

435 CHANGES IN QUALITY OF LIFE INTO ADULTHOOD AFTER VERY PRETERM BIRTH AND/OR VERY LOW BIRTH WEIGHT IN THE NETHERLANDS

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Background and Aims When evaluating the impact of Very Preterm Birth (VPB) and/or Very Low Birth Weight (VLBW), it is important to explore Health-Related Quality of Life (HRQoL). Our aim is to study HRQoL transition into adulthood.

Methods The Dutch Project on Preterm and Small for gestational age infants (POPS) cohort of 1338 VPB (gestational age < 32 weeks) or VLBW (< 1500 grams) infants in 1983, was contacted to complete online questionnaires at 28 years. In total, 314 of 928 eligible participants (33.8%) completed the Health Utilities Index (HUI) and the London Handicap Scale (LHS), which were also collected at 19yrs. We applied multiple imputation (MI) to correct for missing data and non-response for overall scores. We performed regression analyses and considered P-values < 0.05 (two-sided) as statistically significant.

Results Both the mean HRQoL score measured with the HUI (MAU-score at 19yrs=0.89 (MI:0.83) versus 0.88 (MI:0.85) at 28yrs) and LHS (overall score 19yrs=96.5 (MI:93.9) versus 95.9 (MI:94.6) at 28yrs) did not change significantly. Individual HUI scores, when divided into four levels of disability (MAU-score(x) $x=1$, $1 > x > 0.9$, $0.9 > x > 0.7$ or $x < 0.7$) improved in 28%, was stable in 48% and worsened within 24% of respondents.

Conclusions Overall, HRQoL of these Dutch adults born very preterm or VLBW was similar to HRQoL at 19yrs, using two HRQoL measures. This suggests that HRQoL remains stable from 19yrs onwards. Although no changes were found on group level, fluctuations in HRQoL between ages did occur within a large proportion of individuals.

436 SUICIDE AND SUICIDE ATTEMPTS IN MALI

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Background and Aims Suicide is a major hidden public health problem, causing almost half of all violent deaths and resulting in almost one million fatalities every year, as well as economic costs in the billions of dollars, says the World Health Organization (WHO). The aim of this study is to describe the main characteristics of suicidal poisoning in Mali.

Methods A descriptive retrospective analysis of voluntary poisoning cases, recorded between 2000 and 2010 in Malian hospitals, was performed.

Results During the period of study, a total of 547 suicidal poisoning cases including 65 cases of successful suicide have been identified, constituting 62.6% of voluntary poisoning notified during this period. Most victims are teenagers and young adults aged 15–24 years (62.2%). For this age bracket, the number of suicide attempts is 7.7 times higher than that for successful suicide. According to data recorded, women make 2.4 times more suicide attempts than men. The medication intake is the primary means employed by victims (71.3%), followed by industrial products (15.3%). The poisoning symptoms are varied, depending on involved toxins, the ingested quantity and the delay before treatment.

Conclusions During their hospitalization, suicide attempters should receive careful medical and psychiatric supervision to avoid the risk of recurrence.

437 ADOLESCENTS WITH LIFE-LIMITING ILLNESSES - ARE WE TAKING A SEXUAL HISTORY?

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Introduction Talking to adolescents about sex can be difficult for health professionals - they may not know how to begin the conversation, may feel embarrassed or ill-prepared, may feel they do not have enough time or it is not relevant to their consultation. Many adolescents are having sex and adolescents with life-limiting illnesses are no exception. Giving them the opportunity to talk about sex during consultations is therefore important.

Aim A literature review revealed no previous studies on this topic. Our aim was to review medical consultations of adolescents with life-limiting illnesses and establish whether sex was discussed.

Method A retrospective review of clinical notes of adolescent patients with life-limiting illnesses was carried out with a view to establishing whether a sexual history was taken on any occasion.

Results None of the healthcare professionals took a sexual history from any of the adolescents on any occasion despite multiple clinic attendances.

Discussion Doctors tend to focus on the 'clinical' aspects of sexual health such as prescribing contraception and testing for sexually transmitted diseases, omitting sexual concerns and sexuality. Clinicians may struggle to accept that adolescents with life-limiting illnesses may want to talk about sex and this study has highlighted that it is a topic which is generally ignored. It is the responsibility of clinical departments to train their staff in sexual history taking, an important aspect of healthcare.

Conclusion Health professionals should include sexual health in routine palliative assessments so that every adolescent is given an opportunity to be heard.

438 RELATION BETWEEN SCREEN TIME AND METABOLIC SYNDROME AMONG EMIRATI ADOLESCENTS

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Background United Arab Emirates (UAE) has one of the highest rates of type 2 diabetes mellitus in the world. This aimed to determine relationship between screen time and metabolic syndrome (MetS) in adolescents.

Methods The study sample included 1012 adolescents (12–180 years) from a random sample of 8 schools out of 114 schools in Al Ain district of Abu Dhabi Emirates in UAE. Average daily screen time (combined computer, television, and video game use) self-reported. Anthropometric (weight, height, waist circumference), blood pressure measurement, blood draw after overnight fasting (for fasting blood sugar and plasma lipids) were completed by trained nurses. International Diabetes Federation criteria were used to define MetS. Overweight and obesity status were defined using the International Obesity Task Force definition.

Results A high proportion (53%) of study participants spent ≥ 2 hours on screen. The prevalence of MetS was 22% in boys and 4% in girls. Boys with MetS were more likely to spend ≥ 2 hours on screen (adjusted odds ratio 1.65, 95%CI, 1.01–2.69) compared to their counterparts who spent < 2 hours, after adjustment for relevant covariates. We did not find a significant ($p < 0.05$) relationship between screen time and MetS in girls.

Conclusion Screen time was associated with MetS in adolescents boys. Prevention initiatives for youth should include programs aimed at reducing screen time.