Titres et Travaux

Gérard BREART

(RESUME)

Professeur de Santé Publique

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Pr Gérard BREART

ADRESSE PROFESSIONNELLE

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FONCTION

Directeur de l'Institut santé publique de l'Alliance pour les sciences de la vie et de la santé(2008-2011)
Conseiller du PDG de l'INSERM

ETUDES MEDICALES

1963-1964 C.P.E.M., Caen.
1964-1968 Faculté de Médecine, Paris.
1968-1970 Faculté de Médecine, Paris-Ouest.

FONCTIONS HOSPITALIERES

2007-Présent Chef du Département de Santé Publique, Hôpital Tenon

TITRES UNIVERSITAIRES

Français

- Doctorat en Médecine, Paris (1975)
  (sujet de thèse : Facteurs de risque de mortinatalité)
- C.E.S. de Médecine préventive, Santé Publique et Hygiène (1972).
- A.E.A de Statistique (1972)
- A.E.A. de Biologie du Développement (1976).

Etrangers

- Fellow of the faculty of Public Health Medicine of the Royal College (UK)
- Adjunct Professor, department of Maternal and Child Health, School of Public Health, University of North Carolina, Chapel Hill (1997-present)
- Adjunct professor, School of Public Health, Tulane University, New Orleans (2005-present)

TITRES DE RECHERCHES

A l'Inserm

1969-1972 Boursier.
1973-1975 Stagiaire de recherches (y compris un an de Service National).
1976-1979 Attaché de recherches.
1980-1983 Chargé de recherches.
1984-1991 Directeur de recherches de 2ème classe.
1992-1998 Directeur de recherches de 1ère classe.

1998- Professeur de santé publique (classe exceptionnelle) – Université Pierre et Marie Curie.

A l'étranger

1981-1982 Visiting Scholar, Department of Epidemiology, Harvard School of Public Health, Boston.

FONCTION DE RECHERCHES

1987- 2008 Directeur de l'Unité de Recherches Epidémiologiques en Santé Périnatale et santé des femmes (INSERM-U.149).
2008 - 2011 Directeur de l'Institut Santé Publique de l'Inserm

ADMINISTRATION DE LA RECHERCHE

1986-1990 Membre de la CSS11 de l'INSERM.
1994-1999 Membre de la CSS5 de l'ORSTOM.
1996-2002 Directeur scientifique à la Mission scientifique INSERM.
1997-1999 Membre du Comité consultatif sur le traitement de l'information en matière de recherche dans le domaine de la Santé.
1999-2003 Membre du Comité Consultatif National d'Ethique.

PRIX

- Lauréat de la Faculté de Médecine, Prix de thèse.
- Prix Santé Publique de la Fondation pour la Recherche Médicale.

SOCIETES

- Président de l'A.D.E.L.F. (Association des Epidémiologistes de Langue Française), 1989-1993.
- Président de la SEHTAG (Société pour l'Etude de l'Hypertension de la Grossesse), 1991-1993.
- Président de la SFMP (Société Française de Médecine Périnatale) 1994-1998

COMITES DE REDACTION / LECTEUR

- British Journal of Obstetrics and Gynaecology.
- European Journal of Obstetrics & Gynecology and Reproductive Biology.
- Journal de Gynécologie-Obstétrique et fertilité

FONCTION D'INTERET GENERAL

- Conseiller technique au Ministère de la Santé, 2003-2007
- Membre nommé au CNU, 2007-

DISTINCTION

- Chevalier de l'Ordre National du mérite
- Chevalier de la légion d'honneur

PARCOURS

A la fin de mes études de médecine, je me suis orienté vers l'épidémiologie et la santé publique dans le domaine de la périnatalité.

Ainsi, j'ai commencé à travailler en 1969 au sein de la section maternité pédiatrie de l'Inserm, dirigée par le Docteur Claude RUMEAU-ROUQUETTE. Cette équipe, devenue en 1975, unité 149 de l'Inserm, était très proche du service du Professeur Claude SUREAU. C'est donc sous la direction de ces deux éminents maitres que j'ai pu participer au développement de l'épidémiologie périnatale et en particulier de l'épidémiologie clinique dans ce domaine.
Nous avons ainsi pu réaliser les premières enquêtes nationales périnatales, étudier les facteurs de risque des principales pathologies périnatales, évaluer les nouvelles techniques de diagnostic prénatal qui se mettaient en place (par exemple, enregistrement du rythme cardiaque fœtal, échographie obstétricale, amniocentèse) ou les modifications de pratiques (césarienne) ou les traitements en réalisant les premiers essais randomisés, notamment dans le domaine de l'hypertension de la grossesse ou de la prévention de la prématurité ou de ces complications.

