# Assessing Physical Health and Activity Barriers in Children with Cystic Fibrosis

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#### Introduction

Cystic Fibrosis (CF) greatly affects body composition and physical activity levels, key factors influencing health outcomes. Understanding of the impact of CFTR modulators and barriers to physical activity in CF is limited.

#### Aims

Handgrip strength (HGS), skeletal muscle mass (SMM) and factors influencing physical activity were assessed in children with CF.

### Methods

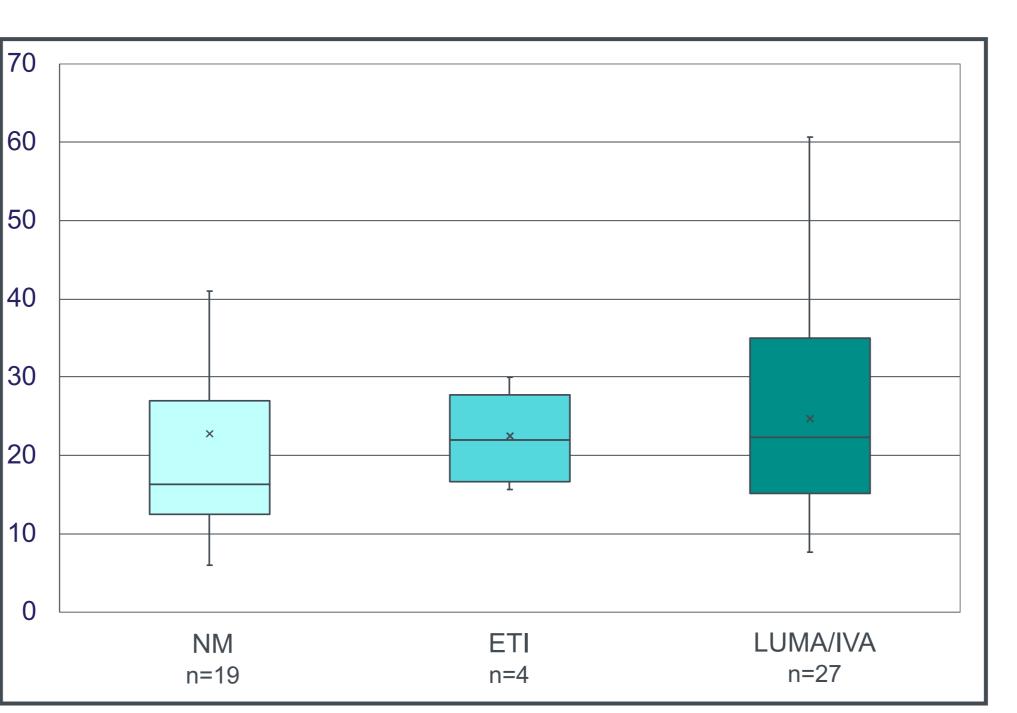
From February to November 2023, we measured HGS (Jamar Hand Grip Dynamometer) and SMM (InBody 770) in children with CF (aged 6-20 years) single-centre cross-sectional analysis. completed physical Parents a activity questionnaire, while children aged ≥14 completed their own. Data were analyzed based on CFTR therapy: non-modulator (NM), 12 modulator months elexacaftor/tezacaftor/ivacaftor (ETI), and 24 months of lumacaftor/ivacaftor (LUMA/IVA) using descriptive statistics.

#### Results

We enrolled 53 children with CF (26 boys) in three groups (NM=22, ETI=4, LUMA/IVA=27). The mean age was lowest in the non-modulator group (NM: 11.4 ± 3.8 years; ETI: 15.6 ± 3.6 years; LUMA/IVA: 13.1 ± 4.6 years). HGS and SMM showed similar trends: HGS: 19.6 ± 9.7 kg, SMM: 17.5 ± 7.7 kg in the NM group, HGS: 22.4 ± 7.2 kg, SMM: 21.9 ± 6.4 kg in the ETI group and HGS: 24.7 ± 13.5 kg, SMM: 20.0 ± 8.9 kg for LUMA/IVA group. Parent-reported barriers to physical activity were mainly external (N=13, 68.4%), citing lack of time, fatigue, and other commitments. Psychological barriers were reported by three children, with external reasons predominant (N=13). Weekly exercise time averaged 13.7 ± 7.3 h (children-reported) and 11.5 ± 6.1 h (parentreported), exceeding recommendations.

