

BEHAVIORAL DEVELOPMENT OF YUCHENG CHILDREN AS COMPARED TO THEIR MATCHED CONTROLS

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We have been following up the behavioral development of each one of the 118 pairs of Yucheng and his/her matched control child, since August 1986. We utilized revised Chinese versions of Rutter's Behavior Rating Scales for Parents¹ and Werry-Weiss-Peters Activity Check List for Parents². Each year, the behavior and activity questionnaires were filled out by a parent under the instruction of a trained interviewer. The matched control was evaluated on the same day as the Yucheng child. Paired t-tests were used to compare the mean difference in the scores of each pair of Yucheng and his/her matched control child. One hundred and thirteen pairs of study children completed seven-year follow-up which is to be carried on for 5 more years. Because the children were born over a eight-year period, ranging from 1978 to 1985, they were of different ages in each round of follow-up. Table 1 shows the distribution of Yucheng children by age in the 1st field study, August 1985.

As shown in table 2, starting from 1985, Yucheng children have been consistently rated by mothers to manifest higher activity level. The mean of difference between the two children in each pair of the two groups was statistically significant each year.

Table 1. Distribution of Yucheng children by ages

Age	No of children
below 1	7
≥ 1 below 2	23
≥ 2 below 3	20
≥ 3 below 4	23
≥ 4 below 5	14
≥ 5 below 6	10
≥ 6 below 7	16
≥ 7 below 8	5
Total	118

Table 2. Comparison by activity scores and by year of study

Year of study	Group	Scores	Mean of difference	Paired t-value	P value
		$\bar{X} \pm S.D.$			
1985 (n=72)	Yucheng	47.9±21.9	6.4	2.16	.034
	Control	41.5±18.8			
1986 (n=92)	Yucheng	48.0±17.4	10.6	4.13	.000
	Control	38.0±14.7			

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1987 (n=105)	Yucheng	42.6±16.1	6.9	3.72	.000
	Control	35.7±17.8			
1988 (n=116)	Yucheng	44.1±17.4	4.2	2.07	.041
	Control	39.9±16.8			
1989 (n=112)	Yucheng	39.0±15.9	3.6	2.03	.045
	Control	35.4±16.3			
1990 (n=97)	Yucheng	36.6±19.3	11.1	5.71	.000
	Control	28.5±18.6			
1991 (n=87)	Yucheng	30.7±13.4	6.4	2.62	.011
	Control	24.4±12.6			

On Rutter's Behavior Scale a similar trend as activity level appeared, i.e., Yucheng children have been rated to manifest more health, habit and behavior problems.

Table 3. Comparison by scores on Rutter's Scale

Year	Rutter's Subscale	Group	Mean±S.D	Mean of difference	Paired t-value	P value
1985 n=118	Health problem	Yucheng	11.4±2.8	1.3	4.37	.000
		Control	10.1±1.3			
	Habit problem	Yucheng	28.6±5.6	0.4	0.89	.373
		Control	28.2±5.4			
	Behavior problem	Yucheng	5.6±2.0	0.2	0.27	.68
		Control	5.4±1.7			
1986 n=118	Health problem	Yucheng	3.4±2.3	2.1	2.19	.029
		Control	4.1±2.7			
	Habit problem	Yucheng	2.9±1.1	0.4	2.85	.055
		Control	2.6±0.8			
	Behavior problem	Yucheng	11.6±5.5	1.0	1.05	.296
		Control	10.8±4.9			
1987 n=116	Health problem	Yucheng	4.7±2.1	1.3	2.51	.013
		Control	3.3±2.0			
	Habit problem	Yucheng	3.6±1.6	0.8	1.42	.067
		Control	2.5±1.7			
	Behavior problem	Yucheng	9.1±4.2	1.5	2.73	.007
		Control	7.5±4.6			
1988 n=116	Health problem	Yucheng	4.3±2.3	0.9	3.66	.000
		Control	3.4±1.8			
	Habit problem	Yucheng	3.6±1.6	0.7	3.35	.001
		Control	2.9±1.8			
	Behavior problem	Yucheng	9.7±4.1	1.8	3.69	.000
		Control	7.8±4.0			
1989 n=115	Health problem	Yucheng	3.7±2.1	0.7	3.25	.001
		Control	3.0±1.8			
	Habit problem	Yucheng	1.3±1.3	0.3	2.03	.045
		Control	1.0±1.1			

	Behavior problem	Yucheng Control	11.1±5.2 9.2±5.0	1.9	3.13	.002
1990 n=114	Health problem	Yucheng Control	3.8±2.2 2.4±2.1	1.4	5.89	.000
	Habit problem	Yucheng Control	1.2±1.3 0.7±1.0	0.5	3.67	.000
	Behavior problem	Yucheng Control	9.9±5.7 7.4±4.9	2.4	5.01	.000
	Health problem	Yucheng Control	3.4±2.1 2.5±1.6	.8	3.45	.001
1991 n=113	Habit problem	Yucheng Control	0.6±0.9 0.3±0.6	.3	3.48	.001
	Behavior problem	Yucheng Control	11.6±5.6 8.4±5.0	3.1	5.00	.000

We also evaluated the temperamental characteristics of Yucheng children and found out that Yucheng children had been rated by parents to have higher activity (1990, 1991 field work), irregular rhythmicity (1986, 1987, 1988 rounds), lower adaptability (1986, 1988 rounds), negative quality of mood (1986, 1988, 1989 rounds), higher intensity of reaction (1986, 1989 rounds). Most of these temperamental items belong to the so-called "difficult to raise" or "A factors", but the trend in this regard has not been as consistent as activity and behavioral scores. We also have data from Teacher's Activity Check List which indicate that Yucheng children have been rated by teachers to manifest higher activity level. This appears to underscore the results of the parent's ratings. Because the two children of each of the 118 pairs have not been in the same class room, so we only regard this data as supplemental.

So far there have been two behavioral items, i.e. higher activity level and higher scores on the Rutter's Behavior Rating Scale, which have been consistently observed throughout the past seven years. The Japanese Yusho children were described as hypotonic, apathetic, and dull at ages 9 and 10³. Since these children lived on an isolated small island, and no controls were compared, the observation may not represent the whole picture of Yusho children. Rogan and Gladen⁴ found that children with prenatal or transmilk exposure to background levels of PCBs were rated by parents to show possible hyperactivity. The study, however, did not find any association between prenatal PCBs exposure and activity levels. Jacobson et al⁵ reported that the composite activity rating at age 4 was not related to prenatal PCBs exposure. Behavioral effects were reported in animals prenatally exposed to PCBs. The most consistent finding is hyperactivity among in utero PCBs exposed mice, male rats, and rhesus monkey⁶⁻¹¹. At present we have only 31 Yucheng children on whom we have serum PCBs and PCDF levels. The result of preliminary analysis failed to yield dose response relation between PCBs/PCDF levels and activity levels and scores on Rutter Scale.

WE are not, now, in a position to hypothesize that the persistently higher activity levels and more health, habit and behavior problems in Yucheng children are due to direct prenatal exposure to heat-degraded PCBs. The parents who perceive their Yucheng children as "abnormal" or "damaged" might have contributed to the differences in reported activity levels and health, habit and behavioral problems.

This possibility has to be carefully taken into consideration in our further analysis of the cumulated voluminous data and in our future follow-up of the study children.

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