

other names eg. 'blackout', 'five-minutes-in-heaven' and 'space monkey'. Participants are usually adolescents – a North American study found 68% had heard of the game, 45% knew somebody who played it, 6.6% had tried it and 40% perceived no risk, although this is difficult to quantify. Warning signs include marks on neck, headaches, blood-shot eyes, changes in personality.

Social networking sites have enabled millions to watch videos of the choking game, which may normalise the behaviour. Most bunk beds are made using metal tubes or timbers, their design enabling easy attachment of ligatures.

Conclusion Adolescents must be made aware of the dangers of this activity and parents and professionals need to recognise the warning signs. There is the potential for bunk beds to be designed to eliminate anchoring points for ligatures.

0-003 PSYCHOSOCIAL DEVELOPMENTAL TRAJECTORY OF YOUNG ADULTS BORN PRETERM IN THE NETHERLANDS

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Background and aims The study aimed to assess the psychosocial developmental trajectory of young adults who were born preterm, by comparing their trajectory with that of peers who receive disability benefits and of peers from the general population.

Methods Young adults from the POPS (Project On Preterm and Small for gestational age infants) cohort study, born in 1983 in the Netherlands, completed online the Course of Life Questionnaire (CoLQ - achievement of psychosocial developmental milestones) at 28 years of age (n = 300). Their scores were compared to the scores of 134 young adults who receive disability benefits (EMWAjong-group), and 211 age-matched peers from the general population (Ref-group), using analysis of variance and logistic regression analysis.

Results The POPS-group scored significantly lower than the Ref-group on Psychosexual Development (effect size -0.26, p < 0.01), Antisocial Behaviour (ES -0.44, p < 0.001) and Substance Use and Gambling (ES -0.35, p < 0.001). Exploration on item-level revealed that the POPS-group had their first boyfriend/girlfriend at later age, were more often single, misbehaved less at school and smoked, drank and gambled less. On the scales Autonomy Development and Social Development no differences were found between the POPS-group and the Ref-group. However, the POPS-group scored significantly better than the EMWAjong-group on these scales.

Conclusions Young adults born preterm showed some psychosocial developmental trajectory delays and might benefit from support at teenage age, especially those receiving disability benefits. Because of non-response bias in the POPS-group the results might be an underrepresentation of the psychosocial developmental problems of young adults born preterm.

0-004 SERUM FOLLISTATIN IN GIRLS WITH PUBERTAL HYPERANDROGENISM

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The aim of the study was to examine the serum follistatin level in adolescent girls with hyperandrogenism (HA) and its possible role in the development of ovarian dysfunction.

Methods Follistatin, follicle-stimulating hormone (FSH), estradiol (E₂) were studied in serum of 42 adolescent girls aged 15–17 years with different clinical symptoms of HA (acne, hirsutism) and irregular menstrual cycle (IMC), 42 patients with regular menstrual cycle (RMC) and 30 healthy adolescents.

Results Hyperandrogenic patients with IMC showed an increased follistatin secretion (p = 0.03) compared to a group with RMC and control group. This fact points to the involvement of this glycoprotein in the pathogenesis of ovarian dysfunction in girls' puberty. Also we found significant negative correlation between the levels of FSH and follistatin (p = 0.02) that proved the inverse relationship between secretion of gonadotropins and follistatin level. Besides the negative correlation between follistatin and E₂ has been revealed (p = 0.04).

Conclusions It may be difficult to distinguish biologically and ultrasonically hyperandrogenic adolescents as the result of normal maturational process of puberty from the ones with developing polycystic ovarian syndrome (PCOS). The increased secretion of follistatin and its correlation with the reduction of FSH and estradiol in adolescent girls with menstrual irregularities and hyperandrogenism confirms the pathological role of this intraovarian factor in discoordination of peripheral functioning of reproductive system, and its possible significance in pathogenesis of PCOS as a future outcome of pubertal hyperandrogenism.

0-005 WITHDRAWN

0-005A ADOLESCENT CARE IN ICU: EUROPEAN SOCIETY OF PAEDIATRIC AND NEONATAL INTENSIVE CARE (ESPNIC) SURVEY

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Background and aims Traditional healthcare services, often designed around adults and young children, under serve adolescents, who have distinct physical and psychological needs. The WHO-endorsed UK 'You're Welcome' Quality criteria for young people friendly health services (2011) has driven improvements, but it is unclear how these generic standards apply to the critically ill. Using an ICU-adapted version, we undertook a pan-European baseline survey of current practice.

Methods Healthcare professionals and a past patient young people group selected 6 key areas: Privacy, Permission, DVT Prophylaxis, Personal life, Puberty and Practical issues (6Ps). A questionnaire regarding these 6Ps/related care was translated into 7 languages and distributed to ESPNIC members.

Results 70/358 (20%) clinicians from 54 institutions responded across 16 countries. Young people (<16 years) mostly treated in PICUs; 18+ in adult units; 16–18 evenly split. For adolescents, 68% of hospitals undertake DVT prophylaxis, 50% have a privacy during care policy, but only 24% preferably allocate awake patients same-sex staff and 50% remove catheters before patient awake. 90% routinely take social history, falling to 32% for sexual history and 54% for recreational drug use. 63% undertake routine pregnancy testing and 89% seek consent from adolescents themselves if possible.