

**Background** In line with a consistent literature, somatic symptom disorders (having pronounced somatic symptoms without objective somatic signs) in childhood and adolescence have experienced traumatic events, such as physical or sexual abuse, major loss, natural disasters or who have been witnesses to violence. Recent studies are focusing the attention on the role of attachment and post-traumatic symptomatology for a better evaluation of this disorder.

**Objective** The following objectives are set by the present study: 1) to evaluate the post-traumatic stress and related psychological symptomatology in a group of children diagnosed with somatic symptom disorders; 2) to evaluate their attachment models; 3) to test the extent of the association between post-traumatic symptomatology and attachment organisation in somatic symptom disorders.

**Method** Twenty consecutive Italian patients aged from 8 to 15 ( $m = 11,9$ ;  $ds = 1,48$ ), previously diagnosed with somatic symptom disorders, were administered the Trauma Symptom Checklist for Children (TSCC-A) and the Child Attachment Interview (CAI).

**Results** Post-traumatic symptomatology, evaluated in 9 subscales, showed clinically significant scores about anxiety, depression and post-traumatic stress; dissociation symptomatology was seen only in 5% of the patients. Insecure attachment was found in more than half of the patients diagnosed with somatic symptom disorders.

**Conclusions** This study suggests that attachment organisation may be a fundamental element to be assessed in the evaluation of somatic symptom disorders in children and adolescents. Finally, methodological limitations restricting causal inferences between attachment and dissociation are discussed.

**PO-0940 INFLUENCE OF FERROTHERAPY ON PSYCHOMOTOR DEVELOPMENT OF CHILDREN OF YEARLY AGE WITH IRON DEFICIENCY ANAEMIA**

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According to universally acknowledged biopsychosocial model of development, numerous biological and environmental factors influence development of children. One of them is iron deficiency in the organism. The study assessed physical, motor and psychosocial development of children who at an early age had the diagnosis of iron deficiency anaemia and had been treated by iron drugs. Their neurological, receptive, expressive and cognitive functions were assessed using BINS (Bayeley's Infant's Neurodevelopmental Screen). The sample was divided into 2 age groups: 16–20 and 21–24 months.

The study shows that in children, who had iron deficiency at an early age and had taken treatment with relevant drugs in a timely manner, the aggregate indicators of four clusters do not differ significantly from standard indicators submitted by BINS. We deem important time diagnosis of iron deficiency and beginning of respective treatment, in order to avoid problems in psychomotor development; Timely treatment will favour the processes of development of child's social and school preparedness.

**PO-0941 THE CAUSES OF PSYCHOSOMATIC DISORDERS IN CHILDREN**

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**Background and aims** The causes of psychosomatic disorders in children are in a family attitude towards a child and the relationship between parents. The understanding of 'family psychological health' will allow creating strategies to prevent and treat psychosomatic disorders in children.

**Aims** To define the types of family disorganisation and psychological adaptation features of preschoolers living in families.

**Methods** The questioning on the test 'ABC for parents and children aged 3–10 years' the parents of 36 preschoolers with psychosomatic symptoms was held. We studied the level of parental protection in upbringing, the degree of the child's needs satisfaction, the number and quality requirements to the child in a family, instability of parenting style. The daily urine free cortisone concentrations were investigated.

**Results** The upbringing peculiarities which promote to deviation's development in behaviour and psychosomatic diseases development were found in 91,6% of children: due to hyperprotection (in 52,8%) and hypoprotection (in 38,8%). The hyperprotection of children is related to the expansion of parental feelings (56%), upbringing insecurities of parents (61%). In half of the families there is a projection of undesirable qualities of the parents to the child. The elevation of daily urine free cortisone excretion in children with hypoprotection compared with hyperprotection were determined ((18.2 (16.0;18.6) and 16.7 (15.5;17.7) nmol/nmol in creatinine, respectively ( $p < 0.05$ )).

**Conclusions** These data suggest that the paediatrician should pay attention not only to physical health of the child, but also the psychological. The timely correction of upbringing will reduce the frequency of psychosomatic illnesses.

**PO-0942 LEVEL OF ANXIETY IN MOTHERS WITH SICK CHILDREN APPLYING TO THE HOSPITAL IN AN OUTPATIENT SETTING**

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**Background and aims** The study was aimed at searching the level of anxiety among mothers with sick children, without chronic illness in an outpatient setting by using Beck anxiety inventory (BAI) and short-health anxiety inventory (HAI) test.

**Methods** Mothers who brought their ill children to pediatrics unit with acute complains were enrolled in the study as trial group. Mothers with children who had no illness were included in the control group drawn from out-of-hospital setting. All subjects took HAI and BAI tests. Results were analysed using SPSS programme.

**Results** Hundred and twelve trial subjects with average age of  $32 \pm 8$  years old and 97 control subjects with average age of  $31 \pm 7$  years old were included in the study. There wasn't any statistically significance found between groups in respect to age ( $p$

**Abstract PO-0942 Table 1** Results of the subjects

	Trial Group (n = 112)	Control Group (n = 97)	p value
Age (years)	32 ± 8	31 ± 7	0.483
<b>Educational Status</b>			
Primary School	61 (54%)	27 (28%)	
High School	39 (35%)	41 (42%)	
University	12 (9%)	29 (30%)	<0.001
HAI Score	17 ± 6	9 ± 5	<0.001
BAI Score	14 ± 8	11 ± 6	<0.005

= 0.483) but average scores of both HAI and BAI of trial groups were significantly higher than those of control group (p values <0.001 and <0.005 respectively) (Table 1).

