of QoL domains need to be examined further. Identifying predictors of QoL could promote prevention and treatment plans for supporting adaptive lifestyle of adolescents.

P603 UROPATHOGEN PROFILE IN THE PAEDIATRIC POPULATION – A COMPARATIVE STUDY BETWEEN TWO GEOGRAPHICALLY DISTINCT REGIONS IN IRELAND

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Background Urinary tract infection (UTI) is one of the most common bacterial infections among children. The high level of antimicrobial resistance in uropathogens worldwide is a cause for real concern. Currently empirical first line antibiotics used for UTI in children are similar in most hospitals. There is limited data in relation to geographical variation in uropathogen prevalence and their antimicrobial sensitivity. This study aims to evaluate and compare the prevalence and resistance pattern of UTI pathogens in two geographically distinct areas in Ireland.

Methods Paediatric patients admitted with an uncomplicated laboratory confirmed UTI at Sligo University Hospital and Cavan General Hospital between January 2017 and December 2018 were reviewed; Patients with structurally or neurologically complicated urinary tracts were excluded from this study. Antimicrobial susceptibility to Amox-clavulanate, Amoxycillin, Cefazidime Fosfomycin, Gentamicin, Nitrofurantoin, and Trimethoprim was determined for urinary isolates.

Results Profiles of organisms and antimicrobial sensitivities in Sligo and Cavan patients were broadly similar but with some differences, Escherichia coli was the most prevalent pathogen contributing to UTIs representing 80.22% and 87.34% of isolates in Sligo and Cavan respectively. Highest rates of resistance were noted to Amoxycillin (49.45% and 62.03% respectively) and co-Amox-clavulanate (42.86% and 41.77%). Highest rates of antimicrobial sensitivity for isolates from Sligo were for Nitrofurantoin (91.2%), followed by Fosfomycin (90.11%) while in Cavan, they were for Gentamicin (96.2%) followed by Nitrofurantoin and Cefazidime (92.4% both).

Conclusions High resistance was observed to Amoxycillin and co-Amox-clavulanate which are commonly used as empirical treatments for UTIs. It may be timely to review our local empirical antibiotic choices. The results of this small study in two local acute paediatrics services would indicate it may be useful to conduct a wider national review of uropathogen patterns and sensitivities in the paediatric population.

P605 FUNCTIONAL CONSTIPATION IN A TERTIARY HOSPITAL SETTING

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Objectives Functional constipation in children should be diagnosed in primary care, based on Rome criteria. Management in tertiary care is rarely needed. The aim of this study was to assess the frequency and structure of paediatric patients diagnosed with functional constipation in a tertiary hospital setting.

Methods This study enrolled children referred to the paediatric gastroenterologist (PG) at the UHC Zagreb from January 1st 2017 to December 31st 2017 (N=1729). Data on patients was extracted retrospectively from clinical records. The subjects were classified in three age groups: infants and toddlers (0–3 years), children (4–10 years) and adolescents (11–18 years). Descriptive statistics and chi-square test were used, statistical significance was determined as p<0.05

Results After appropriate evaluation, about 8% of all outpatients seen by the PG at the UHC Zagreb during year 2017 had functional constipation with or without encopresis (7.63% or 132 patients, boys: 56.1% vs girls: 43.9%). Half of the patients were in the age group of 4 to 10 years (66/132 or 50%), about 1/3 was 0 to 3 years old (41/132), and about 1/5 were adolescents (25/132). It was the most common functional gastrointestinal disorder (FGID) (132/328 or 40.24%),