P134 EVALUATION OF LEPTIN LEVEL IN THE BLOOD SERUM IN CHILDREN AT AN EARLY AGE

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Actuality of the problem It is known that obesity starts in early childhood, when the foundations of eating behaviour and metabolic processes are formed in the organism.

Objective To investigate leptin level in the blood serum in children of an early age with excessive body mass (EBM) and obesity.

Patients and methods We have conducted a complex examination of 120 children of an early age at risk of developing an EBM, EBM, obesity. The examined children were divided into groups according to the results of evaluation of physical development: the 1st group included children at risk of developing EBM (38 children (31,6%); the 2nd group included children with EBM (42 children (35,0%); the 3rd group included children suffering from obesity (40 children (33,4%)).

Results We have discovered a reliable elevation of leptin level in children suffering from EBM and obesity ($7,83 \pm 0,76$ ng/ml and $21,6 \pm 4,60$ ng/ml respectively) in comparison with the indicators in children at risk of developing EBM ($4,47 \pm 0,25$ ng/ml) and in children in the control group ($2,90 \pm 0,21$ ng/ml), ($p < 0,05$).

Spetial attention was given to the reliable difference between the values of leptin levels in the examined children depending on their sex. Thus, in girls of the main group the level of leptin was reliably higher if compared to the leptin level in boys, ($p < 0,05$).

In order to analyze the obtained results we studied the correlation between the values of body mass index and the level of leptin in the examined children. As a result of the conducted study we investigate sitive correlation between leptin and body mass index ($r = 0,35$; $p < 0,05$) in children at risk of developing EBM, in children having EBM ($r = 0,4$; $p < 0,05$) and in children suffering from obesity ($r = 0,57$; $p < 0,05$).

Conclusions It has been established that the level of leptin in children of an early age depends on the body mass and sex of the children. Thus, children with obesity have a reliably higher level of hormone in comparison to the children with excessive body mass. It has been found that the level of leptin in girls is reliably higher if compared to the level of leptin in boys.

The role of leptin level in the development of obesity in children of an early age is confirmed by close correlation with body mass index. The elevated level of leptin in children of an early age at risk of developing EBM and suffering from EBM is a possible predictor of obesity development.

P135 COMPARATIVE CHARACTERISTICS OF THE PARAMETERS OF THE PHYSICAL DEVELOPMENT IN CHILDREN KHANTY PEOPLE OF MIDDLE PRIOBYE

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The goal of the work is to develop norms for the physical development of ethnic Khanty children aged 0–17 years and

compare them with WHO data and the population of the Middle Ob region. The anthropometry of ethnic Khants to children aged 0–17 years of the 1–2st group of health was conducted. Formed centile tables of parameters of physical development.

Individual and comprehensive assessment of health status is impossible without focusing on regulatory indicators. To this end, at present, in health organizations, the assessment of the state of children's health is carried out using indicators developed in a cohort of children and adolescents living in a remote area from the place of residence. The transition to the standards of the World Health Organization will unify the methodology for assessing the physical development of children and adolescents, make the results obtained at different times, in different countries and regions of the world, comparable.

Materials and methods An anthropometry of 13140 children and adolescents of entic Khanty born in the Khanty-Mansiysk Autonomous Okrug-Ugra of children and adolescents aged 0–17 years of the 1–2 nd health groups during medical examinations in schools and copying of outpatient cards of children's polyclinics of Surgut was made. The obtained results were subjected to mathematical processing using a nonparametric method for determining the cut-off points of the 3, 10, 25, 75, 90, and 97th percentiles of height, body weight, head circumference, chest, and the derived index — body mass index (BMI).

The use of non-regional norms leads to overdiagnosis of excess body weight in the elderly in an alien population, as well as overdiagnosis of nanism and hypodiagnosis of obesity in ethnic Khanty.

Conclusions

1. When developing standards and assessing the physical development of children and adolescents, it is necessary to take into account the child's territory of residence.
2. It is necessary to create regional standards of centile tables for the evaluation of height and weight indicators.
3. The described results of the study suggest that the use of standards of height, weight without taking into account the peculiarities of living in the North, may be the cause of underdiagnosis of obesity in ethnic Khanty, overdiagnosis of nanism

The established features of the physical development standards of the Khanty determine the need for their use for a more objective assessment of the health status of these representatives of IMs.

