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PLASMA FIBRONECTIN IN PREMATURE NEONATES DURING EPISODE OF INFECTION AND CORRELATION WITH IMMUNOGLOBULIN ADMINISTRATION.
M.Anagnostakou, J.Peristeri, Th.Spanos, M.Christodoulou, N.Lipsou and M.Xanthou B' NICU "AGHIA SOPHIA" Children's Hospital, Goudi, Athens-Greece.

The aim of our study was to measure the concentrations of Fibronectin in LBW neonates during infections, as well as the correlation of blood levels with immunoglobulin administration. Fibronectin (FN) levels were measured from the serum of 16 premature neonates BW-1150½ 260gr and GA= 29 ± 2 W. Samples were taken weekly from the 30th week of gestational age until the 38th using the method of tholosimetrias. igestational age until the 38th using the method of tholosimetrias. During this period the neonates presented with 1 or 2 episodes of sepisis proved by clinical and laboratory investigation. Before or during infection, the neonates along with antibiotics, received sandoglobulin in total dose 2.5g IV.Our results show a strong increase of FN levels between 30-34w GA p<0.007, but we did not find a significant increase between 34-38w p<0.230 in healthy babies. Taking into consideration the babies with infection our results indicate that there was a severe drop in Fibronectin levels. The babies who received Sandoglobulin had a less severe drop in Fibronectin levels than those who did not receive it (p<0.038).

Dutch Society of Psychosocial Consultation in Paediatrics (DSPCP) (under the authority of the European Society of Child and Adolescent Psychiatry)

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Anti-epileptic therapy and behaviour disturbances in children Sergio Domizio, Patrizia Fontebasso, "Alberto Verrotti, Giuseppe Sabatino

Sergio Domizio, Patrizia Fontebasso, Alberto Verrotti, Giuseppe Sabatino
Department of Neonatology and *Pediatric, University of Chieti, Italy Many studies have reported behavioral disturbances in children suffering from convulsive disorders, but there are conflicting data concerning the real incidence of this problem in the pediatric age group. In order to evaluate the effects on behaviour of some antiepileptic drugs, we studied 300 children treated with phenobarbital and other drugs; their age ranged from 3.1 months to 15.9 years. The children were divided into two groups: group A: 197 (116 male and 81 female) children, mean age ±SD 5.3±2,8 years, treated with phenobarbital; group B: 103 (66 male and 37 female) children, mean age 6.4 ±3.1 years, treated with anti-epileptic drugs other than phenobarbital. In all patients hyperactivity, irritability, disturbances of sleep, and drowsiness were investigated. The parents of patients completed a questionnaire with seven items. In group A, 150 (76.1%) children showed one or more behaviour disturbances, while in group B a smaller number of patients 32 (31%) had such disorders. There was a significant difference between the two groups (P<0.0001). The most frequent disorder was hyperactivity. In conclusion, the results of this study suggest that anti-epileptic drugs, in particular phenobarbital, can cause behaviour disturbances and we can underline the importance of careful evaluation of the risk/benefit ratio of these drugs.

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CONSTRUCTION OF ANKARA DEVELOPMENTAL SCREENING INVENTORY AND ITS ENVIRONMENTAL CORRELATES

Işık Savaşır "Hacettepe University", Nilhan Sezgin "Bilkent University", Nese Erol "Ankara University", Ankara, TURKEY.

The aim of this study was to construct a culturally appropriate developmental inventory that would be useful in large scale surveys, assessing developmental changes over time both at individual and community level and evaluating progress of programs geared to the developmental needs. The impact of rearing environments on development was also investigated. The inventory was completed by 860 mothers of 0-6 year old children from three SES groups. Environmental variables were assessed by 2 other questionnaires. Results indicated that there were significant age and SES differences. As children grew older, their developmental scores on the inventory also increased. Significant SES differences were observed especially after the age of 3 years. There were no significant sex differences. The test-retest reliabilities and Cronbach alpha coefficients were high for the age groups. Our results indicate that some of the environmental variables had important impact on development.

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PSYCHOSOCIAL FUNCTIONING IN JUVENILE CHRONIC ARTHRITIS Carol Fitzpatrick, Hugh Monaghan, Ann Deehan. Departments of Paediatrics and Child Psychiatry, Our Lady's Hospital for Sick Children, Crumlin, Dublin 12, Ireland.

The purpose of this study was to determine whether young people with Juvenile Chronic Arthritis (JCA) differ from matched healthy controls on standardised measures of psychosocial functioning. The study group comprised 43 young people with JCA (age range 4 - 18 yrs). The control group comprised 644 young people, who provided normative data for an Irish population. Assessment instruments included the Child Behaviour Checklist (Achenbach & Edelbrock) and the Youth Self Report for those and 12 - 18 yrs for those aged 12 - 18 yrs.

Children (aged 4 - 11) with JCA scored significantly lower than healthy controls on measures of competence, and significantly higher for internalizing problems, withdrawn behaviour, attention problems and total problems. Adolescents (aged 12 - 18) with JCA did not differ from healthy controls on the above measures, whether rated by their parents or by themselves.

Results suggest that age is an important factor in successful psychosocial functioning in $\ensuremath{\mathsf{JCA}}.$

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"THE CHILD CONCEIVED TO GIVE LIFE: BONE MARROW TRANSPLANTATION FROM

"THE CHILD CONCEIVED TO GIVE LIFE: BONE MARROW HARDS ENTERTH TO THOM PROGRAMMED DONOR, FIVE YEARS ON".

Roberto G. Burgio*B, Annapia Verri**B and Luigi Nespoli***

* Pediatrics Department, ** Neuropsychiatric Clinic, B University of Pavia, I-27100 - Pavia, Italy;

*** Pediatric Division, II Facoltà di Medicina e Chirurgia - I-21100

Varese, Italy.

Bone marrow transplantation (BMT) among children has been the subject of ethical and medico-legal problems. The usually juvenile condi ject of ethical and medico-legal problems. The usually juvenile colou-tion of the do nor has frequently been one of the sources of these problems. Five years ago, we performed a BMT from a minor, programmed donor which was conceived by the parents hoping to provide their dau-ghter with a compatible donor. A chronic myeloid PhI + leukemia was diagnosed two years before in the recipient, Evelina, and the BMT from a matched family donor was the only possible cure at that time. There have been stormy reactions among mass-media and mostly among the catholic community. The last expressed doubts on programming a child to secure the health of another child, like an instrument. In our opinion, it is acceptable that parents program a child and know in advance whether he is compatible or not whereas it unethical to conceive a child to serve as a bone marrow donor and abort him if it is not compatible. There is no reason in considering a BMT from a "programmed" donor only as an utilitarian mean; rather after our experience we can assert that one life has been saved and another has begun for its own happiness. Furthermore the psychological evaluation of the recipient and of the donor as well as of the parents has found a fairly normal situation.