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 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

paediatric unit in a non-tertiary centre over a 3 year period, highlighting the challenges presented.

7 patients had a total of 12 in-patient stays on a general paediatric ward. Length of stay ranged from 6 to 84 days, mean 44 days, median 55 days. Initial presentations were all unscheduled episodes of care. Age at initial presentation ranged from 10 to 14 years. Restrictive type eating disorder was the working diagnosis initial presentation in 5 of 7 cases. All were managed according to the Junior MARSIPAN Guidelines (Royal College of Psychiatrists). In the 2 youngest patients, both 10 years, the diagnosis of an eating disorder was made after medical investigation of weight loss. 5 of 7 children required nasogastric re-feeding during their first admission. 4 of 7 required transfer to a tertiary unit specializing in eating disorder management. Only one of these four was successfully discharged home by 6 months, the others have required repeat admissions over 3 years. Diagnosis in all 7 was restrictive eating pattern, non-bulimic.

Medical complications included profound bradycardia and hypotension at presentation in 7/7 and re-feeding syndrome in 1/7. 2/7 manifested extreme behavioural challenge on a general paediatric ward. 1/7 self-harmed. 24 hour supervision including meal support was required by Health Care Assistants in 5/7. No adolescent/child segregation could be provided. There are no nursing staff with training in managing the child with an eating disorder on our ward. Paediatric dietetic support was available but no other specialist treatment was possible.

This cohort is small in number relative to the overall admissions to our unit. Prolonged and repeat admissions have significant implications for the limited budget of a small hospital. Total length of stay of 489 days cost 400,000 euro for basic care alone. This unscheduled care group also represents a considerable work load for general paediatricians.

Best practice management of Anorexia Nervosa prompts the need for a multi-disciplinary approach from a paediatrician, psychiatrist, psychologist, and speciality trained dietician and nursing staff. The increasing incidence and prevalence of eating disorders among older children and adolescents is an increasing burden of care for general paediatric units in Ireland compounded by an under-resourced community Child and Adolescent Mental Health service.

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TRANSGENDER YOUTH: WHAT PAEDIATRICIANS NEED TO KNOW

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An increase in referral rates of transgender youth to services has been observed on an international level (Chen et al 2016, Fuss et al 2015). There is a paucity of knowledge vis-a-vis paediatrician's experience and knowledge of caring for transgender youth. General paediatricians knowledge is limited, with training on provision of routine care, supporting transgender patients and their families and co-ordination of medical management recommended (Shires et al 2017). Paediatric endocrinologists may be involved in prescription of hormonal therapy in transgender youth, in accordance with the updated Clinical Practice Guideline by the Endocrine Society in 2017.

Gender identity and expression is best conceptualized as a spectrum, and not simply a binary concept. The term *transgender* can be considered an umbrella term, encompassing the broad spectrum of individuals who transiently or persistently identify with a gender different from their assigned sex at birth. An inversion of the sex ratio of referred adolescents has been observed, with a number of clinics reporting more youth assigned female at birth referred in recent years than youth assigned male at birth (Aitken et al 2015; Kaltiala-Heino et al 2015).

This presentation will include an overview for paediatricians. The gender spectrum, social and medical transitioning, common co-morbidities, current evidence-base & guidelines and practical management of gender variant youth in the paediatric setting will be covered.

Medical, neurodevelopmental and psychiatric co-morbidities will be highlighted. Gender Dysphoria and comorbidity with medical disorders, such as Klinefelter Syndrome, and neurodevelopmental disorders, such as Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), will be explored. The current literature reports high co-occurrence rates of Gender Dysphoria and ASD (Van Der Miesen et al 2016, Janssen et al 2016, Shumer et al 2016) and is the focus of much attention. Research in recent years highlights elevated rates of co-morbid mental health difficulties, self-harming behavior and suicidality among transgender youth (Chen et al 2016, Holt et al 2016, Kaltiala-Heino et al 2015, Olson et al 2015, Reisner et al 2015).

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CONVERSION DISORDER: DON'T BE MISTAKEN, DON'T BE MISLED

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Conversion disorder is the loss or alteration of voluntary motor, or sensory function in the absence of identifiable pathology. ¹ It is most prevalent in the 10–15 year old age group, female: male ratio, 2:1.

We present 5 cases: all female, 11–14 years, presenting with vague symptomatology and normal investigations. 3/5 had identifiable psychological stressors. They had a combined total of 15 presentations, 9 admission episodes, 40 in-patient bed days and 20 radiological investigations.

1/5 was diagnosed with a treatable neurological condition.

Case 1: EO, 11 years old, repeated presentations with generalised weakness, dizziness, headache and arthralgia. Patient's father had died tragically one year prior. Mother has fibromyalgia and functional neurological disorder.

Case 2: RM, 14 years old, multiple episodes of collapse, with apparent unconsciousness (up to 40 minutes) with repeated presentations to hospital. Postulated aetiologies included neurocardiac syncope and Postural Orthostatic Tachycardia Syndrome. There followed exclusion from school and multiple medical opinions.

Case 3: KO, 14 years old, presented following recurrent pre-syncope, collapse, and shaking episodes. Previously investigated for recurrent vomiting, with no aetiology found. Psychological stressors included disabled sibling, significant mental health disorders, both parents.