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GUIDED FAMILY-CENTERED CARE - A RANDOMIZED CONTROLLED INTERVENTIONSTUDY

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Giving birth prematurely and having your baby hospitalized in a neonatal intensive care unit (NICU) may cause consequences for the family lasting far beyond the hospitalization. Research shows, that parents experience stress sometimes lasting for months or years after discharge. This can influence the familyformation and establishment of a healthy family.

Quality of communication with healthcare-professionals is of great importance to how the hospitalization influences the parents and their stressmanagement. The importance of personal communication is well documented but a method to ensure this to take place in practice is still needed.

Hypothese: Using a method to guide communication between parents and healthcare-professionals will reduce parents stress and facilitate transition to home.

The method Guidet Familycentered Care (GFC) has been developed on the basis of litterature study combined with many years of experience within this speciality. The method consists of regular dialogues throughout hospital stay focusing on issues perceived by the parents as challenging. Focusing on the essential to the parents is guided by the parents preparing for some dialogues filling out reflection sheets.

Method: Guided Family-centered Care intervention in a mixed methods design.

Part one: Participatory research aimed at developing and implementing GFC in a NICU.

Part two: Effect measured in RCT. Participants: 75 families with prematurely born babies in interventiongroup and 75 in controlgroup, 25 NICU nurses. Instruments for effect-measurement: Parental Stress Scale:NICU and Nurse-Parent-Support-Tool.

Part three: Qualitative approach with individual interviews with 10 - 20 families strategically chosen.

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SENSITIZATION TO INHALED ALLERGENS IN CHILDREN WITH ECZEMA. ECAP STUDY

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Although it is generally agreed that sensitization is an important risk factor for allergic diseases, the extent to which sensitization accounts for eczema (AD) symptoms in children is uncertain. In Poland the multicentre, wide-ranging, standardized, randomized epidemiological research was required.

Aim: To estimate the prevalence of skin sensitization to aeroallergens in Polish children with eczema (AD).

Material and method: The presenting paper is a part of Epidemiology of Allergy in Poland study (ECAP). The ECAP study was conducted using the ISAAC standards, in selected nine regions of Poland. We studied 4510 (24.2%) 6-7 year-old and 4721 (25.4%) 13-14 year-old children, and 1583 children (25%) have performed a medical examination and skin prick test (SPT) with the 15 most common aeroallergens. The diagnosis of AD was based on Hanifin-Rajka criteria.

Results: Eczema was diagnosed in 233 (14.7%) children. Positive SPT was in 60.3% (n=70) 6-7yr children with eczema and 69.2% (n=81) 13-14 yr. vs 26.1% (n=183), 28.8% (n=187) without eczema. The most frequent positive SPT was for *Dermatophagoides farinea* 27,7% (6-7 year-old), 33,4% (13-14 year-old) and *Dermatophagoides pteronyssinus* 29,3% and 32,4% respectively. The most rare was for mould 6% and 8,6%. The positive SPT was more prevalent in older children with AD (13.8% vs 28.2%).

Conclusions: Aeroallergens play essential role in pathogenesis of eczema in children. House dust mite and grass pollen proved to be the most common relevant aeroallergens. The association of eczema symptoms with sensitization is more significant in the older children.