Variables	Non-modulator (n=22)	ETI (n=4)	LUMA/IVA (n=27)
Boys/girls	8/14	1/3	17/10
Age (mean±SD; years)	11.4 ± 3.8	15.6 ± 3.6	13.1 ± 4.6
Pancreas exocrine insuff/suff.)	22/0	4/0	27/0

Table 1. Main characteristics of participations based on modulator status



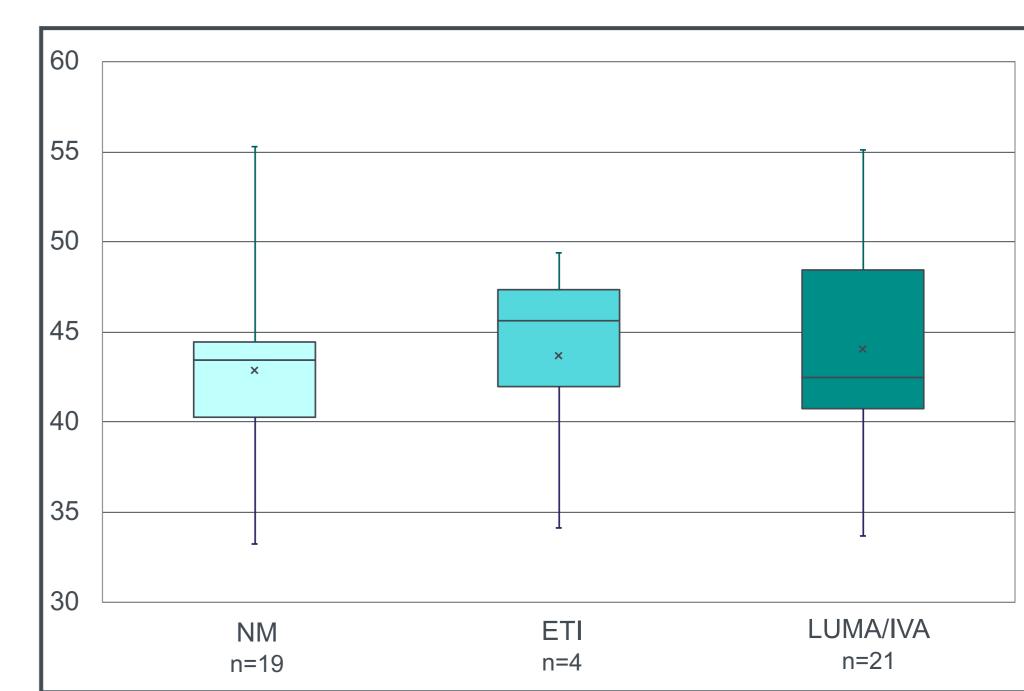


Figure 1. Hand grip strength (kg)

Figure 2. Sceletal muscle mass (%)

