant for clinical care <http://bit.ly/2m9CfKt>

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ABSTRACT This document provides recommendations for monitoring and treatment of children in whom bronchopulmonary dysplasia (BPD) has been established and who have been discharged from the hospital, or who were >36 weeks of postmenstrual age. The guideline was based on predefined Population, Intervention, Comparison and Outcomes (PICO) questions relevant for clinical care, a systematic review of

the literature and assessment of the evidence using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach. After considering the balance of desirable (benefits) and undesirable (burden, adverse effects) consequences of the intervention, the certainty of the evidence, and values, the task force made conditional recommendations for monitoring and treatment of BPD based on very low to low quality of evidence. We suggest monitoring with lung imaging using ionising radiation in a subgroup only, for example severe BPD or recurrent hospitalisations, and monitoring with lung function in all children. We suggest to give individual advice to parents regarding daycare attendance. With regards to treatment, we suggest the use of bronchodilators in a subgroup only, for example asthma-like symptoms, or reversibility in lung function; no treatment with inhaled or systemic corticosteroids; natural weaning of diuretics by the relative decrease in dose with increasing weight gain if diuretics are started in the neonatal period; and treatment with supplemental oxygen with a saturation target range of 90–95%. A multidisciplinary approach for children with established severe BPD after the neonatal period into adulthood is preferable. These recommendations should be considered until new and urgently needed evidence becomes available.