Both groups of children underwent a rapid strep test, which has immediately confirmed the diagnosis, while the results of the microbiological culture came after 2–3 days.

It is noteworthy to mention that all children of the sample, have been treated in my paediatric practice.

Conclusion The comparative study confirmed that the rapid strep test is accurate in 97% of the examined cases. Namely, the parallel analyses consisting of rapid strep test and microbiological swabs in 269 children out of 380, have shown identical results.

Therefore, a rapid strep test is ought to be done by every doctor, in order to come up with a prompt diagnosis and therapy, prevent diseases, as well as promoting rational use of antibiotics.

P400 QUALITY OF LIFE IN CHILDREN WITH INFLAMMATORY BOWEL DISEASE

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Introduction Health-related quality of life (HRQOL) is an important indicator of the health status of children. In the Russian Federation in children with inflammatory bowel disease (IBD), this aspect has not been studied enough, but these data may help in the choice of tactics for maintaining patients.

Purpose of the study Rate HRQOL of children with IBD.

Participants and methods 54 children with IBD were examined: 28 children (12 boys and 16 girls) with Crohn's disease (CD) and 26 children (15 boys and 12 girls) with ulcerative colitis (UC). The median age was 15 years 4 months [13 years 1 month; 17 years 11 months]. The control group included 64 relatively healthy children, matched by age and sex. HRQOL was estimated using different age units of the children's form of the overall PedsQL questionnaire on a scale from 0 to 100 points, according to the following aspects: 'Physical Functioning' (PF), 'Emotional Functioning' (EF), 'Social Functioning' (SocF), 'School Functioning' (SchF), 'Total Scale Score' (TS). To describe the data we used the median, 25th and 75th percentiles. Comparison of two independent groups by quantitative traits was carried out using the non-parametric method using the Mann – Whitney U-test.

Results When evaluating the indicators of HRQOL of patients with IBD and control group children, significant differences were obtained in the aspects of PF: 71.0 (58.25; 87.75) versus 87.0 (78.75; 93.0) points, $p < 0.001$; EF: 65.0 (50.0; 80.0) versus 75.0 (61.25; 85.0), $p = 0.046$; SchF: 60.0 (45.0; 78.5) versus 75 (60; 90.0), $p = 0.004$ and TS: 69.57 (58.7; 80.71) versus 82.0 (73.25; 88.0), $p < 0.001$. When comparing the responses of children with CD and UC, there were no significant differences in all scales of the questionnaire ($p > 0.05$).

Findings The study found significant differences in the form of lowering HRQOL in children with IBD of relatively healthy peers in almost all aspects, which must be considered when managing patients with this chronic pathology.

P401 DYNAMICS OF QUALITY OF LIFE IN CHILDREN WITH IDIOPATHIC ARTHRITIS DURING ETANERCEPT THERAPY

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Objectives To assess the influence of the genetically engineered biologic drug etanercept on the quality of life of patients with juvenile idiopathic arthritis (JIA).

Methods The research included 85 children with poly- and oligoarticular variant of the JIA at the age of 5 (2; 17) years. The assessment of the quality of life of patients was carried out by means of the parental version of a special questionnaire CHAQ (Childhood Health Assessment Questionnaire), Health Utilities Index Mark 3 (HUI3) questionnaire. The doctor and parents of the patient also assessed the global activity of the illness by the 100-mm visual analog scale (VAS) before the etanercept prescription and in 1, 6 and 12 months. All patients before the etanercept prescription received immunosuppressive agents.

Results Impressive increase in an average point of the quality of life (the response in 1 month after the therapy beginning) was noted by the attributes of a questionnaire of HUI3 «emotions» — from 0.82 (± 0.18) to 0.90 (± 0.13), $p = 0.001$, «cognitive abilities» — from 0.85 (± 0.17) to 0.91 (± 0.18), $p = 0.006$, and «pain» — from 0.78 (± 0.23) to 0.91 (± 0.1), $p < 0.001$. In 12 months of the treatment the average point of the quality of life raised also by such attributes as «locomotivity» — from 0.85 (± 0.3) to 0.99 (± 0.06), $p < 0.0001$, and «fine motor skills» — from 0.9 (± 0.19) to 0.98 (± 0.05), $p < 0.001$.

Conclusions Treatment with the etanercept provided the improvement of the quality of life of children with the JIA and their families, improvement of physical activity and emotional state of patients.

P402 RECOGNISABLE PATTERNS TO CHILDHOOD EXPERIENCES OF MIND FORMATION

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The title deliberately echoes Smith's book on *Recognizable Patterns of Human Malformation* first published in 1970. Smith's patterns relate to antenatal events, whereas patterns that shape our minds relate to special experiences during childhood. As Paediatricians we are very familiar with incremental formation which we chart by measuring growth and evaluating development. We are less au fait with special experiences that shape our minds probably because Anthropology has been peripheral to medical education. The boundaries of different sciences are blurring as interest in the formation of our minds draws on many disciplines. Our deep interest in biological child health aims to treat and prevent diseases from the newborn to adolescence. Biology is not the whole story. The great status

transformations from child to adult and from sickness to health require ritual to establish new orientations in the mind.