P136 PREVENTION OF FOETAL ALCOHOL SPECTRUM DISORDERS – THE ROLE OF THE PAEDIATRICIAN

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It is estimated that about 600 Irish babies are born each year with Foetal Alcohol Syndrome (FAS), and that over 40,000 Irish persons live with the condition. Foetal Alcohol Spectrum Disorders (FASD) including FAS are a consequence of alcohol induced brain damage which is permanent and associated with physical, mental, educational, social, behavioural difficulties. 'Children with FASD fill our Foster Care places. Adults with

FASD fill our jails.' There are 25 differential diagnoses to FASD. Many with FASD are misdiagnosed as Autism Spectrum Disorder. In the single UK clinic for FASD assessment, 49% of attendees were pre-diagnosed with ASD. There are trans generational aspects concerning the cycle of addiction from generation to generation. Those with FASD are at increased risk of addiction to alcohol. Prevention of FASD can break this cycle.

In Ireland the evidence indicates that: four in five of first pregnancies are exposed to alcohol; nearly one in two (45%) are exposed at high-risk levels. Two in five pregnancies are unplanned, increasing the chance they will be exposed to alcohol. Pregnant women do not consistently receive timely maternity care or support for their Alcohol & Drug issues. Health professionals do not consistently provide information on the risks of drinking during pregnancy or routinely screen for alcohol issues. Most clinicians lack the capability to diagnose FASD. Families of people with FASD struggle to access appropriate support and report a lack of understanding from services, professionals and even other family members. FASD affects children and young people in child care and protection services.

The elephant in the room: to what extent is ASD a manifestation of FASD? FASD diagnosis requires documented prenatal alcohol exposure – this limits ascertainment. Universal screening & brief intervention for alcohol; and at-risk group Parent Child Assistance Programmes, are effective public health interventions in the prevention of FASD.

Knowledge is power. Those with FASD deserve the correct diagnosis towards understanding and acceptance. Paediatricians are key to this diagnosis. Active surveillance for FAS in at risk populations is undertaken in other jurisdictions. Namely, children in state care, young offenders, the prison population; and population based surveillance within national schools, whereby all those less than 10th/25th centile for growth (height) are screened for FAS. While FAS is suited to screening, the diagnosis of FASD is more challenging. Both are underdiagnosed and under ascertained. Prevalence data is needed to make the business case for public health interventions.

P137 AN AUDIT TO CHECK THE AWARENESS AMONG PAEDIATRIC NCHD ABOUT DOCUMENTATION OF CHILDHOOD DEVELOPMENT IN CLINIC LETTERS IN WEXFORD GENERAL HOSPITAL

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Introduction Development is the period of physical, cognitive and social growth that begins at birth and continues through childhood. Between 1–3% of children suffer from global delay. Maximum development occurs in the first two of years of life. Early recognition of developmental issues is important to have a better outcome, appropriate referral and involvement of other services.

Aim Aims of the audit is to see the awareness among NCHD (non consultant hospital doctors) towards development assessment and documentation in clinical letters of patients coming to clinic from Jan 2018 to July 2018.

Methodology Retrospective audit was done from January 2018 to July 2018.

A Proforma was designed and random clinic letters of patients attending paediatric clinic were screened for documentation of all six areas of childhood development (gross motor, fine motor vision, hearing, speech and language and social) seen by NCHD.

Results

1. Total 70 patients were included in the audit.
2. 45 male and 55 female patients.
3. Age range varies from 3 months to 13 years.
4. 35 (50%) of the patients were below 5 years of age.
5. Childhood development was mentioned in 30(43%) of patients.
6. 40 (57%) patients have no records of being screened for appropriate age related developmental milestones.
7. Out of 70 only 6 patients (8%) have their proper documentation about the development indicating all six areas of development.
8. Regarding different areas of development documentation was as follows:

Gross motor 14(20%) Fine motor 10(14%) Vision 07(10%)

Speech 12(17%) Hearing 06(08%) Social 11(15%)

Conclusion Developmental assessment is a neglected area in general paediatrics clinic settings.

Outcome about the documentation of general paediatric development assessment was very poor as 57% of the patients have no records of any development assessment in clinic.

Recommendations

1. Awareness should be raised among NCHDs about the importance of developmental assessment in children coming to clinic.
2. A regular training session for new doctors about routine developmental screen at the start of rotation may be helpful.
3. There should be a brief developmental check list and clinic letter layout displayed in clinic area settings.
4. More opportunities should be given to NCHDs to attend developmental clinics

P138 IMPACT OF CHRONIC PAIN ON ADOLESCENTS' SCHOOL FUNCTIONING: A SYSTEMATIC REVIEW

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Background Chronic pain that persists for more than three months and continues beyond the normal period of tissue healing is considered as a significant health problem among children. Chronic pain has a significant impact on children and adolescents' daily activities. Importantly, school functioning including school attendance, academic achievement, perceptions of self and teacher towards academic competence, classroom attention, participation in school activities, and social functioning, appears to be influenced by paediatric chronic pain. It is therefore important to manage the pain of children and adolescents in the school settings in order to minimise impact on school functioning.

Objective This aim of this review was to critically synthesise current empirical studies on the impact of chronic pain on