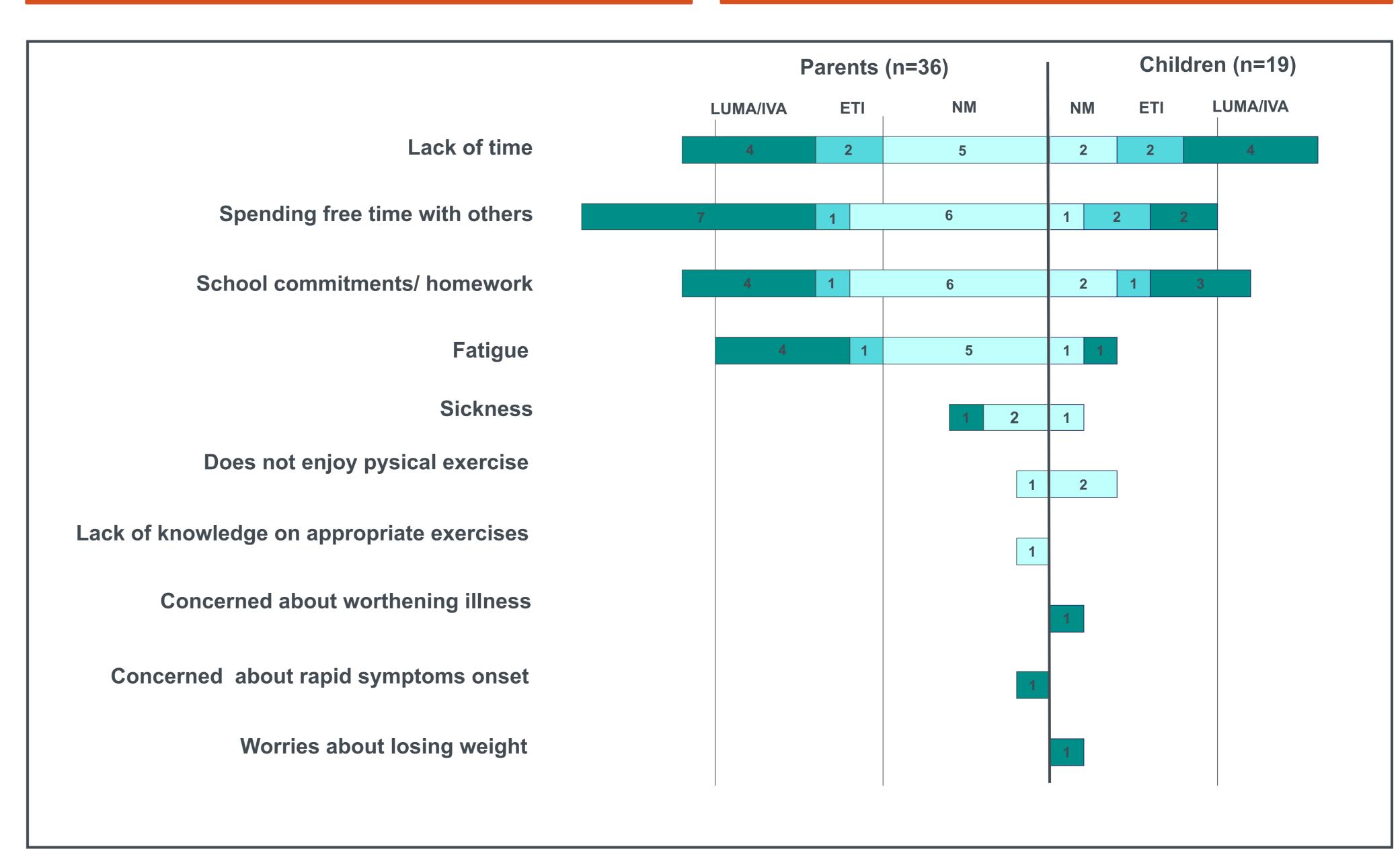


Figure 3. Barriers of physical activity reported by parents and children

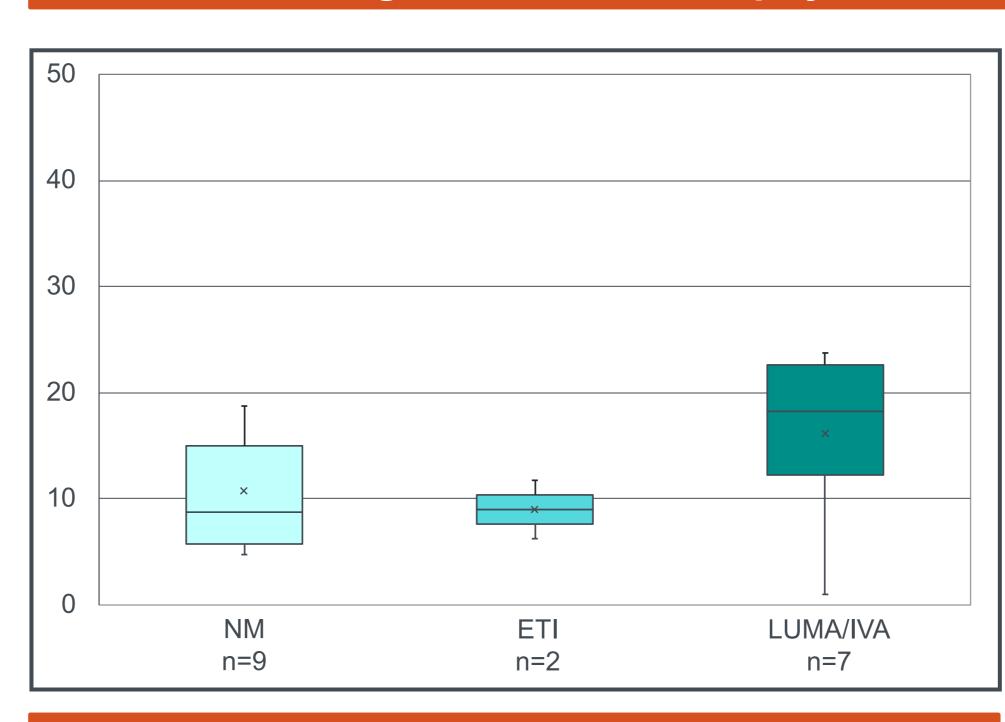


Figure 4. Weekly exercise time reported by children (hours)

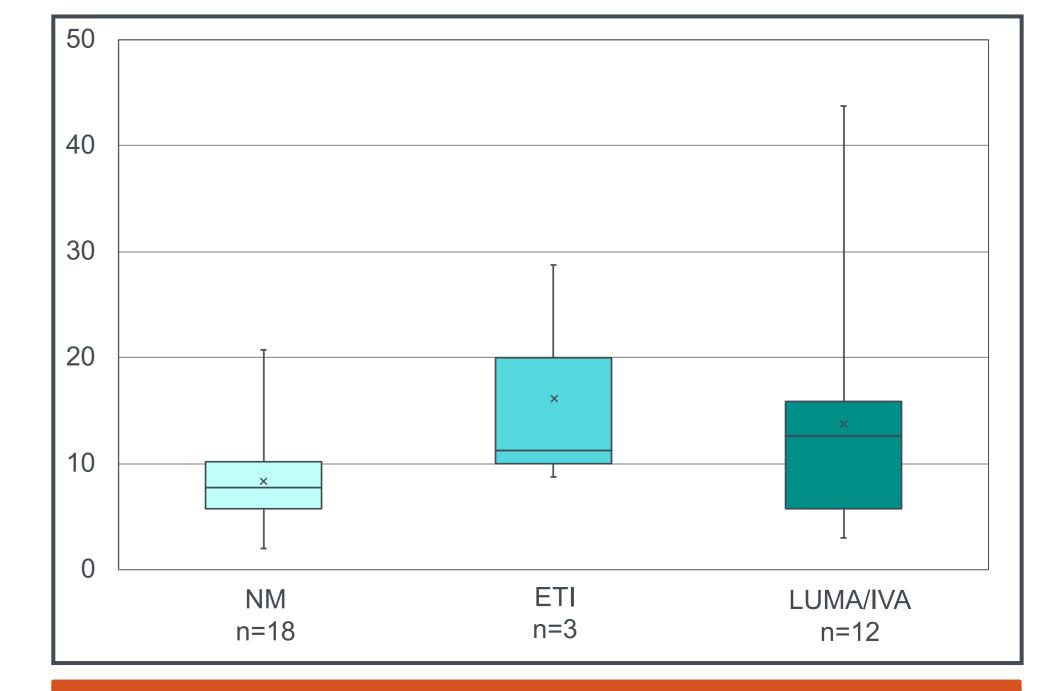


Figure 5. Weekly exercise time reported by parents (hours)

## Conclusions

HGS and SMM are valuable tools for assessing physical health in children with CF, shedding light on the effects of modulator therapy. Addressing barriers to physical activity is essential for improving overall health outcomes in this population.