transplantation on adolescents' self-identity development. This presentation will discuss the struggles that adolescent transplant recipients experience as they endeavour to incorporate a new kidney into their embodied self. These findings were identified as a predominant theme from a narrative inquiry of embodiment experiences among young people living with CKD in Ireland.

Methods This study employed a narrative inquiry research design. Using an ethnographic approach data were gathered through multi-media approaches including: visual body maps (i.e. life-size human body images), oral informal conversations and observational field notes. Five adolescents (10–17 years) participated in the study, which took place over a period of 18 months as adolescents experienced living with CKD in both hospital and home settings.

Results A nuanced finding identified from this study was a disrupted sense of self and identity arising from adolescents' encounters with a foreign body part (i.e. kidney). Adolescent participants experienced a tension between their body, self and identity as a consequence of transplant surgery. They struggled to adjust to the presence of a foreign organ from a deceased donor and they were concerned about developing personality characteristics of the donor. As one participant described, the kidney was not viewed as her own but was conceptualized as 'a dead persons kidney'. Another participant described the prospective of acquiring the personal qualities or characteristics of the donor as 'disgusting'. Findings also revealed that adolescents engaged in different individualised ways to cope with the transplanted organ.

Discussion The findings from this study provide an understanding of the struggles adolescents endure as they attempt to incorporate a foreign organ within their bodies and the potential impact on their self-identity. Clinicians need to be aware that substituting kidneys with donor organs is much more than a complex technical procedure; it requires an amalgamation of 'other' and 'self'. From a clinical perspective, a multifaceted and holistic person-centred care approach is needed to equip adolescents with the individual skills required to adapt to a new kidney.

OC11 CURRENT BREAST FEEDING PRACTICES AND FACTORS AFFECTING ITIN AL-BAHA REGION, SAUDI ARABIA(PRE & POST – INTERVENTION)

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10.1136/archdischild-2019-epa.11

Introduction and aim of the work Breast feeding (B.F.) is now considered a basic human right for every newborn infant, as well as of his/her mother. The WHO and UNICEF have emphasized the importance of promoting B.F. as a way to improve the health and nutrition of infants and young children.

The objective of this study was to find out the prevalence of B.F., the social, demographic and medical influencing factors related to the initiation and continuation of B.F., the knowledge and attitude of females towards B.F. in Al-Baha, Saudi Arabia. Also, to determine the weak points and common misbeliefs, which should be considered during the intervention stage.

Subjects and methods The study was conducted in Al-Baha region, Saudi Arabia (twice) in the period between January and November, 2015 (pre-intervention) and 2016 (post-intervention). Pre-intervention study was followed by intervention plan in form of workshops for physicians and mothers, and establishment of breast feeding clinic in KFH and use of educational materials in Al Baha hospitals. In both studies, participants were 714 mothers having 714 infants below 24 months, from both sexes and equally distributed among six age groups. All the sampled mothers completed answering questionnaires.

The results The results showed remarkable improvement in all breastfeeding rates, but still far below international safe rates. Post- intervention versus pre-intervention results showed: significantly less percent of mothers who never breast feed, increase ≥ 4 times in the percent of mothers who had BFD = (30–120) and BFD = (120– 240) and similar percent of mothers who had BFD higher than 240 days. Regarding education of the mothers, there was significant increase in BF rate specially in mothers who cannot read or write and those whose education level is before high school. Also the increase in BF rate was more in working mothers (3times) and in mothers from families with high income than non working ones and those from low income families respectively. The factors most significantly associated with the outcome of breast feeding were the early supplements, misperceptions, mother's education, working mothers, baby refusal, contraceptives, inconvenience and use of teats. The mother's knowledge about BF was very poor in both studies but improved in post-intervention study.

Conclusion The current study emphasizes that the most significant factors affecting the outcome of breast feeding are highly modifiable by health education. This information is crucial for the development of a successful breastfeeding promotion plan in this community.

OC12 ASSOCIATION BETWEEN DEPRESSION AND CARDIOMETABOLIC RISK FACTORS IN OVERWEIGHT AND OBESE TURKISH ADOLESCENTS

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10.1136/archdischild-2019-epa.12

Objective The aim of this study was to determine the prevalence of depression in obese and overweight adolescents and, to evaluate the relationships between depression and cardiometabolic risk factors in obese and overweight adolescents.

Method We performed a retrospective cross-sectional analysis of the data from overweight or obese adolescents 11 to 18 years of age who were evaluated in our clinic from January 2012 to December 2015. Depression was evaluated by Children's Depression Inventory. Hypertension, dyslipidemia, hyperinsulinemia, hyperglycaemia and insulin resistance were defined as cardiometabolic risk factors. For statistical analysis, Chi-square test and logistic regression analysis were used.

Results Among 283 adolescents 26.5% were overweight, and 73.5% were obese, the mean age was 14.02 ± 1.67 years and 59.4% of the subjects were girls. The SDS-BMI was in median 2.36 ± 0.62 , CDI score was in median 12.72 ± 6.5 , and 47 (16.6%) of the participants were found depressed. Depression frequency was found higher in females than in males ($p=0.047$). No significant difference was found in depression scores between overweight and obese groups. The frequency of hypertension, dyslipidemia and insulin resistance were found similar between depressed and non depressed groups. In depressed group hyperinsulinemia was found more frequent than in non depressed group ($p=0.026$), in logistic regression analysis this relation disappeared.

