

alone, only once a day in 26% of the cases. Only 11% use dental floss, after 6 years in 37% of the cases. Eighty-two percent have already gone to a dentist, only 49% for prevention. Thirty-four percent of the parents say their children don't eat cariogenic foods. Seventy-three percent eat sweets frequently and 72% drink refrigerants. Only 44% of the parents said their children's oral hygiene is good and only 14% knew that caries is an infectious disease. The mean index of dental plaque before and after the teaching was 89% and 52%, respectively (reduction of 42%).

Conclusions: We observed a significant reduction in dental plaque with our taught and this let us conclude that this should be an issue to invest not only in the consultations, but also in schools and community settings.

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AGE AT CRYPTORCHIDISM DIAGNOSIS AND ORCHIOPEXY: A POPULATION-BASED STUDY OF 502,815 DANISH BOYS BORN FROM 1995 TO 2009

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Background and aims: Early treatment of cryptorchidism may be necessary to preserve fertility and international guidelines recommend that congenital cryptorchidism be treated with orchiopexy before one year of age. Acquired cryptorchidism should be treated at presentation. The adherence to guidelines during recent years is not known, and the aim of this study is to present data on age at cryptorchidism diagnosis and orchiopexy in recent Danish birth cohorts.

Methods: A population of 502,815 Danish boys born alive from January 1, 1995 to October 21, 2009 was identified using The Danish Civil Registration System. Five birth cohorts were defined, 1995-1997, 1998-

2000, 2001-2003, 2004-2006 and 2007-2009. The boys were followed in the Danish National Registry of Patients for a diagnosis of cryptorchidism and for an orchiopexy procedure. Data was analyzed using the Kaplan-Meier estimator and Cox regression models.

Results: During follow-up, 9,479 boys were diagnosed with cryptorchidism and 5,076 of these underwent orchiopexy. The mean age (years) at diagnosis among boys followed at least 5.8 years was: 1995-1997 cohort, 3.30 (95 % confidence interval: 3.23; 3.37); 1998-2000 cohort, 3.08 (3.01; 3.15); 2001-2003 cohort, 2.79 (2.73; 2.86). The corresponding mean age (years) at orchiopexy was: 1995-1997 cohort, 3.75 (3.65; 3.85); 1998-2000 cohort, 3.54 (3.45; 3.63); 2001-2003 cohort, 3.18 (3.10; 3.26). Restriction of the analyses to 427,650 term (gestational age \geq 37 weeks) singletons did not substantially change the results.

Conclusions: In the more recent birth cohorts of 1995 to 2006 we found a shift towards younger age at cryptorchidism diagnosis and orchiopexy.

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VIRTUAL PATIENTS: AN EFFECTIVE EDUCATIONAL INTERVENTION TO IMPROVE SENIOR HOUSE OFFICERS' EDUCATION AND TRAINING IN THE MANAGEMENT OF CHILD ABUSE?

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As a junior doctor is often the only doctor to assess children presenting with an injury or illness to the A&E department, it is crucial that they are skilled in the identification of possible child abuse or neglect.

Aim: To evaluate an interactive computer based Virtual Patient (VP) (using videos to simulate real life clinical scenarios) developed to teach paediatric Senior House Officers about the management of suspected child abuse.

Methods: The VP was used to facilitate a child abuse case discussion for Paediatric Basic Specialist Trainees in Ireland. A questionnaire was developed to determine SHOs' perception of the value of the