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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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.

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
Results We included 294 children in the study, with a mean age of 43.6 months. Conditions affecting upper and lower respiratory tract (32%) were the most common at admission followed by infectious diseases (21%) and gastrointestinal system conditions (10.5%). The prevalence of acute undernutrition (AUN) at admission was 25.5%. It was mild, moderate and severe respectively in 17%, 5% and 3.5% of cases. The prevalence of AUN at discharge was 34%. It was mild, moderate and severe respectively in 19%, 8% and 7% of cases. Duration of hospital stay ranged from 2 to 41 days with a median of 5 days. The prevalence of HAM was 28.6% (84/294) with a predominance in children aged <59 months (68/205) (33.2%). Weight loss was observed in 63.2% (186/294) of cases. The mean weight at admission was 15.7 ± 12.9 kgs [2.2–80]. At discharge, the mean weight dropped to 15.3 ± 12.8 kgs [1.6–77]. All age groups showed a reduction in weight during hospitalization; however, it was more common in children aged 12–24 months (61.8%). Weight loss was ≥5% in 82/186 (44%) of cases. Risk factors of HAM were: separation from mother during hospitalization (Odds Ratio (OR) 3.44, 95% CI 1.13–10.48; p = 0.029), fever during hospitalization (OR 8.94, CI 1.1–72.42; p = 0.04), stop or decrease oral or enteral feeding during hospitalization (OR 1.47, CI 1.27–1.82; p = 0.008). However, breastfeeding, absence of chronic disease and age over 15 months were protective factors against HAM.

Conclusion The prevalence of HAM in Tunisian children was high. Risk factors are multiple and their screening is essential for early and adequate management.

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THE POSITIVE CLINICAL CONSEQUENCE OF EARLY INTERVENTION OF COMBINED THERAPY (OMEGA 3 FATTY ACIDS AND B12 VITAMIN) ON CHILDREN UNDER 5 WITH VARIABLE FORMS OF CEREBRAL PALSY

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Background Cerebral palsy is a common pediatric problem encountered in about 1:3 per 1000 born children and causing variable mental, motor and behavioral s dilemmas. Newly introduced trials of neurogenesis with different agents are now extensively evaluated.

Objective Our study was conducted to evaluate the neurotrophic response to B12 vitamin and omega-3 fatty acids in children diagnosed early with variable forms of cerebral palsy. The response was monitored both clinically and with C.T Scan as being a highly predictive tool for assessing cerebral palsy.

Design The study was carried out on 40 cerebral palsy patients; 26 (65%) out of them were girls, and 14 of them were boys, aged from 0 to 5 years old; from outpatient clinic at Zakho/Duhok General Hospital in Kurdistan Region-Iraq. Patients were treated and followed up for 6 months to one year. They were represented and adjusted by full history taking and clinical examination. Brain C.T scans was done for every patient to assess the degree of brain atrophy before starting this combined therapy, and every month for six months to one year.

Results The study revealed that early intervention of both omega 3 and B12 vitamin in children under 5 with cerebral palsy (cp) shows great response based on clinical examination...