Research has shown that a significant number of preschool children are overweight/obese, thus posing a major public health problem that can be considered a cause of non-communicable diseases at a later age. In this regard, intensifying primordial and primary prevention of excess weight from earliest youth should be taken in consideration. The KIDMED index may serve as a useful screening tool for assessing of children's eating habits and nutritional status quality and should be included in the daily pediatric practice.

486

ARE PRIMARY CARE PEDIATRICIANS READY TO CARE FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS (ASD): CHALLENGES AND TASKS

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Given the prevalence of autism spectrum disorder (1-2%), all primary care pediatricians should be prepared to care for children with ASD and their families. However, children with ASD often have poor access to appropriate medical support all over the world, including the developed countries. In this paper we describe challenges and tasks in providing of primary health care for children with ASD in Russia.

Methods. Serie of foresight-sessions 'Pediatric health care service for children with ASD' (4 sessions). During the sessions, working group was created, which included parents of children with ASD, pediatricians, psychiatrists, neurologists, gastroenterologists, immunologists, public health professionals. Working group compared Russian pediatric practice with guidelines for pediatrician's care for children with ASD from different countries (UK, USA, Australia, Israel) and analyzed evidence-based interventions.

Results The main problems of the primary pediatric care for children with ASD were described.

1. Pediatricians are not competent enough in early identification of ASD.

2. Pediatricians are not involved widely in assessment for comorbidities as possible aetiology (metabolic, endocrine diseases, epilepsy, genetic disorders and others). As a consequence, can be delayed diagnosis of rare diseases (mitochondrial disorders, etc).

3. Pediatricians are not familiar with specialty of medical comorbidities in patients with ASD such as gastrointestinal issues, nutrition status, food selectivity, allergy, pain or discomfort in children with ASD. The high comorbidity of gastrointestinal disorders in children with ASD (up to 84%), which can affect the behavior, is confirmed by a large number of studies.

Meanwhile, the Russian clinical guideline for ASD care does not pay attention to this. Eating disorders ('food selectivity', 'perverted appetite') are often regarded as psychopathological symptoms. At the same time, proper treatment of these abnormalities reduces the intensity of mental disorder.

4. Pediatricians are not aware how to conduct proper medical exam for children with behavioral problems. There is no special service to support child with ASD and family during medical procedures (blood sampling, ultrasound etc.).

5. There are no references between pediatricians and mental services.

6. Continuing stigma of mental disorders between pediatricians.

Conclusion It is important to increase significantly pediatrician's activity in identification, evaluation and management for children with ASD.

We conduct the initiative in the development of evidence-based guidelines for pediatricians to care children with ASD and families.

487

PARENTS PERCEPTIONS OF DIAGNOSTIC PROCESS AND TREATMENT IN CHILDREN WITH DEVELOPMENTAL DISABILITIES

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Children with developmental disability are specific population in paediatric primary care that need timely diagnostic and intervention and enough time to communicate.

The aim of this study is to examine parents perceptions and satisfaction with diagnostic process and treatment and on the basis of the results, point out problems and good sides of mutual cooperation between professionals.

The participants were 23 parents of boys and girls with developmental disabilities who came to primary care practice and were invited to participate in anonymously survey that was approved by ethical committee.

They were questioned about first signs of developmental disability, duration of diagnosis and inclusion in treatment. Parents were also questioned about cooperation with the primary paediatrician, hospital specialists, kindergarten teachers and rehabilitation team. One of the most important question was parents satisfaction with progression after the child joined the specialised treatment. Satisfaction and progress was rated on a series of 5-point Likert scale.

The mean age of children was 6,5years and 15 patients (65%) were male. Among children 12 have ASD, 4 have speech disorder, 3 behavioural disorder and one girl has Rett syndrome. Three patients are still in diagnostic process. Two patients also have epilepsy.

Parents were the first person to raise the suspicion of developmental disabilities in 73% of children, usually at the age of 1,7 followed by family members (13%). First sign of disability was speech disorder (60%) so they were referred to speech therapist. Diagnosis of developmental disability was established at 2,4 years. In six (26%) children diagnose was established before the age of 24months.

Average duration of diagnostic is 8,4 months and rehabilitation started after 7,2 months. Most of children do the treatment at specialised center.

