

Aims To compare gastrointestinal pathology, mortality and surgical ligation of PDA in infants treated for PDA with Ibuprofen and Indomethacin.

Background PDA affects 60% of infants <28 weeks gestation. Treatment options include conservative management, pharmacological intervention and surgery.

NSAIDs are effective pharmacological agents used to treat PDA. They inhibit prostaglandin synthesis via non-selective inhibition COX-1 and COX-2. COX-1 inhibition reduces cerebral, mesenteric and renal blood flow and alters platelet function. Ibuprofen has less COX1 inhibition, therefore may have reduced side effect profile. In our unit PDA treatment changed in 2010 from Indomethacin to Ibuprofen because of unavailability of Indomethacin.

Methods Demographics and outcomes from babies <31 weeks gestation and admitted (<6 days of age) between January 2008 and June 2012 were collected from a local database and Vermont Oxford Network dataset. NEC, spontaneous intestinal perforation (SIP), PDA ligation and mortality were compared in two epochs, indomethacin and Ibuprofen.

Results

	Indomethacin (n = 96)	Ibuprofen (n = 100)	Student t test/ Chi squared test
Gestation (mean ± SD)	25.5 ± 1.7 wks	25.8 ± 1.9 weeks	P = 0.18
Birth weight (mean ± SD)	773 ± 226g	839 ± 227g	P = <0.05
All NEC	17 (17%)	8 (8%)	P = 0.06
Early NEC(<28 days)	12	4	P = 0.035
Late NEC(>28days)	5	4	P = 0.73
SIP	4 (4%)	4 (4%)	P = >0.99
Died from gut pathology	7 (35%)	3 (25%)	P = 0.70
PDA ligation	22 (23%)	22 (22%)	P = 0.98
Died post ligation	0	0	
Gut pathology post ligation	2 NEC	1 intussusception	
Mortality	13 (14%)	10 (10%)	P = 0.58

Conclusion There was a significant reduction in early NEC during the Ibuprofen epoch compared to Indomethacin epoch. These results are similar to the reduction of NEC with Ibuprofen compared to Indomethacin (RR 0.68 (95% CI 0.47 to 0.99)) reported in a recent meta-analysis (Cochrane Database Syst Rev. 2013 Apr 30; 4:CD003481). As with all cohort studies there are confounding factors including demographics factors and potential alterations in clinical practice including feeding practices between the two epochs.

Young Person's Health Special Interest Group

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A SYSTEMATIC REVIEW OF MENTAL HEALTH OUTCOMES IN YOUNG PEOPLE FOLLOWING SEXUAL ASSAULT

¹KE MacGregor, ²L Villalta, ³V Clarke, ¹RM Viner, ²T Kramer, ¹SN Khadr. ¹General and Adolescent Paediatrics, University College London Institute of Child Health, London, UK; ²The Centre for Mental Health, Imperial College London, London, UK; ³The Havens, King's College Hospital NHS Foundation Trust, London, UK

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Aims Sexual assault peaks in mid-to late adolescence but its sequelae among this age group are not well understood. This systematic review aimed to describe mental health outcomes in young people following sexual assault.

Methods Two reviewers searched Medline, Embase, CINAHL, OpenGrey and PsycINFO databases independently, screening publications from 1990 to 30th October 2013.

Inclusion criteria: longitudinal studies, systematic reviews and meta-analyses in English with ≥50% participants aged 10–24 years; baseline mental health assessment conducted prior to or <8 weeks post-assault with follow-up ≥3 months later, and within three years of index assault. Study selection, data extraction and quality assessment were performed independently, with any differences resolved by a third person. Quality assessment used the Newcastle-Ottawa Scale.

Results 3,758 titles and abstracts were screened after excluding duplicates, with 494 papers examined in full. Five cohort studies met inclusion criteria (sample size 64–294; mean age 13–26 years; duration of follow-up 3–12 months post-assault).

Three studies examined rates of Post-Traumatic Stress Disorder (PTSD), reporting rates of 88%–94% within a month of assault, 47%–71% by 3 months and 10.5%–65% by 12 months post-assault. Only one study measured rates of Depressive Disorder, reporting rates of 35% 6 months post-assault. A study assessing anxiety disorders 6 months post-assault found that 11% had Generalised Anxiety, 16%, Panic Disorder, 44%, Social Phobia, 41%, Specific Phobia and 56%, Agoraphobia.

Longitudinal studies evaluating post-traumatic (n = 3), depressive (n = 2) or anxiety symptom scores (n = 1) all reported reduced symptoms over 6–12 months post-assault.

Limitations Small sample sizes, and heterogeneity of study populations, measures used and follow-up schedules.

Conclusion Psychopathology is common following sexual assault in young people. Most studies reviewed observed reduced rates of mental health disorders and reduced symptom scores over time but there is a paucity of longitudinal research in this area. Large scale, good quality studies are needed to characterise the nature and course of mental health difficulties experienced by adolescent sexual assault victims over time, in order to allow for better targeting of resources for these individuals.

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EXPERIENCES AND PERSPECTIVES OF ADOLESCENTS PRESENTING TO SEXUAL ASSAULT REFERRAL CENTRES

¹V Clarke, ²AJ Armitage, ³T Kramer, ⁴K Wellings, ⁵A Goddard, ¹JM Welch, ²RM Viner, ²SN Khadr. ¹Kings College Hospital NHS Foundation Trust, London, UK; ²Institute of Child Health, University College London, London, UK; ³Imperial College London, London, UK; ⁴London School of Hygiene and Tropical Medicine, London, UK; ⁵Imperial College Healthcare NHS Trust, London, UK

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Background Adolescent sexual assault victims are a vulnerable group with a high baseline prevalence of mental health problems and low follow-up rates. Little is known about their experience of services following sexual assault.

Aims To evaluate experiences of care among adolescents accessing co-ordinated specialist sexual assault services serving a large UK city.

Methods *Design:* Prospective longitudinal cohort study.

Study population: Adolescents aged 13–17 years presenting to a sexual assault referral centre (SARC) within six weeks of assault. Participants evaluated care received from different professionals using a questionnaire adapted from the Commission