Childhood experiences of prolonged cancer treatment reverberate into adulthood long after treatment has finished. Adult survivors may remain marginalised from their peers despite support from psycho-social professionals (Larcombe *et al*, 2002; Stam, 2005). Paediatricians and Psychologists largely rely on the research methods of objective science, but their reductive processes may not capture holistic experiences which require an empathic science that can understand and grasp the reality of transformations in social health. An empathic science such as Anthropology tends to be underpinned by triangulation whereby evidence from multiple sources converges and emerges as a single account. This paper based on camp observations as a Paediatrician for over ten years, interviews with staff and campers as adults in Europe and USA, and review of protocols and literature claims that the research approaches of Medical Anthropology can elucidate the experiential processes which underpin the social transformation of seriously ill children attending special holiday camps.

Camp experiences are about erasing borderlines between the ill and the healthy. Borderlines have twin functions that can be explained by the single concept of liminality (Szakolczai, 2007):

'Both (functions) problematize the borderline, the *limes*: in one case it is ignored, in the other accentuated.'

The borderline for children with life threatening illnesses is between two kingdoms whose distinctions are effectively ignored and erased in camp. The liminal experience of fun camps are part of a recognisable tripartite pattern of separation, transition and reintegration rituals summarised by van-Gennep as a rite of passage. It enables children move from the kingdom of the sick to the kingdom of the well.

P403 A FIVE YEAR REVIEW OF 'REALLY SICK INPATIENTS WITH ANOREXIA NERVOSA' AT UNIVERSITY HOSPITAL LIMERICK

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Background The Junior MARSIPAN (Management of Really Sick Inpatients with Anorexia Nervosa) guideline provides paediatricians with a framework for managing anorexia nervosa in the inpatient setting.

Objectives Our aim was to retrospectively review patients in our catchment area with a confirmed diagnosis of anorexia nervosa who required inpatient hospitalisation for management of their eating disorder. We wanted to compare the care provided at our hospital to the recommendations set out in the guidelines.

Methodology We collected data on demographics, morbidity on presentation, number and length of hospital stays, psycho-social stressors and outcomes to date in our cohort over the 5 year period of 2014–2018.

Results We had a total of 10 'really sick inpatients with anorexia nervosa' at University Hospital Limerick during this period of 5 years. There were 7 females and 3 males. Our patients ranged in age from 10 years to 18 years. The average age of first presentation for our patient cohort was 11.75 years. The longest number of days spent in hospital by a

patient in one year was 124 days. Stressors at home were a background feature in 75% of our patients. There was no associated mortality to date in our cohort. Outcomes to date are mostly good although one patient developed obesity and another is on multiple medications for psychiatric comorbidities.

Conclusion There is certainly a link between a greater severity of illness and comorbidities and longer inpatient hospital stays. These cases demonstrate the complexity and variety of presentations to a regional unit. There are significant challenges, in the Irish setting, in providing care to these patients. Resource limitation represents a significant factor in patient outcomes.

P404 THE CHARACTERISTICS OF COMPLETED SUICIDES AMONG CHILD AND ADOLESCENTS BETWEEN 2002–2013 IN TURKEY

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Objective Suicide is a complex human behavior that remains an important mental health problem in Turkey and also in the world. Biological, psychological, social, genetic, environmental, economic, cultural and situational factors are known to interact with each other occur suicide so that preventive mental health is essential to stop this behavior.

Methods In this study, completed suicide statistics about the causes and methods between 2002–2013 years under the age 19 were used, published by the Turkey Statistical Institute (TSI). Analyses were performed using chi-square and log-linear methods in SPSS 21.0 software package.

Results The crude suicide rate in Turkey has been increasing year by year. Completed suicides was higher among females in the years 2002, 2003, 2006. The most common causes of completed suicide in boys under age 15, was family problems while in girls was education failure, the most common reasons was economic factors for males in the 15–19 age group, while that of girls was family problems. The most common method of suicide in boys was hanging, while that of girls was firearm under 15 years of age, between the ages of 15–19 hanging for boys and the chemicals for girls was the most seen methods.

Conclusion It is essential to reduce the rate of suicide among child and adolescent so that prevention methods should be planned according to to age and gender outcomes of completed suicides.

P405 CHILDREN WITH EATING DISORDERS PRESENTING TO NON-TERTIARY PAEDIATRIC UNITS IN IRELAND – A CASE SERIES

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The number of young people with eating disorders is rapidly increasing and hospital admissions are rising. We describe a case series of seven females who required admission to a