En 1987, lorsque je suis devenu directeur de l'unité 149, j'ai souhaité élargir le champ de l'unité à la santé des femmes à et après la ménopause. Cela a abouti à un ensemble de travaux concernant l'ostéoporose et notamment les facteurs de risque de fracture du col du fémur.
Au terme de mon mandat de directeur de l'unité 149, je suis devenu directeur de l'institut santé Publique de l'Inserm.

Parallèlement à ces fonctions de recherche, j'ai exercé des responsabilités collectives comme :
- Membre du comité consultatif national d'éthique,
- Conseiller technique au cabinet de ministres de la santé (J.F Mattéi, Ph. Douste Blazy, X. Bertrand, Ph. BAS).

Ces différents éléments, joints à mon expérience internationale et d'enseignant en santé publique me permettent d'avoir une vision large de la santé publique et de l'épidémiologie.

GROUPE DE TRAVAIL DE L'ACADEMIE ET COMMUNICATIONS

Je suis actuellement membre du groupe de travail sur l'épidémiologie et ai été rapporteur du groupe de travail sur la mortalité maternelle et la mortalité périnatale présidé par le professeur Gilles CREPIN et membre d'un groupe de travail sur l'osteodensitometrie.
Trois communications ont été publiées dans le bulletin de l'académie nationale de médecine : une sur la procalcitonine une autre sur les violences domestiques et une troisième sur la PMA vigilance

SYNTHESE QUANTITATIVE DES PUBLICATIONS

Le site « ISI of science » m'attribue 370 publications comme co-auteur qui ont été citées 6724 fois, soit une moyenne de 18,17 fois par article.

Ci-joint, figurent 5 des articles les plus cités.

PubMed

U.S. National Library of Medicine
National Institutes of Health

Display Settings: Abstract

Lancet. 1991 Jun 15;337(8755):1427-31.

Prevention of fetal growth retardation with low-dose aspirin: findings of the EPREDA trial.

Uzan S, Beaufils M, Breart G, Bazin B, Capitant C, Paris J.

Service de Gynécologie-Obstétrique, INSERM U 149, Paris, France.

Comment in:

Lancet. 1991 Aug 31;338(8766):579.
Lancet. 1991 Aug 3;338(8762):324.

Abstract

The efficacy of low-dose aspirin in preventing fetal growth retardation was tested in a randomised, placebo-controlled, double-blind trial. A secondary aim was to find out whether dipyridamole improves the efficacy of aspirin. 323 women at 15-18 weeks' amenorrhoea were selected at twenty-five participating centres on the basis of fetal growth retardation and/or fetal death or abruptio placentae in at least one previous pregnancy. They were randomly allocated to groups receiving placebo, 150 mg/day aspirin, or 150 mg/day aspirin plus 225 mg/day dipyridamole, for the remainder of the pregnancy. In the first phase of the trial all actively treated patients (n = 156) were compared with the placebo group (n = 73). Mean birthweight was significantly higher in the treated than in the placebo group (2751 [SD 670] vs 2526 [848] g; difference 225 g [95% CI 129-321 g], p = 0.029) and the frequency of fetal growth retardation in the placebo group was twice that in the treated group (19 [26%] vs 20 [13%]; p less than 0.02). The frequencies of stillbirth (4 [5%] vs 2 [1%]) and abruptio placentae (6 [8%] vs 7 [5%]) were also higher in the placebo than in the treated group. The benefits of aspirin treatment were greater in patients with two or more previous poor outcomes than in those with only one. In the second analysis, of aspirin only (n = 127) vs aspirin plus dipyridamole (n = 119), no significant differences were found. There was no excess of maternal or neonatal side-effects in the aspirin-treated patients.

PMID: 1675315 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

PubMed

U.S. National Library of Medicine
National Institutes of Health

THE LANCET
FULL-TEXT ARTICLE

Display Settings: Abstract

Lancet. 1996 Jul 20;348(9021):145-9.

Fall-related factors and risk of hip fracture: the EPIDOS prospective study.

Dargent-Molina P, Favier F, Grandjean H, Baudoin C, Schott AM, Hausherr E, Meunier PJ, Bréart G.

INSERM, Unité 149, Villejuif, France.

Erratum in:

Lancet 1996 Aug 10;348(9024):416.

Abstract

BACKGROUND: Most hip fractures result from falls. However, the role of fall-related factors has seldom been examined. Comparison of the predictive value of these factors with that of bone mineral density (BMD) has important implications for the prevention of hip fractures.

