over the posterior regions but no epileptiform features. At most recent follow up review in outpatients at 5 months of age the patient is neurodevelopmentally normal with no notable sequelae from the significant episode of paraechovirus meningoencephalitis.

Conclusion HPeV causes a wide spectrum of diseases ranging from mild respiratory illnesses to severe life-threatening myocarditis and meningitis. Clinical symptoms, which are related to genotype and patient age, vary hugely. It is especially important to recognise HPeV (serotype 3), as it has the potential for significantly poor neurodevelopmental outcomes due to associated white matter changes (1). Prognosis must be guarded as, although it is a benign virus in the majority of cases, there are some important sequelae that parents need to be counselled about and clinical follow-up is essential to assess for any adverse neurodevelopmental outcomes.

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P509

POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES) IN A CHILD WITH STEROID-DEPENDENT NEPHROTIC SYNDROME: A CASE REPORT

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Posterior reversible encephalopathy syndrome (PRES) is a clinico-radiological condition characterized by headache, nausea, vomiting, seizures, and visual disturbances with typical radiological features of symmetrical edema mostly involving the white matter in the occipital regions ⁽¹⁻²⁾. PRES can develop in association with a wide array of clinical conditions, including systemic infections, hypertension, organ transplantation, and immunosuppression (especially with calcineurin inhibitors). Children who are on prolonged steroid therapy or on calcineurin inhibitor therapy in nephrotic syndrome (NS) are at risk of developing PRES ⁽³⁻⁴⁾.

A 6-year-old Moroccan-boy, followed in his country for nephrotic syndrome, was hospitalized in our unit of pediatrics for severe generalized body edema, proteinuria (18600 mg/day), low serum albumin (0.9 g/L), high serum cholesterol (468 mg/dl). His arterial blood pressure value was 122/77 mmHg. We treated him with steroid intravenous, albumin supplementations and we continued cyclosporine.

While his general conditions were improving, on the seventh day of hospitalization he developed headache, vomiting, dizziness, temporal blindness. A non-contrast computerized tomography was performed and it showed symmetrical hypodensities in parieto-occipital regions. His blood pressure was 132/71 mmHg. Then he developed two episodes of generalized tonic clonic convulsion, followed by unconsciousness. Magnetic resonance imaging (MRI) showed hyperintense signal in the parieto-occipital regions, and revealed bilateral cortical and subcortical white matter edema in parieto-occipital lobes.

The child was treated with antihypertensive medications, diuretic, steroids and immunosuppressant (cyclosporine A),

thereafter he got no seizure and regained full consciousness and vision. His blood pressure was kept at normal range and urinary protein excretion gradually decreased. MRI performed two weeks later revealed no abnormality of the brain, which is a usual phenomenon in case of PRES.

The pathophysiology of PRES remains controversial, and two main hypotheses have been suggested; impaired cerebral autoregulation resulting in increased cerebral blood flow, and endothelial dysfunction with cerebral hypoperfusion ⁽⁵⁻⁶⁾.

PRES must be managed carefully and its pathogenic factors should be suspected and recognized as soon as possible in order to properly treat the patient. In hypertension-related and drug-induced PRES, in fact, effective management includes prompt withdrawal of offending agent, aggressive control of blood pressure, timely anti-convulsant therapy. In our case, hypertension was undoubtedly an important cause, but we were uncertain whether cyclosporine also played a pathogenic role.

PRES should be always considered in the differential diagnosis of a child with idiopathic nephrotic syndrome, headache and visual disturbance.

P510

PARENTAL KNOWLEDGE OF CHILDREN'S SCREEN TIME AND THE DEPICTION OF NUTRITIONAL PRODUCTS ON CHILDREN'S TELEVISION

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Introduction Childhood obesity is a major risk factor for developing metabolic syndromes, with these patients five times as likely to develop type 2 diabetes compared to those without metabolic syndromes. Significant contributors to obesity include decreased physical activity, poor diet, and sedentary behaviours, especially television viewing. Current guidelines recommend no more than 2-hours non-educational screen-time per day.

Aims Examining parental knowledge regarding food-types on children's programming and ascertain self-reporting of television viewing and parental concerns regarding nutritional influence of television.

Methods Cross-sectional survey on parents of children aged 4–16 years old, presenting to University Hospital Limerick, October-April, 2018. Surveys regarding demographics, television viewing, perceptions of television portrayal of nutrition. Data analysed on SPSS.

Results Sixty parents completed the surveys with 15% reporting their children watched over 2 hours of television during weekdays, increasing 35% during weekends. Whilst the majority (55%) reported sweet snacks the most commonly depicted on television.

10% of children always watched television during meals with half of children regularly watching television during meals. 80% of parents admitted concern regarding advertising of unhealthy foods with 85% doubting the advertising industry would protect children. 75% of parents were concerned regarding children nutrition, with various concerns expressed.

