Results: During the study period, a total of 169 infants were admitted to the PICU with proven RSV infection. Blood cultures were realized in all infants. Fourteen (8.3%) of the 169 RSV positive infants had bacteraemia. RSV positive infants had a significantly higher incidence of bacteraemia if they had a C-reactive protein level superior to 88 mg/l (27%), a positive bacteriology of tracheal aspirates at admission (32%) or if they required high frequency ventilation (28.5%). Ninety three (55%) of the RSV infected infants received antibiotics.

Conclusions: Bacteraemia is rare in RSV infected infants admitted to the PICU. However, the incidence of antibiotic prescription in these infants is high. Children with severe RSV infection are more likely to be bacteraemic if they had a C-reactive protein level superior to 88 mg/l, a positive bacteriology of tracheal aspirates at admission or if they required high frequency ventilation.

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ASSOCIATION BETWEEN THE POLYMORPHISM OF DRD4EXONIII48BP VNTR AND EXECUTIVE FUNCTION IN HAN CHINESE CHILDREN WITH TOURETTE'S SYNDROME

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Objective: The relationship of DRD4exonIII48bp VNTR and executive function were studied in 86 children with Tourette's Syndrome.

Methods: 86 Han Chinese children with GTS were tested using a set of neuropsychological test (Stroop test, trail making test, modified Wisconsin Card sorting test) and compared with 51 healthy control group to understand the relationship between executive deficits and genetics.

Results: Compared with normal children, The GTS group showed impairment on almost all psychological measures. In some stroop test, combined ADHD group differed from the GTS-alone group. No evidence show significantly difference among DRD4exonIII48bp VNTR and executive function.

Conclusion: GTS patient has executive function deficits, these deficits may have nothing to do with DRD4exonIII48bp VNTR. For comorbid, there may be a certain influence in the executive function.

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DO LOW BIRTH WEIGHT INDIVIDUALS OUTGROW PSYCHIATRIC PROBLEMS AS THEY ENTER ADULTHOOD?

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Background and aims: Assess the continuity of psychiatric symptoms and disorders from adolescence to young adult age.

Methods: In a population based follow up at age 14 (T1) and age 20 (T2) of 38 persons born with very low birth weight (VLBW: birth weight ≤ 1500 g), 43 term born small for gestational age (SGA: birth weight $< 10^{\text{th}}$ percentile) and 64 term born controls, mental health was assessed using psychiatric interview; Schedule for Affective Disorder and Schizophrenia for School aged children (K-SADS) and Children's Global Assessment Scale (CGAS).

Outcome at T1 and T2 was compared. Psychiatric problems were defined as having psychiatric disorders or symptoms $\geq 75\%$ of diagnostic criteria.

Results: The VLBW and the SGA group had more psychiatric problems and lower mean CGAS scores at T2 than controls ($p \leq 0.02$). Anxiety disorders and ADHD were the most frequent disorders. In the VLBW group 10 of 13 with psychiatric problems at T1 still had problems at T2; of these 6 of 8 with symptoms at T1 had disorders at T2. In the term SGA group, 9 of 10 with psychiatric problems at T1 still had problems at T2; of these 4 of 6 with symptoms at T1 had disorders at T2. Increasing CGAS at T1 reduced the risk for having a psychiatric disorder at T2 in both low birth weight groups.

Conclusion: The low birth weight individuals did not outgrow psychiatric problems as they entered adulthood, and low psychosocial function in adolescence was associated with psychiatric diagnoses in young adulthood.