#### RELATIONSHIP BETWEEN SERUM FERRITIN LEVEL AND ATTENTION DEFICIT HYPERACTIVITY DISORDER IN CHILDREN ATTENDING ALEXANDRIA UNIVERSITY CHILDREN'S HOSPITAL Tarek El-Sayed Ismail Omar, Mona Khalil Mohamed, Marwa Saeed AbdElmaksoud, Nehal Hamdy Mohamed Ibrahim

Department of Pediatrics, Faculty of Medicine, University of Alexandria.

## Introduction

Attention-deficit / hyperactivity disorder (ADHD) is the most common neurobehavioral disorder in childhood. Its prevalence in children and adolescents is around 5.3% worldwide. ADHD is characterized by persistent patterns of inattention, hyperactivity and impulsivity that affects multiple domains of life cause significant functional impairment. ADHD imposes various kinds of pressures on families and communities. ADHD is attributed to the interplay of social, environmental, neurobiological, and genetic factors. Iron is essential for many important biological processes. It functions as a cofactor in the metabolism of many neurotransmitters like dopamine. Its deficiency plays a role in ADHD pathogenesis. Serum ferritin is a reliable indicator of iron storage in tissues such as the brain.

### Aim of the work

We aimed to study serum ferritin levels in children with ADHD, and the relationship between it and the severity of the disease.

# **Subjects and Methods**

This case-control study was conducted on (100) children aged from six to twelve years (50 children diagnosed with ADHD based on DSM-5 diagnostic criteria and were recruited from Pediatric Neurodevelopmental outpatient clinic of Alexandria University Children Hospital Smouha "group I" and 50 sex and agematched siblings of group I who are not fulfilling the DSM-5 diagnostic criteria of ADHD as a controls " group II").

Children who had Conditions that affect serum ferritin level like chronic liver disease, non-iron deficiency anemia, acute and chronic inflammation, infections or on iron therapy for three months were excluded from our study.

The parent(s) of the children of both groups were subjected to complete history taking and Children of both groups were subjected to Complete clinical examination, Complete blood counts and measure of serum ferritin level. Children with ADHD were subjected to Psychometric studies (Arabic Version of Conner's Parent Rating Scale-Revised CPRS-R, The Arabic version of "Stanford Binet intelligence test - 4th edition for assessment of Intelligence Quotient)

		Results				Ta <b>ble 2:</b> Correlation between serum ferritin and Conner's scale severity in cases group (n = 50)					
Table 1: Univariate and multivariate Linear regression analysis for the paran affected by serum ferritin in cases group (n = 50)						ĺ	Conner's Scale Severity	Serum ferritin		1	
	1					ł	Opposition	$r_{s}$	P 0.001*	╢	
R			# <b>3 a</b> 1,4 • ,		l	ł	Cognitive problems	-0.423*	0.001	Ħ	
	P	B (95%C.I)	"Mul	B (95%C.I)		İ	Hyperactivity	-0.491*	< 0.001*	1	
Total IQ	<0.001*	$\begin{array}{c} 0.443 \\ (0.261 - 0.624) \end{array}$	<0.001*	0.367 (0.212–0.523)			Tension/shyness	-0.042	0.770	1	
Hyperactivity	<0.001*	-0.430 (-0.640.22)	0.622	0.084 (-0.257–0.424)			Psychosomatic disorder	-0.109	0.453		
ADHD index	<0.001*	-0.683 (-0.950.42)	0.187	-0.223			ADHD index Inattentive	-0.605* -0.532*	<0.001* <0.001*	╢	
Inattentive conner's	<0.001*	-0.543 (-0.800.29)	0.675	-0.108			Hyperactive	-0.535*	<0.001*	1	
Total conner's scale severity	<0.001*	-0.612	0.056	-0.548		Į	Conner's scale severity total	-0.596*	<0.001*	#	
Opposition	0.001*	-0.316 (-0.490.14)	0.917	-0.013 (-0.257–0.232)			90	1		Cases Control	
Cognitive problems	0.001*	-0.441 (-0.700.18)	0.693	0.071 (-0.292–0.434)			70 - 60 -				
Presentations of ADHD	0.002*	-5.709 (-9.122.30)	0.992	-0.022 (-4.452–4.409)			50 -				
Associated comorbidity	0.004*	-9.935 (-16.473.40)	0.520	-2.146 (-8.828-4.536)			30 -				
Receiving ADHD drugs	0.006*	-8.313 (-14.182.44)	0.396	3.019 (-4.095–10.133)			10 -	43			
Social problems	0.021*	-0.205 (-0.380.03)	0.587	0.053 (-0.143–0.249)			нв нст мсч	мсн	MCHC RD	w ·	
School performance	0.066	3.423 (-0.24–7.08)					Figure: Comparison between the t	wo studied gro	oups accordin		
Age (years)	0.071	-1.280 (-2.67–0.12)					Conclusio	n			
Tension/shyness	0.425	-0.082 (-0.29-0.12)									
Psychosomatic disorder	0.569	-0.054 (-0.25–0.14)				the fi	ndings of the current study sugg	gest that pre	venting iror	) oplomor	
Socioeconomic statu	s 0.658	0.927 (-3.25–5.11)				might	t have a protective role not only	against ADF	ID also for l	ess	
Gender	0.756	-1.048 (-7.79–5.69)				sever	e core symptoms.				

IQ: intelligence quotion

C.I: Confidence interval

B: Unstandardized Coefficients LL: Lower limit

#: All variables with p<0.05 was included in the multivariate

\*: Statistically significant at  $p \le 0.05$ 



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UL: Upper Limit