Conclusions Results showed high level of concern regarding advertising and children eating habits. Overall results showed significant proportion of children spending greater than the recommended time watching television, with a significant

portrayal of unhealthy food types during this period. Future work in this area should fully explore the influence of screen time on food choice and nutritional intake of children.

P511 PARENTAL KNOWLEDGE OF PHYSICAL ACTIVITY GUIDELINES AND LEVELS OF PHYSICAL ACTIVITY IN CHILDREN

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10.1136/archdischild-2019-epa.847

Introduction Childhood obesity is a risk factor for developing metabolic syndromes, with these patients five times as likely to develop type 2 diabetes compared to those without metabolic syndromes. Significant contributors to obesity include decreased physical activity, poor diet, and sedentary behaviours, especially television viewing. Current guidelines recommend no more than 2-hours non-educational screen-time per day.

Aims Examining parental knowledge regarding exercise guidelines, the portrayal of exercise on television and to ascertain self-reporting of physical activity and any relevant barriers.

Methods Cross-sectional survey on parents of children aged 4–16 years old, presenting to University Hospital Limerick, October–April, 2018. Surveys regarding television viewing and perceptions of television portrayal of exercise. Data analysed on SPSS.

Results Sixty parents completed the surveys and the majority of were aware that 60 minutes is the recommended guideline (50%), despite a wide answer range (20–240 min). Most parents believed dancing was the most common exercise depicted on television (40%). 60% of children met activity guidelines during weekdays, with this increasing to 75% at weekends. Two-thirds of parents surveyed were not concerned regarding their child's activity levels. Commonly reported barriers to exercise were time involved and cost.

Conclusions Results showed parents were aware of physical activity guidelines and of exercise portrayal on television. Self-reporting indicated two-thirds of children were meeting minimum recommended activity guidelines during the week. Results show that despite parental knowledge regarding guidelines, many children do not meet recommendations, which is associated with increased sedentary television viewing. Future work in this area should fully explore mechanisms underpinning reduced activity and relevant interventions.

P512 CHILDREN AND HEALTHY EATING HOW DO THEY UNDERSTAND IT

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Background Globally, 10% of all children and 43 million children under 5 years are either overweight or obese (Livingstone, 2014). According to Livingstone (2014), childhood obesity is one of the serious public health challenges in the 21st century because of its impacts on childhood mental and physical health. Also, the most serious complication of childhood obesity is type 2 diabetes which might result in obese middle age adults and early dementia. Once

childhood obesity is established, obesity is notoriously difficult to treat.

Livingstone (2014) stated that approximately 30% of obese children and 70% of obese adolescents will go on to become obese adults. Girls are more likely to be affected than boys. The longer a child remains obese beyond 3 years old the more likely that obesity will persist into adulthood. Possibly by 2020, worldwide, 9% of all preschool children (approximately 60 million children) will be obese; if no significant intervention is done.

Objective This research study was designed to explore children's (aged 9–10) beliefs about healthy eating and what they manage to eat healthily.

Design This research was exploratory to the way that two different groups of children conceptualized healthy eating to compare between them. One was at a primary school cohort and another at a local Church group. The same questionnaire comprised of 14 questions was administered to children in both cohorts with the twenty-six year 9 and 10 participants to explore how they perceived healthy eating. Total number of children (aged 9–10) was 26, 19 at primary school group and 7 at local Church cohort. Both cohorts were from the same ethnicity (whitish-British), age, gender and low-middle socioeconomic states and different level of education of parents.

Results Although children at primary school age group were more likely to make healthy food choices than those of the local Church group, (77.3% vs. 47.1%) 71% favour to eat unhealthy foods. Also, 26.3% of children at the primary school group as compared to 28.5% of those in the local Church group thought that pasta is made from cheese and 14.2% of children at local Church cohort believed that pasta is made from meat. 10.5% of children at primary school cohort perceived that egg is made from Cow and 5.2% believed that Crisps is made from plastics. 100% of children in the local Church group as compared to 36.8% of those at primary school cohort had knowledge of healthy eating from their parents.

P513 PREVALENCE OF HOSPITAL-ACQUIRED MALNUTRITION IN CHILDREN AT A TUNISIAN TERTIARY REFERRAL HOSPITAL

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Introduction Hospital-acquired malnutrition (HAM) occurs as a result of reduction in food intake and an increased calorie requirement resulting from high catabolic state induced by the disease. The prevalence of HAM is underestimated, mainly in the pediatric population.

Objectives This study aimed to investigate the prevalence and risk factors of hospital-acquired malnutrition in Tunisian children.

Methods Prospective, descriptive and analytical study, including all children over 28 days of age hospitalized for at least 48 hours in the pediatric department 'C' of BECHIR HAMZA Children's Hospital from April 2018 to September 2018, was conducted. Children with dehydration or edematous syndrome were excluded from the study. The prevalence of HAM was estimated by a 25% decrease in z-score BMI (body mass