Table 3: Group IIa- Mainly NS gp. (i.e other fluid made < 50% of total) – 15 patients

	Mean			P value	Remarks
	Before	After	Difference		
Na	138.71	142.73	-4.02	0.1348	
K	3.99	3.64	0.347	0.213	
Ur	7.17	6.86	0.313	0.911	
Cr	58	59.13	-1.13	0.906	
Cl	103.31	108.92	-5.62	0.0063	
pH	7.19	7.30	-0.1173	0.193	
HCO ₃	NA	NA	NA	NA	Not enough no:
BE	-7.43	-5.91	-1.52	0.3899	
Lac	2.86	2.68	0.180	0.827	
Alb	35.67	32.40	3.27	0.2298	
Hb	12.31	10.79	1.52	0.0878	
PCV	0.345	0.306	0.3915	0.054	

[Table 3: Group IIa- Mainly NS gp. (i.e other fluid)]

1205

RISK FACTORS OF CHILD ABUSE IN UKRAINE

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Background and aims: In this abstract, data are presented on the key Child Abuse risk factors associated with social and economic position of the family and with peculiarities of the personality of parents and children. Also indicated was the level of Child Abuse awareness in the community, i.e. whether any campaigns or messages to “reduce the risks of Child Abuse” were available at the time of the survey.

Methods: Using a standardised protocol, families and children were interviewed according to the corresponding questionnaire. Data entry and descriptive analysis were undertaken with Epi Info. To evaluate the relative risk, the univariate and multivariate logistic regression analysis were used and its interpretation was expressed in odds ratio's (OR) with confidence interval (CI) of 95%.

Results: Risk factors associated with social and economic position of the family include unemployment of parents (OR=11,8), economic losses (OR=9,1), poor housing conditions (OR=7,2), incomplete family (OR=5,2), low maternal income (OR=3,9), absence of a constant place of residence

(OR=3,5) and social isolation (OR=2,0). Among the risk factors of Child Abuse associated with peculiarities of the personality of parents there are intergeneration transfer of violence (OR=39,8), alcoholism and addiction (OR=31,4), conflicting and violent relations between the family members (OR=17,5). The risk factors associated with the personality of a child include the peculiarities of the child's behaviour, - hyperactivity, impulsiveness,

aggressiveness, -(OR=5,2), the disturbance of “attachments” formation in the child to the mother (OR=3,8), children-invalids (OR=3,3) and premature children (OR=2,1).

Conclusions: The practical recommendations directed on elimination of the risk factors for the Child Abuse prevention.

1206

ARE ELBW INFANTS AT RISK FOR DEVELOPING ATYPICAL METABOLIC SYNDROME?

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Background: Childhood metabolic syndrome increases the risk of cardiovascular complications in adulthood. Being born small for gestational age is an important risk factor of adulthood metabolic syndrome, however it is unclear whether ELBW children are also at increased risk for metabolic syndrome.

Aim: Assessment of lipid metabolism in preschool ELBW infants in correlation with obesity and hypertension.

Material and methods: 40 ELBW children (mean birthweight 869g (SD:121), mean gestational age 27.6 weeks (SD: 1.9)) were evaluated at 6.7 years (range 6.3-7.4 years). Anthropometry, serum triglyceride (TG), LDL and HDL cholesterol levels, IGF-1 serum levels and 24-hour ambulatory blood pressure measurements were performed.

Results: TG ≥ 1.1 mmol/l was found in 16 infants (40%) and HDL cholesterol levels < 1.3 mmol/l in 10 (25%). Combined lipid abnormalities were detected in 6 (15%) children. Systolic blood pressure above the 90th percentile was found in 10 children, and

diastolic in 7 children. The mean standard deviation score (SDS) of weight/height ratio was -0.45 (range:-1.8 to 1.2 SDS) and mean SDS of fat fold thickness was -1,04 (range: -2.6 to 1.1 SDS). None of the examined children was obese (mean BMI: 14.9; range 10.9-20.1). Serum IGF-1 levels were within normal limits in all children.

Conclusions: Lipids abnormalities and increased blood pressure are common in preschool ELBW infants, although the children examined were slimmer than their peers. It may be speculated that ELBW might be a risk factor for atypical metabolic syndrome not related to obesity.

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1207

DROWNING IN CHILDREN: THE ROTTERDAM EXPERIENCE

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Background and aims: To assess the incidence and outcome of drowning in children.

Methods: A retrospective, medical chart review study. All children admitted to the Erasmus MC-Sophia Children's Hospital because of drowning between January 2005 and December 2009, were included.

Results: The study population consisted of 37 children (73% boys, mean age 4 years). 46% was not Dutch Caucasian. Most drowning events (62%) occurred in natural water. In 76% inadequate supervision by adults was the cause of drowning (children without swimming skills). In 5% the cause was non-unintentional, whereas 19% with swimming skills drowned due to an accident. In most cases the submersion time was unknown. At the scene 11 of the 37 children (30%) had no cardiac arrest (survivors n=11), whereas 26 (70%) had cardiac arrest due to hypoxia. Eleven of these 26 children had return of spontaneous circulation (ROSC) after Basis Life Support (BLS) (survivors n=11), whereas 15 required cardiopulmonary resuscitation (CPR). Of these 15 children, 8 had no ROSC and died at the emergency room. Seven children had ROSC after

CPR and were admitted to the PICU: non-survivors n=3 (withdrawing treatment due to unfavourable neurological outcome or brain death) and survivors n=4.

Conclusion: In most cases the cause of drowning was inadequate supervision in children without swimming skills. The overall survival was 70%. Children requiring CPR are likely to die in the emergency room or PICU (73%). Prevention including swimming programs should consider differences in age and ethnicity.

1208

PILOT STUDY ON ASSISTING PRIMARY CARE DECISION MAKING IN PRESCHOOLERS WITH ASTHMA-LIKE SYMPTOMS (PALS-PC STUDY)

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Objective: The primary objective of the study was to evaluate the feasibility and consistence of an objective tool in assisting primary care decision making in children with asthma-like symptoms. Secondary objective was to collect data on prevalence of asthma-like symptoms in preschoolers.

Methods: Cross-sectional pilot study, using a structured questionnaire with close-ended questions, administered in 15 sites (GP's practices), chronologically, to all preschoolers with current episodes of acute respiratory infections meeting the inclusion criteria. The sites were randomly selected from the database of a Regional Centre for Children with Asthma. Data were collected in frequency tables and were analysed using multivariable linear statistics.

Results: 754 questionnaires were administered/collected, and 719 (95,35%) were validated. The analysis included two age groups: ≤ 2 years (n = 247;100 girls) and 2-5 years-old (n = 472;232 girls). During last 6 months, the overall prevalence