

## Plenary

**P01 INCIDENCE AND CLINICAL ASSOCIATIONS OF ACUTE PANCREATITIS IN CHILDREN AGED 0–14 YEARS IN THE UNITED KINGDOM**

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**Aims** To establish the incidence and clinical associations of acute pancreatitis (AP) in children aged 0–14 years in the UK.

**Methods** Monthly surveillance of new cases of AP in children under 15 years of age through the British Paediatric Surveillance Unit.

**Results** A total of 94 cases (48 boys and 46 girls) of AP, clinician-diagnosed from April 2013 to April 2014, fulfilled the diagnostic criteria. The median age of diagnosis was 11.2 years (range 1.30–14.89 years). White children accounted for 60% of cases compared to 40% from ethnic minorities (71% Asian and 13% Black). Pakistani children alone made up 19% of the cohort. The reported incidence of AP in children under age 15 in the UK was 0.78 per 100,000 (95% CI 0.62–0.96). Of the 94 cases: 36 (38%) were idiopathic, drugs 18 (19%), gallstones 12 (13%), hereditary 7 (7.5%), organic acidaemia 7 (7.5%), anatomical anomalies 4 (4%), viral infections 3 (3%), vasculitis 3 (3%), trauma 1 (1%) and others 3 (3%). The most common drug associations were asparaginase (28%), azathioprine (17%) and sodium valproate (17%). Of the 12 gallstone-associated cases, 5 were boys; body weight of 5 cases were above the 91st centile (4 were above the 98th centile). Overall, 6 of 7 organic acidaemia cases (86%) and 3 of 5 asparaginase-associated cases (60%) were of Pakistani ethnicity.

**Conclusion** This is the first estimate of incidence of AP in children in the UK. In children, AP is associated with a wide variety of potential aetiologies and more than one third of cases have no cause identified. The associations of AP have changed significantly since the 1970/80s. Drug therapy and gallstones are now the commonest associations, whilst trauma and mumps have become uncommon. Children from some ethnic minorities are greatly over-represented, which possibly reflect the greater frequency of inborn errors of metabolism in some ethnicities. However the over-representation of asparaginase associated AP in Pakistani children merits further investigation.

**P02 OUTCOME OF MILD TRAUMATIC BRAIN INJURY (TBI) IN CHILDREN- RESULTS FROM A PROSPECTIVE UK COHORT STUDY**

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**Aim** To use prospectively collected data to investigate the outcomes up to 16 years of TBI in childhood.

**Methods** Data from the Avon Longitudinal Study of Parents and Children (ALSPAC) were analysed. Background demographics and developmental and behavioural profile of the

children were derived from questionnaires completed by the mother in pregnancy, at 6 weeks and at 18 and 42 months. Injury data were derived from questionnaires completed by the child's carer at 4½ 5½ 6½ 8 ½ and 11½ years of age. Outcomes were collected when the child was 11–16 years old, from ALSPAC questionnaires and research clinics, and from linked educational data.

TBI cases (n = 410), defined as any head injury resulting in loss of consciousness and/or a skull fracture before the age of 11, were compared with children of the same age (n = 1819) who suffered traumatic orthopaedic injuries (fractures- excluding skull fractures). Controls (n = 8770) were all children with available injury data who did not have a TBI or orthopaedic injury.

**Results** 410 ALSPAC participants (59% male) had a TBI before 11; 154 (38%) had a fractured skull, and 36 (9%) had multiple TBIs. Orthopaedic injuries were reported for 1819 participants (52% male) before 11. Compared to controls, children who had a TBI came from families living in adversity, with mothers with lower educational qualifications and a history of depression. The children who suffered a TBI had higher hyperactivity and conduct scores age 42 months, but no differences were apparent for those who later suffered orthopaedic injuries. Outcomes at 13–16 which remained associated with TBI after adjustment were the total behavioural problems score, the hyperactivity score and the conduct problems score of the SDQ, and high levels of anxiety and depression. Adjustment for pre-injury SDQ scores attenuated the associations with the SDQ scores but these remained significantly different from controls. Weak associations were also observed between orthopaedic injuries and later conduct problems.

**Conclusions** TBI in childhood was associated with increased behavioural problems up to 16 years, and increased hyperactivity and conduct problems which were not explained by pre-injury characteristics. Depression and anxiety were also more common in TBI survivors.

**P03 BASELINE CHARACTERISTICS AND EARLY MENTAL HEALTH SEQUELAE IN ADOLESCENTS PRESENTING AFTER SEXUAL ASSAULT**

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**Background** Estimates suggest 29% of rapes and 41% of sexual assaults reported to the police involve victims <17 years. Longitudinal research evaluating outcomes following adolescent sexual assault is lacking.

**Aims** To describe the characteristics of adolescent sexual assault and early mental health sequelae in young people (YP) presenting to the sexual assault referral centres (SARCs) serving a large UK city.

**Methods Design:** Prospective longitudinal cohort study.

**Study population:** We approached all YP aged 13–17 years presenting to a SARC within six weeks of assault. Baseline data collection included psychological evaluation using the Short Moods and Feelings Questionnaire (depressive symptoms), Self-Report for Childhood Anxiety-Related Disorders (SCARED)-short form (anxiety symptoms) and Impact of Events Scale (post-traumatic symptoms).