the possible prohibition of performing sports, to the results of surgery as scars, a possible source of shame.

Parents of children with heart disease may experience higher stress levels than normal parental function and may feel very stressed about issues related to accountability and social integration.

**Methods** This research aims to investigate the quality of life in pediatric age both in terms of purely cardiological aspects (CardioPeds) and of general quality of life (PedSQL), also evaluating, starting from 12 years, the possible presence of depressive symptoms (PHQ-9) or anxious symptoms (GAD-7). These tests were administered both to the children and the parents, with the addition for these last ones of the compilation of the PSI, to investigate the parental distress.

The research allowed to divide the sample of 500 patients into 6 predominant pathologies, in order to compare the quality of life of children in different diseases and to understand if a specific pathology is associated or not with a lower quality of life.

**Results** Through an adequate statistical analysis it was found that the quality of life perceived by the subjects included in the study is significantly better than that perceived by the parents about the same children and adolescents.

**Conclusions** This study was one of the first to investigate the quality of life in congenital and/or acquired pediatric heart disease. However, the results obtained require further studies, in order to deepen what has emerged.

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**GP35**

**STUDY OF THE STIFFNESS OF THE VASCULAR WALL IN CHILDREN FROM FAMILIES WITH A BURDENED HISTORY OF CARDIOVASCULAR DISEASES**

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Medical emergency center in Kazan conducted targeted screening to select patients with ischemic strokes, myocardial infarctions, angina pectoris, widespread atherosclerosis of peripheral vessels, angiographically confirmed coronary atherosclerosis, ischemic heart disease and dyslipidemia. 230 patients were selected (men ≤55 years, women ≤60 years). Their children, grandchildren (144 people) (Group 1) aged 5–17 years were examined. Control group of conditionally healthy children (112 people) was formed (Group 2), their family history was collected with the aim of excluding heredity burdened by CVD. A biochemical blood test was performed to determine the lipid profile; thus, a group with dyslipidemia (Group 1a) was selected among children with burdened family history, which included 76 people (53%), lipogram indicators (Group 1b) that were normal (68 people, 47%). Rigidity indices of main vessels were determined: PTT (pulse wave propagation time), PWVao (pulse wave propagation speed in the aorta), Alx (augmentation index), (dP/dt) max (max blood pressure rise rate). An ambulatory daily monitor, BP lab® software using Vasotens® technology was used.

**Results** In general, in Group 1, the rigidity indicators of the vascular wall were similar (average daily PTT 145.3 ± 15.9 ms, PWVao 6.7 ± 0.9 m/s, Alx 4.9 ± 8.1%, (dP/dt) max 667.9 ± 119.8 mm Hg/s) with those of Group 2 (average daily PTT 140.5 ± 15.2 ms, PWVao 6.4 ± 1.1 m/s, Alx 5.1 ± 8.2%, (dP/dt) max 668.1 ± 121.3 mm Hg/s) and were statistically significant (p < 0.05). However, it was found that if we consider non-maximum daily indicators, then in Group 1 they were significantly higher (p < 0.05) (max daily PTT 199.9 ± 10.2 ms, PWVao 16.3 ± 1.4 m/s, Alx 35.3 ± 3.4%, (dP/dt) max 1098.1 ± 120.5 mm Hg/s) than in Group 2 (max daily PTT 181.7 ± 9.6 ms, PWVao 13.1 ± 1.9 m/s, Alx 28.3 ± 1.4%, (dP/dt) max 1005.1 ± 110.3 mm Hg/s). Comparing the parameters between Group 1a and 1b, no statistically significant difference was found between the mean values, but statistically significant difference was found between the maximum values.

**Conclusions** Direct relationship has been revealed between the presence of a burdened family history of CVDs, changes in the lipid profile of parents, relatives of the 1st and 2nd lines, and changes in the rigidity of the wall of the great vessels in their children. The rigidity of the vascular wall was significantly higher in Group 1 than in Group 2, differed between children from Group 1a and Group 1b.

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**GP36**

**FEEDING DIFFICULTIES IN CHILDREN WHO UNDERWENT CARDIAC SURGERY FOR COMPLEX CONGENITAL HEART DISEASE IN KOSMO**

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**Introduction** A feeding disorder in infancy and during childhood is a complex condition involving different symptoms such as food refusal and faddiness, both leading to a decreased food intake. It often results from abnormal feeding development. Also, adequate nutrition is crucial and challenge in children after surgery for congenital heart disease. There is a worldwide reason for attention to lesion or specific feeding problems, supplementation of trace elements and minerals, and an organized approach to pace, timing, and type of feeding are beneficial.

**Aim** Of presentation is assessing the prevalence and predictors factors of feedings difficulties in children who underwent cardiac open heart surgery in neonatal period and infancy. We address selected nutritional and caloric requirements for children after cardiac surgery and explore nutritional interdependence with other system functions.

**Method** This was a retrospective study in a tertiary referral hospital, and prior approval from the institutional ethics committee was obtained. Information for 78 children (42 male and 36 female) was taken from patients charts. The presence of feeding difficulties or disorders was assessed by a questionnaire when the child was 3 years old. As a feeding disorder was defined as an inadequate food intake for age, failure of thrive or for few cases need for tube feeding. Data were analysed with descriptive statistics and logistic regression.

**Results** From cohort of analysed children feeding problems occurred in 23%. At the time of study, refusal to eat or poor appetite was reported as a significant problem in 19 children and subnormal height and/or weight were recorded in 11 children. Early neonatal intervention and reoperation were identified as a risk factors for latter feeding difficulties...