or if the *female* patient becomes *pregnant* at any time during pediatric endocrinology care.

This transition plan includes Identifying and maximizing skills needed for successful self-management of diabetes, identifying barriers to successful transitions, creating a plan of interventions to help and encourage the young adult to continue receiving healthcare, collaborating with the adolescent in locating an adult care endocrinologist who will resume the care, providing teens with discharge of care prescription refills, any supplies needed and school/college instruction packets, and attempt four follow up phone calls to the patient during the transition phase after the patient has been discharged from pediatric care.

Results Out of 160 patients (121 type 1 and 39 type 2 diabetes) who started the transition process with at least one visit completed, only 120 patients (75%) completed the process and were formally discharged from clinic. The remaining patients (25%) are still in the transition phase and currently being seen in clinic. We were able to make follow up appointments with adult endocrinologist for the 120 patients transitioned (100%) but only 60 patients documented presence for this follow up (50%).

Conclusion The outcome of transition of diabetes care was faced by some obstacles; these can be grouped into:

1-*Psychological factors*: Adolescents burnt out, depression and adjustment disorders. Lack of Independence and readiness.

2-*Factors affecting access to health care*: Change of health care insurance, lack of insurance, lack of financial means to pay for visit; and transportation problems.

3- *Communication factors*: Inability to maintain contact after transition (patients not responding to communication from providers, disconnected phone number).

Bridging the gaps in health insurance during this transitional period remains of great importance. Understanding the differences in learning styles between individuals in this transition period will also reflect the readiness for transition. Training health care professionals for this delivery of care is also crucial.

P356 ITALIAN PEDIATRICIANS NEED KNOWLEDGE ABOUT MALTREATMENT AND ABUSE OF CHILDREN. ACTIONS MORE THAN WORDS

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10.1136/archdischild-2019-epa.703

Italian Medical Doctors do not receive adequate information about the reality of child abuse and maltreatment during their university studies and career, neither during their Specialization in Pediatrics. This lack of knowledge makes it difficult to recognize and to know how to intervene when we are in our own surgeries (if we become general doctors or pediatricians). In 2017 Istat (Italian Institute of Statistics) registered a hundred thousand children mistreated, of which 15 per cent were victims of domestic violence (one out of 5 of the total number of Italian children). The FIMP (Italian Federation of General Pediatricians), the organization which encompasses more than 7 thousand general pediatricians of the country (80 per cent), conscious of this difficulty has decided to improve the knowledge of general pediatricians, by organizing one day training session about all the principal types of abuse situations, the symptoms, signs, diagnosis, intervention in case of

child abuse and maltreatments. There have been 26 sessions over the last 2 years, all around the country, each with about 50 participants and were conducted together with the Italian Society of Pediatricians (SIP). After this first step last June a national study group was instituted, with a national coordinator and one or two representatives for each of the twenty Italian region. This group aims to help spread knowledge about these themes and to create network of cooperation among professionals who take care of children in these situations. Last November the FIMP signed an agreement with the Italian Authority's Guarantor for Children and Adolescents to work together for create a map of every structure dedicated to the care of children and adolescents, such as hospitals, surgeries, health districts, law courts, courts for minors of every town and region, to make it easier for the doctors to intervene, cooperating with professionals in his own reality. The group also has an important role of psychological support of colleagues when they feel in doubt or are afraid of intervening. As the International Convention of New York says: to pursue the best interest of the child, even if it is not so simple.

P357 COST-EFFECTIVENESS ANALYSIS FOR TREATMENT OF VISCERAL LEISHMANIASIS IN ARMENIA

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10.1136/archdischild-2019-epa.704

Background The leishmaniasis are neglected and poorly reported diseases with underestimated or undetermined incidence in most countries of the WHO European Region. Since the late 1940s, the traditional drugs for VL treatment have been pentavalent antimonials (Sb⁵⁺).

In the 1980s, conventional amphotericin B deoxycholate (ABD) was introduced, followed by lipid formulations of amphotericin B showing high efficacy and low toxicity. Liposomal amphotericin B (LAB) is a first-line therapy in the WHO European Region, but the price is still very high in Europe as most European countries do not benefit from the preferential price given to WHO for low- and middle-income endemic countries. Duration of treatment with Meglumine antimoniate is minimum 30 days and with LAB – max 7 days.

Cost-effectiveness ratios derived through cost-effectiveness analysis can be used to compare the efficiency of different health-care programs, although such comparisons should be made cautiously because of the uncertainties associated with many estimates of cost and effectiveness. Armenia is a middle-income country, an endemic region for Visceral Leishmaniasis.

Objective The purpose of this study was to evaluate which of LAB and Meglumine antimoniate treatments is more cost-effective in Armenia.

Methods A retrospective economic analysis has been performed to determine the cost-effectiveness of LAB in patients with VL using 24-month data from "Nork" ICH. The analysis has been conducted from a third-party payer's perspective.

On the basis of historical data average age of patients has been calculated – 24months, with mean weight 11.5 kg. Average daily cost of treatment with LAB has been calculated as