

in Knowledge of mothers about breast feeding, 42.5% had good knowledge, 56.5% had average knowledge.

**Conclusion** Raise awareness of breast-feeding mothers than exclusively breastfeeding, were the important health priorities in the health of children.

feeding, breastfeeding, attitudes, mothers, infants

## 500 DILATATIVE CARDIOMYOPATHY - CASE REPORT

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**Background and Aims** Dilatative cardiomyopathy/DC/is a myocardium disease characterized by increased dimension of heart cavities and general weakening of the systolic function/the most frequently of the left ventricle/, with emersion of symptoms and signs of a cardiac insufficiency. Etiologically, there are family and genetic factors. Manifestations of the disease at infants are feeding problems, difficult and accelerated breathing and excessive sweating. Older children complain of fatigue, difficult breathing and hacking. It can also be asymptomatic and discovered at occasional medical examination with an x-ray finding of cardiomegaly or electrocardiogram changes, or with an appearance of an unspecific symptom, as was he case here.

**Methods** Data analysis of the case history of the patient with DC. Anamnestic data, laboratory analysis and data through clinical diagnostic procedures of reference institutions are used as work methods. Purpose is to show the patient with a diagnosed DC with an initial unspecific symptom.

**Results** The work show a boy old 14 with dyspnea as the only symptom. Forth child of the fifth normal pregnancy/death of the two-month old sister caused by a heart condition of unknown etiology/. Slowed development as infant, frequent respiratory infections. A boy adipose, tachypneic, dyspneic. Sistolic murmur at apex. TA100/60mmHg, CP100/min, sO290%.X-ray:cardiomegaly. In competent institution diagnosis is confirmed.

**Conclusions** Initial clinical presentation of the disease at patients with DC can be characterized by unspecific respiratory disturbances, as was the case with this patient. Echocardiography remains a sovereign method in establishing the diagnosis. In the future, endomyocardial biopsy is expected to offer decisive data regarding the etiopathogenesis of this condition which would enable a timely causal medication therapy and avoid surgical therapy.

## 501 THE INFLUENCE OF BETA - BLOCKER (BISOPROLOL) ON HEART RATE VARIABILITY IN CHILDREN WITH MITRAL VALVE PROLAPSE

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The carried out research has included 50 children: I group (bisoprolol)-60% children and II group (placebo) - 40.0%, average age (13.5±0.60) years; doses of bisoprolol (PO): 1.25–2.5mg/kg/dose.

ECG monitoring has defined heart rate average maximum and minimum value in the beginning of research and in dynamics a month later. Dynamics in a month of action of a bisoprolol has not changed the minimum values of heart rate in the first group in comparison with placebo ( $p>0.05$ ), but has lowered the maximum values of heart rate reductions at children with MVP (–8.74;  $p<0.01$ ) in the first group in comparison with placebo (0.55;  $p>0.05$ ) and average values of heart rate (–4.70;  $p<0,001$ ) in the first group in comparison with placebo (–0.10;  $p>0.05$ ). Statistical parametres HRV (SDNN and PNN 50) defined in the beginning in both groups

did not differ considerably ( $p>0.05$ ). Dynamics in a month of action bisoprolol on indicators HRV was showed by decrease in value PNN 50 in the first group (–6.42;  $p<0,001$ ).

**Results** of research have revealed, that at children with MVP, bisoprolol has considerably reduced heart rate (–8.9;  $p<0,001$ ) in comparison with placebo, without influence on systolic and diastolic blood pressure. Influence bisoprolol on indicators HRV in the first group it was characterised by decrease of statistics PNN 50 characteristic for activity of sympathetic vegetative nervous system (–6.42;  $p<0,001$ ).

## 502 EXPLAINING THE RELATION OF SOCIOECONOMIC STATUS TO CHILDHOOD BLOOD PRESSURE. THE ABCD-STUDY

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**Objective** We investigated the association of socioeconomic status to blood pressure and prehypertension in childhood.

**Methods** In a prospective cohort study (ABCD-study) we obtained blood pressure measurements and information on potential explaining factors, namely birth weight, breastfeeding duration, and body mass index (BMI) in 3067 children of 5–6 year of age.

**Results** The systolic- and diastolic blood pressures of children from mid-educated women were 1.0 mm Hg higher (95% CI 0.4–1.7) and 0.9 mm Hg higher (95% CI 0.3–1.4), and the blood pressures of children from low-educated women were 2.2 mm Hg higher (95% CI 1.4–3.0) and 1.7 mm Hg higher (95% CI 1.1–2.4), compared to children from high-educated women (models controlled for age, gender, height, and ethnicity). Children of mid- or low-educated mothers were also more likely to have prehypertension ( $>p90$ ; 21% and 27%) compared to children of high educated mothers (13%). In addition, these associations could partly be explained by birth weight, breastfeeding duration, and BMI, but remained significant following adjustment for these variables. Income adequacy was less clearly associated with prehypertension, even after including potential mediators.

**Conclusion** The socio-economic status related differences in blood pressure seem to emerge from childhood as the results show a higher blood pressure and more prehypertension in children from lower SES. Improving birth weight, breastfeeding duration, and BMI, might help decreasing the socio-economic disparities, but other factors might also play a role.

## 503 SEPARATING THE ASSOCIATIONS OF PROGRAMMING AND TRACKING DURING INFANCY WITH CHILDHOOD BLOOD PRESSURE, THE ABCD STUDY

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**Background and Aims** In a prospective pregnancy cohort study, we investigated the association of early growth with blood pressure at 5–6 years of age.

**Methods** Our study was based on 2,338 children who were born healthy at  $\geq 37$  completed weeks gestation with on average 7 measures of growth (weight and length) from birth to age 12 months. We used conditional weight, a residual of current weight regressed on prior weights, to represent deviations from expected weight gain from 0 to 1, 1 to 3, 3 to 6, and 6 to 12 months. The same method