order to reach their potential. Rates of neurodevelopment abnormalities in our population reflects current published data.

British Association for Paediatric Nephrology

825 DEFINING RENAL REMISSION IN CHILDREN AND ADOLESCENTS WITH LUPUS NEPHRITIS

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Background Systemic lupus erythematosus (SLE) is a severe and life-long disease. Lupus Nephritis (LN) can occur in up to 80% of children with SLE and it affects the long term renal outcome and the overall survival. Achieving and maintaining renal remission is essential. However definitions of complete and partial remission in children are not well defined.

Objectives We compared renal outcomes using different published definitions of complete and partial remission.

Methods 248 children with biopsy proven LN class III or higher (ISN/RPS) diagnosed and treated in 23 international centers in the last 10 years were included. Data regarding their renal outcome were collected for twenty-four months after the start of induction therapy. We applied seven definitions of remission to compare the number of children achieving partial and complete remission. Definitions applied have been adapted from the *Bristol-Myers Squibb (BMS) trial*, the *American College of Rheumatology (ACR) recommendations*, the *Lupus Nephritis Assessment with Rituximab (LUNAR) trial*, the *Aspreva Lupus Management Study (ALMS) trial*, the *Abatacept and Cyclophosphamide Combination: Efficacy and Safety Study (ACCESS) trial*, the *Kidney Disease Improving Global outcomes (KDIGO) guidelines* and the *Two-Year, Randomized, Controlled Trial of Belimumab in Lupus Nephritis (BLISS-LN)*.

We also focused on the BMS trial, the ACCESS trial and the KDIGO guidelines definitions to analyse the importance of gender, age, ethnicity and the economic income of the country (as defined by the World Bank) where patients had been treated.

Results The mean age at diagnosis was 11 years and 4 months. 71.4% were females. They were mainly East-Asian (34.3%), South-Asian (24.6%) and Caucasian (18.6%). 42.7% were from middle income countries and 57.3% high income countries. The kidney biopsies showed LN class III in 35.5%; class IV in 45.6% and class V in 18.9%.

The different definitions varied substantially in terms of outcomes, with that of the ACCESS trial having the highest percentages of complete remission and the BMS trial the lowest. A relatively small percentage of children achieved partial remission during the follow-up for all the definitions.

Focusing on the BMS, ACCESS and KDIGO definitions, we found no statistically significant differences of gender and age in the rate of children entering complete remission at 6, 12 and 24 months. East Asian children however achieved remission more often than other ethnic groups ($p < 0.05$).

Children treated in high income countries showed a statistically significant higher percentage of complete remission at 12 and 24 months ($p < 0.05$).

Conclusions Rate of complete and partial remission varied hugely applying the different definitions. Ethnicity and income of the country where the patients were treated influenced outcomes.

Our results can help in deciding how to define remission in urgently needed future treatment studies in children and adolescents.

International Child Health Group

826 PREDISPOSING FACTORS FOR SCHOOL DROP-OUT AMONG TEENAGERS; AN EXPERIENCE FROM REMOTE SRI LANKA IN THE PRE-COVID ERA

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Background Education is the best investment for the youth; it is a right of a child and mandatory in most countries including Sri Lanka. The rates of school drop-out remain high in vulnerable populations specially in developing countries.

Objectives The current study aimed to quantitatively and qualitatively evaluate the predisposing factors for school dropout amongst teenagers residing in remote Sri Lanka.

Methods This community based study included 75 teenagers who had dropped out of school for at least one year within the Mahaoya Medical Officer of Health (MOH) division. Participants were recruited based on randomized cluster sampling from 11 PHM (Public Health Midwife) areas between February 2019 and February 2020. All teenagers and their parents were interviewed separately at their home premises using a multi-structured questionnaire and a qualitative theme guide to understand contributory predisposing factors.

Results Median age of our cohort was 16 years. There was a male preponderance amongst the dropouts (Male - 48, 64%; female teenagers (27, 36%). The majority of mothers (59, 77.7%) and fathers (47, 61.9%) had not received formal education beyond primary school. Immediate reasons for school dropout were financial constraints (21, 28%), retention in the same grade due to poor performance (19, 25.3%), loss or separation of parents (11, 14.6%) and romantic relationships resulting in living together (10, 13.3%). The most common predisposing factors were academic failure (53, 70.7%), parental views on education (56, 74.7%), and school dropout in siblings (40, 52.6%). 54 teenagers (72%) had discontinued school of their accord but it was noted that 30 teenagers (40%) were keen for a re-admission. Health related causes included teenage pregnancy (8), drug addiction (7), chronic illness (4), hearing difficulties (2) and visual impairment (1). None of these teenagers had received psychological support.

Conclusions Aetiology of school dropout amongst teenagers is multi-factorial and grade retention negatively impacts on students' willingness to continue schooling. Adolescents need education on health related risks of drug addiction and teenage pregnancy. We propose that all children who drop out of school have access to psychological support.