

Results: Of 1761 children studied 8.5% were malnourished according to z score P / E, 21.6%, according to E / I. The analysis of z score P / E revealed that 58.4% were male and 66.7% female. The mean age was 8.9 years. The z score of E / I 53.4% were male and 56.5% female. The risk of malnutrition was higher among boys: 59.7% for the index P / E and 53.9% for E / I. There was no statistically significant difference between the schools, gender and school year. Among nutritional status, period ($P < 0.0001$) and students grade ($p = 0.0105$), we observed statistical significance.

Conclusion: Malnutrition is still continuing between the low-income population and males had a higher percentage of malnutrition. From the analysis in the region, one can consider that the nutritional assessment of school - the anthropometric technique in particular - is an extremely important tool for understanding the dynamics of child nutrition and development.

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LITERATURE REVIEW ON LEAD POISONING

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The adverse affects of high blood levels of lead are well established. There is now data emerging which looks at lower blood levels of lead associated with poor cognition and other developmental concerns. The authors undertook a literature review to examine the causal effect of low lead level and impaired cognitive function. The plausibility of including lead screening as part of developmental delay workup in Ireland is also explored. This review concludes that there is an adverse relationship between increasing level of lead and cognition. Children with developmental delay would be at an increased risk to the cognitive impairment associated with low levels of lead. Given that there are preventative and therapeutic options to minimise the effects of lead, we argue that this group of children should be routinely screened for lead. Currently there is lack of prevalence data in Ireland. The authors are working in conjunction with British Paediatric Surveillance Unit Project to undertake active surveillance of lead poisoning in Ireland.

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CORRELATION BETWEEN INTRADELTOID INJECTION AND DELTOID FIBROSIS

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Aim: To investigate a correlation between intradeltoid injection and deltoid fibrosis (DF)

Material and methods: A case-control study based on a community population was conducted. Cases included patients from 1-20 years of age suffering from DF in three communes. The diagnosis criteria included 293 children. Controls included healthy individuals matched with cases by age and sex. Two controls were selected for one case.

Results: There is an evident correlation between injection of antibiotic into Deltoid muscle and DF with $OR = 27.2; P < 0.001$. The degree of correlation decreased with an increase in age $OR = 3.8; P < 0.001$ when antibiotic injection was done in newborn period, $OR = 2.1, p < 0.01$ in children from 1 month to 5 years old.

There was also correlation between intradeltoid injection of vitamins and antalgic drugs with $OR = 6.2, p < 0.01$. However there was no correlation between intradeltoid injection of vaccine and DF with $OR = 0.19, P > 0.05$

Conclusion: There is an evident correlation between intradeltoid injection of antibiotics and other drugs and DF, especially when the injection was given in newborns.

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PSYCHOSOCIAL TREATMENT FOR DEVELOPMENTAL DISORDERS OF SPEECH AND LANGUAGE AND DEVELOPMENTAL DISORDERS OF SCHOLASTIC SKILLS: EVIDENCE AND CARE ORGANIZATION.

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Objectives: To summarize scientific evidence for individual psychosocial treatment of developmental

disorders of speech and language (DD-L), and developmental disorders of scholastic skills (DD-Sch).

To describe care organization for these disorders in 7 Western countries.

Methodology: EBM literature review including systematic reviews, meta-analyses, randomized controlled trials and quasi-experimental studies.

Questionnaires sent to renowned experts in France, Germany, the Netherlands, Finland, UK, and Switzerland; description of the Belgian situation.

Results: In the short term, speech and language interventions for expressive phonological or vocabulary difficulties are effective; long term effects are not well-studied. In a few studies, no difference was found between treatment by trained parents or clinicians, or between individual and group therapy. For treatment of receptive language difficulties, only few studies are available suggesting little effects. Effective reading programs for reading disabilities should include training of the alphabetic principle and phonological awareness, and integration of these elements with comprehension and fluency skills. For mathematical disorders, too few publications are available to conclude.

Very few studies evaluated treatment intensity and duration, or the differences between mono- and multidisciplinary treatment. Publications on treatment of co-morbid developmental or behavioral disorders were also lacking.

In most countries, multidisciplinary treatment (2 disciplines or more) is almost standard for DD-L and DD-Sch. Governmental responsibility for organization and funding belongs mostly to health and educational departments together.

Conclusion: It seems standard in Western societies to provide multidisciplinary treatment for DD-L and DD-Sch, but effectiveness of this strategy has been little evaluated.

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PRETERM BIRTH AND SCHOOL PERFORMANCE: THE ROLE OF PARENTAL EDUCATION

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While social background and birth characteristics are often found to be independently associated with school achievements the underlying mechanisms are still unclear. This study aims to explore the combined influence of parental education and gestational age grades in Mathematics in a cohort of Swedish children in whom we have previously shown associations of preterm birth with language skills. We studied 10825 children born 1973-1981, the third generation of the register-based Uppsala Multigenerational Birth Cohort. Logistic regression models were fitted to estimate odds ratios of achieving higher grades in Mathematics at age 16, relative to lower grade, by parental education and own gestational age. Our results shows that for children from families with lower parental education, the adjusted OR of receiving a higher grade was significantly lower for preterm compared to full term births grade in Mathematics (OR=0.53, 95% CI 0.30-0.93). Estimate did not change substantially when adjusted for several potential confounders. There was no evidence of significant effects of shorter gestational age for children with parents from other educational groups. Consistent with our earlier results concerning language skills, we concluded that the disadvantage of shorter gestational age on the chance of achieving higher grade in Mathematics was confined to children from families where none of the parents had higher education. This suggests that the generally detrimental influence of shorter gestational age on school performance may be avoidable.