**Conclusion** Mothers who brought their children to hospital with acute complaints had higher level of anxiety as well as it was observed that university-graduate subjects yielded higher HAI scores than those of high school and below graduate education.

**PO-0943 THE MANAGEMENT OF PAEDIATRIC CLAVICULAR FRACTURES IN YOUNG CHILDREN: FROM A&E TO FRACTURE CLINIC**

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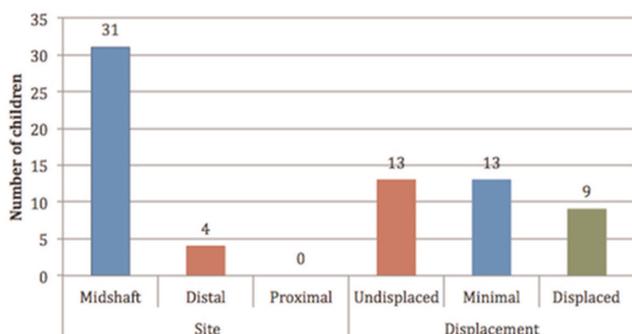
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**Background and aims** Children presenting to Paediatric Emergency Department (PED) with suspected clavicular fractures undergo radiographs to confirm the diagnosis and are referred to fracture clinic. Subsequent management depends on the site and displacement of fracture and presence of complications. However young children have excellent remodelling potential and the majority are managed conservatively.

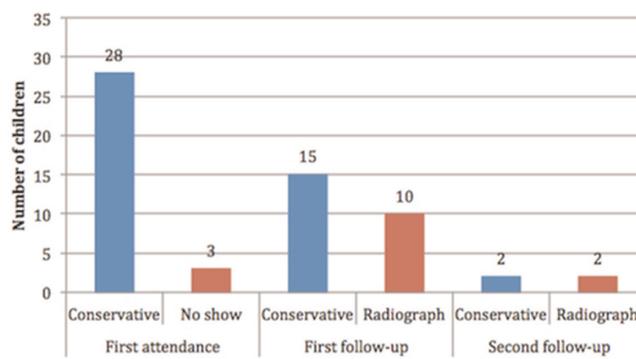
The primary aim was to survey fracture clinic interventions of clavicular fractures in children under 7. The secondary aim was to assess the cost effectiveness of referrals to fracture clinic from PED.

**Methods** Patients were identified through a retrospective review of radiographs positive for clavicular fractures between 21/10/12 and 21/10/13 in children under 7. Information on fracture clinic interventions was obtained by examination of patient records.

**Results** 40 children were identified and 35 included (records unavailable for 5 children). The majority of fractures were in the middle third of the shaft; 13 were undisplaced (Figure 1). 31 children were referred to fracture clinic, 2 declined and 2 were



**Abstract PO-0943 Figure 1** Fracture clinic may not be necessary



**Abstract PO-0943 Figure 2** Management in fracture clinic

not referred. None of the 31 children received additional treatment although 15 had a follow-up appointment and a further 2 had a second follow-up appointment (Figure 2).

The cost of fracture clinic referrals was £9,141.25, further costs including parental absence from work were not possible to estimate. The benefit of added reassurance for the parent is uncertain.

**Conclusions** The management of clavicular fractures irrespective of site or displacement in children under 7 in one cohort of patient was uniformly conservative, hence referral to the fracture clinic may not be necessary.

**PO-0944 EFFECTIVENESS OF DIALECTICAL BEHAVIOUR THERAPY FOR CHILDREN SUFFERING FROM EMOTIONAL AND BEHAVIOURAL DISORDERS**

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**Background and objective** One of evidence-based therapies, improving emotional and behavioural problems is dialectical behaviour therapy. This study evaluates the effectiveness of dialectical behaviour therapy for children 8–11 years old.

**Material and methods** The study was carried on 52 children having emotional and behavioural problems and prone to disobey rules or commit crimes. 59.6 percent of the sample were boys and 40.4 percent - girls. The age average of participants is 9.5 ± 0.2 years. Changes in participant's behaviour were evaluated by means of Lithuanian translation of Achenbach System of Empirically Based Assessment (ASEBA) questionnaire.

**Results** The major effect of dialectical behaviour program was observed when the child had social problems or when his (her) behaviour was aggressive. All participants improved in four aspects: became less aggressive, less prone to break rules, became more attentive and having less social problems. Symptoms of avoidance/depression decreased only for boys, anxiety/depression decreased only for girls. The level of anxiety/depression changed only for ten-year-olds, levels of avoidance/depression and somatic complaints statistically significantly did not change for all age groups.

**Conclusions** This program positively affected the expression of behavioural and emotional problems for children 8–11 years old. The major change was observed in aggressive behaviour, social and attention problems. A tendency for elder children to respond better to the treatment was noticed.