

**Conclusion:** This study indicated that dysfunctional weight growth makes up for more than half of health risk factors. The most of weight growth problems were seen at age of seventh month (94.2%) that may be related to beginning of beikost. Therefore it can be resulted that integrated well child care program well identified health risk factors in children under eight years old.

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**RELATIONSHIP BETWEEN MATERNAL HEALTH BEHAVIOR AND PHYSICAL GROWTH PATTERN OF CHILDREN UNDER ONE YEAR REFERRED TO HEALTH DEPARTMENT OF RASHT**

**A. Pasha**, T.H. Tehrani, M.M. Chehrzad, Z.A. Roshan

*Guilan University Medical Sciences, Rasht, Iran*

**Background and aims:** Physical growth in infants is the most important health indicator. Many factors influence infants' physical growth. Because of complete dependence of infants to their mothers and role of mother care and health behavior is important for health promotion. This study aims to determine relationship between maternal health behaviors with physical growth pattern in children under one year, was done.

**Methods:** This research is correlation a descriptive study. Data collection tool was a questionnaire including two sections: the first part included demographic characters of mother and child, and second part included three sections for measurement of health behavior about nutrition, sleep and preventing disease in child under one year. Information related health behavior was completed with reading questionnaire and measurement of physical growth was record from file. 362 mother and their children under one year were selected randomly.

**Results:** Finding showed that most of children (57/5%) had unfavorable physical growth. Also the results about health preventing indicated most of (57/7%) samples had suitable health behavior and about sleep most of (88/7%) them have unsuitable health behaviors. Results showed that there was a significant correlation between mother's health behaviors in all three domains and child physical growth according to mother and child's demographic characteristics ( $p < 0/001$ ).

**Conclusions:** Results showed that most of the mothers of children had suitable health behavior about children's nutrition (69/2%) sleep (19/3%), and prevention of disease (86/5%). Children had favorable physical growth and there was a significant correlation between maternal health behaviors and child physical growth pattern.

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**CHILDREN'S BLOOD PRESSURE AND FOOD INTAKE**

J.C. Sevilla Moya<sup>1,2,3</sup>, **M. Calvo Terrades**<sup>4</sup>, C. Casademont Fàbrega<sup>5</sup>, C. Javierre Garcés<sup>6</sup>, R. Jiménez González<sup>7</sup>

<sup>1</sup>*Fundació Salut Empordà, Figueres*, <sup>2</sup>*Girona Institute for Biomedical Research, Girona*, <sup>3</sup>*Hospital Universitario La Paz, Madrid*, <sup>4</sup>*Pediatría, Albera Salut, ABS Peralada, Girona Institute for Biomedical Research, Peralada Girona*, <sup>5</sup>*Pediatría, ABS Peralada, Albera Salut, Peralada*, <sup>6</sup>*Physiology Department, Medicine School, Barcelona University*, <sup>7</sup>*University Hospital Joan de Déu, Esplugas de Llobregat*; Chair Department of Paediatrics, School of Medicine, University of Barcelona, Barcelona, Spain

Blood pressure (BP) in childhood often correlates with BP in adulthood. The knowledge in children's dietary influence on BP is limited.

**Aims:**

1. - To analyse BP and different food groups consumption relationship.
2. - To determine food intake differences between children with normal or higher BP values ( $\geq 85^{\text{th}}$  percentile).

**Methods:** We enrolled 428 children, provided parent's consent. We measured BP: systolic (syst) and diastolic (diast), pulse pressure (PP), mean pressure (MP). A 7-days questionnaire provided diet information. Z-score BP values classified participants into two groups: High-BP (HBP)  $\geq 1.03$  (n: syst=46, diast=100), Normal-BP (NBP)  $< 1.03$  (n: syst=382, diast=328).