METHODS: We assessed femoral-neck BMD by dual-photon X-ray absorptiometry and potential fall-related risk factors, which included self-reported physical capacity, neuromuscular function, mobility, visual function, and use of medication in 7575 women, aged 75 years or older, with no history of hip fracture recruited at five centres in France. We followed up these women every 4 months to record incident hip fractures. During an average of 1.9 years of follow-up 154 women suffered a first hip fracture.

FINDINGS: In age-adjusted multivariate analyses, we found four independent fall-related predictors of hip fracture: slower gait speed (relative risk = 1 . 4 for 1 SD decrease [95% CI 1.1-1.6)]; difficulty in doing a tandem (heel-to-toe) walk (1.2 for 1 point on the difficulty score [1.0-1.5]); reduced visual acuity (2.0 for acuity < or = 2/10 [1.1-3.7]); and small calf circumference (1.5 [1.0-2.2]). After adjustment for femoral-neck BMD, neuromuscular impairment--gait speed, tandem walk--and poor vision remained significantly associated with an increased risk of subsequent hip fracture. With high risk defined as the top quartile of risk, the rate of hip fracture among women classified as high risk based on both a high fall-risk status and low BMD was 29 per 1000 women-years, compared with 11 per 1000 for women classified as high risk by either a high fall-risk status or low BMD; for women classified as low risk based on both criteria the rate was five per 1000.

INTERPRETATION: We conclude that neuromuscular and visual impairments, as well as femoral-neck BMD, are significant and independent predictors of the risk of hip fracture in elderly mobile women, and that their combined assessment improves the prediction of hip fractures.

PMID: 8684153 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources

PubMed

U.S. National Library of Medicine
National Institutes of Health

Display Settings: Abstract

Lancet. 1996 Aug 24;348(9026):511-4.

Ultrasonographic heel measurements to predict hip fracture in elderly women: the EPIDOS prospective study.

Hans D, Dargent-Molina P, Schott AM, Sebert JL, Cormier C, Kotzki PO, Delmas PD, Pouilles JM, Breart G, Meunier PJ.

INSERM Unité 403, Lyon, France.

Abstract

BACKGROUND: The ability of ultrasonographic measurements to discriminate between patients with hip fracture and age-matched controls has until now been tested mainly through cross-sectional studies. We report the results of a prospective study to assess the value of measurements with ultrasound in predicting the risk of hip fracture.

METHODS: 5662 elderly women (mean age 80.4 years) had both baseline calcaneal ultrasonography measurements and femoral radiography (dual-photon X-ray absorptiometry, DPXA) to assess their bone quality. Follow-up every 4 months enabled us to identify incident fractures. 115 hip fractures were recorded during a mean follow-up duration of 2 years.

FINDINGS: Low calcaneal ultrasonographic variables (obtained from measurements of broadband ultrasound attenuation by, and speed of sound through the bone) were able to predict an increased risk of hip fracture, with similar accuracy to low femoral bone mineral density (BMD) obtained by DPXA. The relative risk of hip fracture for 1 SD reduction was 2.0 (95% CI 1.6-2.4) for ultrasound attenuation and 1.7 (1.4-2.1) for speed of sound, compared with 1.9 (1.6-2.4) for BMD. After control for the femoral neck BMD, ultrasonographic variables remained predictive of hip fracture. The incidence of hip fracture among women with values above the median for both calcaneal ultrasound attenuation and femoral neck BMD was 2.7 per 1000 woman-years, compared with 19.6 per 1000 woman-years for those with values below the median for both measures.

INTERPRETATION: Ultrasonographic measurements of the os calcis predict the risk of hip fracture in elderly women living at home as well as DPXA of the hip does, and the combination of both methods makes possible the identification of women at very high or very low risk of fracture.

PMID: 8757153 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources

PubMed

U.S. National Library of Medicine
National Institutes of Health

Display Settings: Abstract

Fertil Steril. 2002 Oct;78(4):719-26.

Relation between pain symptoms and the anatomic location of deep infiltrating endometriosis.

Fauconnier A, Chapron C, Dubuisson JB, Vieira M, Dousset B, Bréart G.

Service de Chirurgie Gynécologique, Clinique Universitaire Baudelocque, CHU Cochin, Saint Vincent de Paul, La Roche-Guyon, Paris, France.

Abstract

OBJECTIVE: To investigate whether specific types of pelvic pain are correlated with the anatomic locations of deeply infiltrating endometriosis (DIE).

DESIGN: Retrospective data analysis.

