

stimulus feature of the nipple, but is also supported by function of feedback inhibition of lactation for those newborn mammals who fixate on one nipple only so that the breast tissue of the non-stimulated nipple ceases to function as in those human societies where it is thought normal to breastfeed on one breast only and also for many other mammals.

Freudian displacement theory of innate genetically based behaviour being displaced when the biological target is not available is thus supported. Oral tactile fixation or imprinting is the first emotional relationship in the development of mammals. Only problem solving human reared newborn mammals can survive when oral tactile imprinting is displaced. The behaviour or oral tactile imprinting demonstrates human evolutionary link to other mammals.

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HAVE YOU DIAGNOSED CELIAC DISEASE RECENTLY?: ATYPICAL PRESENTATIONS OF CELIAC DISEASE IN CHILDREN

P.J. Allen

*School of Nursing, Yale University,
Woodbridge, CT, USA*

Aim: Educate pediatric primary care providers on the varied presentation of celiac disease in children and the need for screening of children for this common autoimmune condition.

Method: Review of the current literature on the presentation of clinically silent or atypical celiac disease in children and the diagnostic procedure.

Results: Celiac disease is an autoimmune response resulting in intestinal mucosa inflammation, malabsorption, and numerous secondary symptoms and autoimmune diseases. Recent research has found a prevalence of celiac disease in approximately 1:70 and 1:200 people in the United States, Western and Middle Eastern countries. This condition remains undiagnosed or misdiagnosed in 95% of those affected.[i] It currently takes an average of ten years and numerous tests before celiac disease is diagnosed. Undiagnosed or inadequately treated celiac disease can result in unnecessary debilitating symptoms, life-threatening illness and gastrointestinal malignancies.

Children and adolescents with undiagnosed celiac disease may present with varied symptoms including, but not limited to, abdominal pain, diarrhea, constipation, weight loss, obesity, developmental

delays, learning problems, symptoms associated with attention deficit, depression, anxiety, skin lesions, anemia, osteoporosis, dental enamel dysplasia, and associated autoimmune conditions. The only treatment for this autoimmune disorder is the implementation of a life-long gluten-free diet.

Conclusion: Awareness of pediatric primary care providers of the varied presentation of celiac disease is necessary to increase the number of children screened. Serological screening by IgA antibody to human recombinant tissue transglutaminase (tTG IgA) is the screening test of choice. Small bowel biopsy and/or genetic screening verify the diagnosis.

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ROLE OF INTEGRATED WELL CHILD CARE PROGRAM IN IDENTIFICATION OF HEALTH RISK FACTORS IN CHILDREN UNDER EIGHT YEARS OLD

L. Mirhadian, S. Asiri, A. Pasha, N.M. Lakeh

Guilan University Medical Sciences, Rasht, Iran

Background and aims: Integrated well child care program is one of the most important changes in children growth monitoring. The aim of this study was to determine health risk factors of children under eight years old.

Methods: This is a descriptive study which obtained data from 1874 children's health records. Samples were chosen through cluster sampling which included eight health centers. Health risk factors assessed included :potential bacterial infection , icter , malnutrition or severe low weight , dysfunctional weight growth, severe low height, dysfunctional height growth, abnormal and unsatisfactory head circumference, nutritional problems, dental problems, developmental problems, incomplete vaccination, incomplete use of complements and abnormal laboratory tests. Also demographic characteristics such as sex, birth weight and age at health care received were assessed.

Results: Most common health risk factors respectively included : weight growth problems 56.8%, nutritional problems 22.3% and unsatisfactory head circumference 10.4%. A significant relationship between dysfunctional weight growth, nutritional problems, unsatisfactory head circumference and birth weight , age of health care received.

Conclusion: This study indicated that dysfunctional weight growth makes up for more than half of health risk factors. The most of weight growth problems were seen at age of seventh month (94.2%) that may be related to beginning of beikost. Therefore it can be resulted that integrated well child care program well identified health risk factors in children under eight years old.

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RELATIONSHIP BETWEEN MATERNAL HEALTH BEHAVIOR AND PHYSICAL GROWTH PATTERN OF CHILDREN UNDER ONE YEAR REFERRED TO HEALTH DEPARTMENT OF RASHT

A. Pasha, T.H. Tehrani, M.M. Chehrzad, Z.A. Roshan

Guilan University Medical Sciences, Rasht, Iran

Background and aims: Physical growth in infants is the most important health indicator. Many factors influence infants' physical growth. Because of complete dependence of infants to their mothers and role of mother care and health behavior is important for health promotion. This study aims to determine relationship between maternal health behaviors with physical growth pattern in children under one year, was done.

Methods: This research is correlation a descriptive study. Data collection tool was a questionnaire including two sections: the first part included demographic characters of mother and child, and second part included three sections for measurement of health behavior about nutrition, sleep and preventing disease in child under one year. Information related health behavior was completed with reading questionnaire and measurement of physical growth was record from file. 362 mother and their children under one year were selected randomly.

Results: Finding showed that most of children (57/5%) had unfavorable physical growth. Also the results about health preventing indicated most of (57/7%) samples had suitable health behavior and about sleep most of (88/7%) them have unsuitable health behaviors. Results showed that there was a significant correlation between mother's health behaviors in all three domains and child physical growth according to mother and child's demographic characteristics ($p < 0/001$).

Conclusions: Results showed that most of the mothers of children had suitable health behavior about children's nutrition (69/2%) sleep (19/3%), and prevention of disease (86/5%). Children had favorable physical growth and there was a significant correlation between maternal health behaviors and child physical growth pattern.

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CHILDREN'S BLOOD PRESSURE AND FOOD INTAKE

J.C. Sevilla Moya^{1,2,3}, **M. Calvo Terrades**⁴, C. Casademont Fàbrega⁵, C. Javierre Garcés⁶, R. Jiménez González⁷

¹Fundació Salut Empordà, Figueres, ²Girona Institute for Biomedical Research, Girona, ³Hospital Universitario La Paz, Madrid, ⁴Pediatría, Albera Salut, ABS Peralada, Girona Institute for Biomedical Research, Peralada Girona, ⁵Pediatría, ABS Peralada, Albera Salut, Peralada, ⁶Physiology Department, Medicine School, Barcelona University, ⁷University Hospital Joan de Déu, Esplugas de Llobregat); Chair Department of Paediatrics, School of Medicine, University of Barcelona, Barcelona, Spain

Blood pressure (BP) in childhood often correlates with BP in adulthood. The knowledge in children's dietary influence on BP is limited.

Aims:

1. - To analyse BP and different food groups consumption relationship.
2. - To determine food intake differences between children with normal or higher BP values ($\geq 85^{\text{th}}$ percentile).

Methods: We enrolled 428 children, provided parent's consent. We measured BP: systolic (syst) and diastolic (diast), pulse pressure (PP), mean pressure (MP). A 7-days questionnaire provided diet information. Z-score BP values classified participants into two groups: High-BP (HBP) ≥ 1.03 (n: syst=46, diast=100), Normal-BP (NBP) < 1.03 (n: syst=382, diast=328).

Results:

- Age: 7.9 ± 2.4 years.
- Correlation's analysis (significant results, Pearson C):