of 12 M (3–84 M). Children with bloody diarrhoea acquired tolerance earlier, median age 8 M (5–23 M), than the group with cutaneous symptoms, median age 14 M (4–84 M), p = 0.005.

It's safe and beneficial, both for children and parents, to perform OFC from 6 to 12 M.

PO-0135 A PRELIMINARY STUDY OF THE CONSUMPTION OF FRUIT DRINKS IN 1–5 YEAR OLDS IN THE NORTH EAST OF ENGLAND AS A CONTRIBUTOR TO PRESCHOOL OBESITY

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Background Sugar Sweetened Beverages contribute to obesity in older children but whether highly calorific Fruit Drinks (FD) contributes to preschool child obesity is unknown. We therefore quantified the beverage intake of preschool children and their parent's knowledge of the sugar content.

Methods Parents of children aged 1–5 years attending three North East England Acute and Outpatient Paediatric centres over six months completed questionnaires. Volume and types of beverages consumed, recommended daily intake (RDI) and parental knowledge of calorie content of three popular FDs were collected. FD calories, as a percentage of RDI, were calculated and compared with the child's BMI.

Results 304 questionnaires were analysed. 61% reported daily FDs with 33% exceeding their RDI. 28% were overweight or obese with the proportion rising from 24% in the under twos to 31% in the older children. Mean FD calorie intake as% of RDI was 5.5% with no association to increased BMI (p = 0.32. Mann Whitney U). Children in the lower and higher BMI centiles constituted the largest groups drinking >10% Fruit Drink RDI. Parents (99%) had no knowledge of their child's calorie intake or RDI with 76% unable to identify the highest calorie FD.

Conclusion No association between Fruit Drink intake and obesity was found.

61% of children drank Fruit Drink daily with 33% in excess of RDI.

Overweight and underweight children constituted the largest groups drinking >10% RDI of Fruit Drinks

Parents were unaware of their children's calorie intake, RDI or FD calorie content.

PO-0136 INCREASED RISK OF VITAMIN B12 NUTRITIONAL DEFICIENCY IN LONG-TERM TREATED PATIENTS WITH PHENYLKETONURIA AND HYPERFENYLALANINEMIA

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The aim of this study was to assess the prevalence of nutritional deficiency of vitamin B12 in long-term treated patients with phenylketonuria (PKU) and hyperfenylalaninemia (HPA), together with parameters of vitamin B12 and metabolic control.

Methods In 51 patients aged 3–48 years (28 children, 23 adults) was examined levels of active vitamin B12 in serum, folate concentration in blood, plasma homocysteine and methylmalonic acid concentrations in urine.

Results We found a statistically significant difference between the levels of folate in the blood among patients with PKU and HPA (p = 0.046, Mann Whitney U test). This difference was also statistically significant for adults with HPA and PKU (p = 0.004, Mann Whitney U test). There was a statistically significant difference in the proportion of normal homocysteine concentrations in plasma in the overall evaluation of both groups (p = 0.023, chi -square test). This difference was also statistically significant in adults with HPA and PKU (p = 0.032, chi -square test). In the group of adults we detected a statistically significant difference in the concentrations of active vitamin B12 in the blood as in the evaluation of the concentration and the proportion of patients with normal levels (p = 0.031, Mann Whitney U test, p = 0.006, chi -square test).

Conclusions In the analysed group of patients we demonstrated that our patients are at risk of vitamin B12 nutritional deficiency and the risk increases with age.

PO-0137 WITHDRAWN

PO-0138 STRESS INDUCED GASTROINTESTINAL BLEEDING IN A PAEDIATRIC INTENSIVE CARE UNIT : WHICH RISK FACTORS SHOULD NECESSITATE PROPHILAXIS ?

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Objective To determine the frequency and the risk factors of stress induced gastrointestinal bleeding (GIB) in critically ill children and to investigate the effect of prophilaxis.

Setting 14-beded, tertiary care PICU

Methods Records of 182 children admitted consecutively from December 2012 to May 2013 were retrospectively reviewed. 136 patients were eligible. The age ranged from 40 days to 18 years. Diagnosis, demographic data, risk factors, administration of prophilaxis, drugs used in medication, prescence and degree of GIB and complications were recorded.

Results The male-female ratio was 1.3. Mean age was 5.9. Mean PRISM III score was 12.2 and 49.3% had PRISM score ≥ 10. Most frequent diagnosis was infectious diseases. Sixtyone (44.9%) children received prophylaxis in which antacids was used in 28(45.9%), sucralfate in 18(29.5%), proton pomp inhibitors (PPIs) in 51(83.6%) and 5 (8.2%) received H2 reseptor antagonist. The incidence of GIB was 15.4% (n = 21), in which 66.7% (n = 14) were mild, 23.8% (n = 5) were moderate, 4.8% (n = 1) was significant and 4.8% (n = 1) was massive. In children who received prophylaxis 17 (27.9%) cases developed GIB. Mechanical ventilation were found to be the only risk factor significantly associated with stress induced GIB. Also; mechanical ventilation and trauma was strongly significant (p <