Conclusion It is obvious that there is a close relationship between depression and obesity, but no association between depression and obesity related cardiometabolic risk factors was found in this study group.

OC13 SYDENHAM'S CHOREA – A RARE CONDITION?

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10.1136/archdischild-2019-epa.13

Sydenham's chorea (SC) is considered a 'rare disease' in Western Europe and not much is known about its incidence in the UK¹. SC is a major criteria for diagnosing Acute Rheumatic fever (ARF). It is known to affect 10–30% of children with ARF. Carditis can affect 50–70% of children with ARF³. Damage to cardiac valves in ARF could be chronic and progressive.

This is an abstract of two patients presenting to A&E with involuntary movements. Both had chorea, carditis and significantly raised ASO titres and were diagnosed to have ARF based on modified Jones criteria.

Case 1 A 9 year old boy attended A&E with 2 weeks history of being increasingly clumsy and fidgety. Had repetitive involuntary movements of arms and multiple facial grimaces. He developed change in speech and was noted to get agitated easily. He had tonsillitis 2–3 weeks before, managed as viral illness by GP. Examination findings were consistent with SC; He was diagnosed with carditis a week later, with echocardiogram evidence of mild mitral and aortic valve regurgitations. His initial ASO titre was 2288, increased to 2626 at 6 weeks and decreased to 1489 11 weeks post presentation. He was commenced on sodium valproate 10 mg/kg twice daily 6 weeks later due to worsening chorea. 6 weeks following treatment, parents reported marked symptomatic improvement.

Case 2 A 9 year old girl presented with six day history of being fidgety, having abnormal movements in arms and poor balance. Child had fever, cough, and hoarse voice 2 months previously and was treated as viral illness. Examination findings were consistent with SC. Her ASO titre was 481. Echocardiography showed mild mitral and tricuspid regurgitation. She was commenced on Haloperidol, symptoms improved completely at 6 months and dose was gradually reduced and stopped.

Both patients had negative throat swab culture and normal cranial MRI. Lactate, Thyroid functions, Very long chain fatty

acids, NMDA receptor antibodies, ANA titres, plasma amino acids, Copper, ceruloplasmin levels, Urine organic and amino acids were all normal. Both patients were started on Penicillin prophylaxis.

Summary We encourage paediatricians to consider SC as a diagnostic possibility in children presenting with involuntary movements and emphasise importance of cardiac evaluation in them. We also believe there is a possible increase in incidence of SC and hence a need to develop consensus guideline regarding medications for SC. We highlight use of either Valproic acid or Haloperidol in SC with good effects.

OC14 OUTCOMES FOR CHILDREN RECEIVING NONINVASIVE VENTILATION AS THE FIRST-LINE MODE OF MECHANICAL VENTILATION AT INTENSIVE CARE ADMISSION ON VINNITSA REGION CHILDREN HOSPITAL: A PROPENSITY SCORE-MATCHED COHORT STUDY

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10.1136/archdischild-2019-epa.14

Objectives To compare outcomes of children receiving noninvasive ventilation with those receiving invasive ventilation as first-line mode of mechanical ventilation following unplanned intensive care admission.

Design Propensity score-matched cohort study analyzing data prospectively collected by the Pediatric Intensive Care Vinnitsa Regional Children Hospital 15 years (2003–2018).

Setting PICU in the Vinnitsa Regional Children Hospital of whom submitted Pediatric Critical Care Minimum Dataset data for the entire study period.

Patients Children consecutively admitted to study PICUs. Planned admissions following surgery, unplanned admissions from other hospitals, those on chronic ventilation, and those who did not receive mechanical ventilation on the day of PICU admission were excluded.

Interventions Use of noninvasive ventilation, rather than invasive ventilation, as the first-line mode of mechanical ventilation.

Measurements and Main Results PICU mortality, length of ventilation, length of PICU stay, and ventilator-free days at day 28. During the study period, there were 11,112 PICU admissions. A total of 1,114 admissions (10, 1%) were eligible for analysis once predefined exclusion criteria were applied: 504 (45.24%) received 'noninvasive ventilation first,' whereas 221 (19.83%) received 'invasive ventilation first'; 24 (2.15%) admissions could not be classified. Admitting PICU site explained 6.5% of the variation in first-line mechanical ventilation group (95% CI, 4.0–18.0%). In propensity score-matched analyses, receiving noninvasive ventilation first was associated with a significant reduction in mortality by 4.2% (95% CI, 1.9–5.6%), length of ventilation by 1.8 days (95% CI, 1.0–3.3), and length of PICU stay by 2.4 days (95% CI, 1.6–3.7), as well as an increase in ventilator-free days at day 28 by 4.1 days (95% CI, 3.1–5.4).

Conclusions Use of noninvasive ventilation as first-line mode of mechanical ventilation in critically ill children admitted to PICU in an unplanned fashion may be associated with significant clinical benefits.