**Results:**

- Age:  $7.9 \pm 2.4$  years.
- Correlation's analysis (significant results, Pearson C):

ZScoreBP<sub>syst</sub>: milk (-0,150), eggs (0,101), sweet-beverages (-0,109), pastries

(-0,143)

ZScoreBP<sub>diast</sub>: sweet-beverages (-0,156), nuts (-0,107), chocolate (-0,108)

PP: milk (-0,141), eggs (0,130), vegetables (-0,111), pastries (-0,097)

PM: cheese (0,100), fried-food (0,101), sweet-beverages (-0,179), nuts (-0,107), pastries (-0,129), chocolate (-0,118)

- Comparison of means showed significant differences:

NBP-syst ate more weekly portions of milk (NBP  $7.5 \pm 3.3$ ; HBP  $5.9 \pm 3.3$ ) and pulses (NBP  $1.1 \pm 1.1$ ; HBP  $0.7 \pm 1$ ); and less fried-food (NBP  $2.5 \pm 2$ ; HBP  $3.3 \pm 2.4$ ).

NBP-diast ate more weekly portions of pastries (NBP  $4.4 \pm 3.4$ ; HBP  $3.7 \pm 3.4$ ), chocolate-products (NBP  $4.9 \pm 3.8$ ; HBP  $3.9 \pm 3.1$ ), eggs (NBP  $2.1 \pm 1.3$ ; HBP  $1.7 \pm 1.4$ ), sweet-beverages (NBP  $2.6 \pm 3.2$ ; HBP  $1.8 \pm 2.1$ ), nuts (NBP  $0.5 \pm 1$ ; HBP  $0.3 \pm 0.6$ ) and vegetables (NBP  $16.1 \pm 7.4$ ; HBP  $14.4 \pm 6.8$ ).

### Conclusions:

- Some sort of food seems to have early influence in BP values.

- Relationship between food and BP in childhood must be considered as protective cardiovascular risk factors.

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### RELATIONSHIP BETWEEN COMPLIANCE WITH THE "CHAM JAM" INTERVENTION AND PHYSICAL ACTIVITY LEVELS IN BRONX ELEMENTARY SCHOOL STUDENTS

M. Reznik, P.O. Ozuah

*Pediatrics, Children's Hospital at Montefiore/Albert Einstein College of Medicine, Bronx, NY, USA*

**Background and aims:** A "CHAM JAM" intervention aims to increase physical activity (PA) in schools without daily physical education (PE). Compliance with delivering an intervention as planned is a fidelity measure important in interpreting intervention's effect.

**Aim:** To assess the relationship between compliance with "CHAM JAM" and PA levels.

**Methods:** A cluster-randomized wait-listed controlled study at 4 schools. Students in 2 schools received "CHAM JAM", an audio CD with 10-minute, education-focused aerobic activities. Teachers were instructed to use intervention 3 or more times/day. Compliance with "CHAM JAM" was measured by unannounced random direct observations. PA was measured on 5 consecutive days at baseline, 3- and 6-months post-intervention using a pedometer. Hierarchical linear models were used to evaluate differences in PA levels in relation to degree of compliance.

**Results:** 913 students participated (456 intervention; 457 control). After adjusting for baseline PA, grade level, recess and PE class participation, greater compliance with intervention was associated with increased PA levels 3- and 6-months post-intervention,  $p < .0001$  for both time points. Students who participated in "CHAM JAM"  $> 2.5$  times/day had greater PA levels as compared to controls at 3-months (3152 (SD 1288) steps vs. 2556 (SD 1150) steps,  $p = .0029$ ) and 6-months (3822 (SD 1231) vs. 3448 (SD 1488),  $p = .09$ ) post-intervention. Overall, compliance with "CHAM JAM" was higher 3-months (mean 1.81, range 0-4 times/day) than 6-months post-intervention (mean 1.56, range 0-6 times/day).

**Conclusions:** A dose-response relationship exists between compliance with "CHAM JAM" and PA levels. These results may have implications for further program evaluation and dissemination.

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### ARE WE SAILING SMOOTHLY?

M. Ahmed, B. Akhtar, H. Aleshaa, T. El-Azzabi

*Burton Hospitals NHS Foundation Trust, Burton Upon Trent, UK*

**Background:** Effective communication between various sectors is a crucial factor in the delivery of good quality health care. The Sheffield Assessment Instrument for Letters (SAIL) uses a consensus framework to look at letters between General Practitioners and hospital specialists and is considered as a valid indicator of written communication with families of sick children.

**Aims:** To assess the quality and content of out-patient clinic (OPC) letters between primary and