SETTING: University tertiary referral center.

PATIENT(S): Two hundred and twenty-five women with pelvic pain symptoms and DIE.

INTERVENTION(S): During surgery, we recorded the anatomic locations of DIE implants and associated endometriosis.

MAIN OUTCOME MEASURE(S): We studied the incidence of pelvic pain symptoms including severe dysmenorrhea, deep dyspareunia, noncyclic chronic pelvic pain, painful defecation during menstruation, urinary tract symptoms, and gastrointestinal symptoms as related to the location of DIE.

RESULT(S): The frequency of severe dysmenorrhea increased with Douglas pouch adhesions and decreased with parity. The frequency of dyspareunia increased with a uterosacral ligament DIE location and decreased when it involved the bladder. The frequency of noncyclic chronic pelvic pain was higher when it involved the bowel and was lower for women who were treated for infertility. The frequency of painful defecation during menstruation was higher when DIE involved the vagina; lower urinary tract symptoms were more frequent when DIE involved the bladder and less frequent in women with a lower body mass index. Gastrointestinal symptoms were associated with bowel or vaginal DIE locations.

CONCLUSION(S): The types of pelvic pain are related to the anatomic location of DIE. Knowledge of the characteristics of pelvic pain symptoms is important in the preoperative assessment of patients with suspected DIE.

PMID: 12372446 [PubMed - indexed for MEDLINE]

MeSH Terms

LinkOut - more resources

THE LANCET

Display Settings: Abstract

Lancet. 2008 Mar 8;371(9615):813-20.

Neurodevelopmental disabilities and special care of 5-year-old children born before 33 weeks of gestation (the EPIPAGE study): a longitudinal cohort study.

Larroque B, Ancel PY, Marret S, Marchand L, André M, Arnaud C, Pierrat V, Rozé JC, Messer J, Thiriez G, Burguet A, Picaud JC, Bréart G, Kaminski M; EPIPAGE Study group.

INSERM, UMR S149, IFR69, Research Unit on Perinatal Health and Women's Health, Villejuif, France; Université Pierre et Marie Curie-Paris 6, Paris, France. Larroque@vjf.inserm.fr

Comment in:

Lancet. 2008 Jul 12;372(9633):116.
Lancet. 2008 Mar 8;371(9615):787-8.

Abstract

BACKGROUND: The increasing survival rates of children who are born very preterm raise issues about the risks of neurological disabilities and cognitive dysfunction. We aimed to investigate neurodevelopmental outcome and use of special health care at 5 years of age in a population-based cohort of very preterm children.

METHODS: We included all 2901 livebirths between 22 and 32 completed weeks of gestation from nine regions in France in Jan 1-Dec 31, 1997, and a reference group of 667 children from the same regions born at 39-40 weeks of gestation. At 5 years of age, children had a medical examination and a cognitive assessment with the Kaufman assessment battery for children (K-ABC), with scores on the mental processing composite (MPC) scale recorded. Data for health-care use were collected from parents. Severe disability was defined as non-ambulatory cerebral palsy, MPC score less than 55, or severe visual or hearing deficiency; moderate deficiency as cerebral palsy walking with aid or MPC score of 55-69; and minor disability as cerebral palsy walking without aid, MPC score of 70-84, or visual deficit (<3/10 for one eye).

FINDINGS: In total, 1817 (77%) of the 2357 surviving children born very preterm had a medical assessment at 5 years and 396 (60%) of 664 in the reference group. Cerebral palsy was diagnosed in 159 (9%) of children born very preterm. Scores for MPC were available for 1534 children born very preterm: 503 (32%) had an MPC score less than 85 and 182 (12%) had an MPC score less than 70. Of the 320 children in the reference group, the corresponding values were 37 (12%) and 11 (3%), respectively. In the very preterm group, 83 (5%) had severe disability, 155 (9%) moderate disability, and 398 (25%) minor disability. Disability was highest in children born at 24-28 completed weeks of gestation (195 children [49%]), but the absolute number of children with disabilities was higher for children born at 29-32 weeks (441 children [36%]). Special health-care resources were used by 188 (42%) of children born at 24-28 weeks and 424 (31%) born at 29-32 weeks, compared with only 63 (16%) of those born at 39-40 weeks.

INTERPRETATION: In children who are born very preterm, cognitive and neuromotor impairments at 5 years of age increase with decreasing gestational age. Many of these children need a high level of specialised care. Prevention of the learning disabilities associated with cognitive deficiencies in this group is an important goal for modern perinatal care for children who are born very preterm and for their families.

PMID: 18328928 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources