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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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.

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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