Most of parents are very satisfied with cooperation with primary care paediatricians and rehabilitation team but less satisfied with hospital specialists and professionals from centre for social care. Also parents are contented with improvement in child's behaviour, social skills, motor skills and cognition and less contented with progression in communication and attention.

Developmental disabilities are now more widely recognised by parents and family members but still the main problems are long diagnostic delays and later start of treatment due to

lack of professionals and specialised centers. In the future we should strive for opening free counselling (paediatricians, educational rehabilitator, speech therapist and psychologists) for parents with doubts at primary health centers.

488 CAN BENIGN AFEBRILE CONVULSIONS ASSOCIATED WITH MILD GASTROENTERITIS BE PREVENTED BY VACCINATION?

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Convulsions during mild viral gastroenteritis (CwG) represent an entity of benign afebrile seizures occurring in children worldwide. Recent reports have shown that after the introduction of RV vaccine the incidence of RV-associated CwG decreased.

Our aim was to evaluate the demographic, electroclinical characteristics and outcome of CwG in children hospitalized in 6 Croatian centers in the period from 2008 to 2018.

This is a multicentre prospective study that included 40 patients hospitalized for CwG (male to female ratio 25:15). We collected medical records including data on gender, personal, family history of epileptic seizures, age on the time of first seizure, clinical type, duration and frequency of seizures, postictal/interictal electroencephalographic (EEG) features, anti-epileptic therapy and the results of laboratory analysis (including stool specimens for virus antigens and bacterial stool specimen culture) and brain imaging. Patients follow up was performed in six-months intervals during the first two years and later at intervals of 12-18 months.

Seizure types were classified using most current revised ILAE terminology.

The median age of children at the time of CwG onset was 15.5 months (range: 1 month to 6 years). Rotavirus was the most common cause of diarrhoea (85%). Seizures most frequently occurred (45%) on the third day of the gastrointestinal symptoms. Generalized seizures (90%) were the most common clinical presentation. In a half of patients, the seizures came in clusters.

The attacks usually lasted for less than five minutes (85%). In about half of the patients seizures ceased spontaneously and usually lasted less than five minutes (85%). Abnormal EEG was reported in 6 of 40 patients with CwG (15%). Long-term antiepileptic therapy (phenobarbitone and valproic acid) was prescribed in 12/40 patients (30%) for 1-24 months. During the follow-up period (median duration 44.5 months) of 37 children with CwG, two children (5.4%) had recurrence of CwG, two patients had febrile seizures and two children developed epilepsy.

Afebrile CwG represent a quite clearly defined clinical condition with good prognosis and with normal psychomotor development in most children. In a small number of cases, the risk of recurrence of CwG may exist, with the risk of the onset of febrile seizures and the development of epilepsy.

Considering RV as the most common causative agent of diarrhoea associated with convulsions, universal vaccination with RV vaccines should reduce the incidence of morbidity

from RV disease and consequently reduce the occurrence of its complications – CwG.

489 PEDIATRIC PRIMARY HEALTH CARE IN EARTHQUAKE-AFFECTED AREAS OF SISAK-MOSLAVINA COUNTY DURING THE COVID-19 PANDEMIC

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Aim To present the organization of pediatric primary health care in Sisak-Moslavina County in the complex conditions of lack of staff, facilities, and equipment after the earthquake during the COVID-19 pandemic.

Background The COVID-19 pandemic spread to Croatia on February 25, 2020, which required a change in the organization of health care institutions and the provision of health services with as few contacts as possible between staff and patients. Besides, Sisak-Moslavina County on December 29, 2020 hit by a strong earthquake that destroyed most of the facilities of the health care system. The pandemic and earthquake have affected adversely the physical, mental, and social well-being of children and their families.

Results In 2020 749 newborns were born in the Sisak maternity hospital, and about 13,000 children live in the earthquake-affected area. Primary pediatric care covers 8,348 children up to 14 years of age, of which 4,736 children up to 7 years of age are cared for by 7 primary pediatric teams. Out of 4 pediatric outpatient clinics (covered by 3 pediatric teams) in Sisak caring for 5,140 children, two work in containers, and one is dislocated in the suburbs of Sisak. From Glina, the primary pediatric outpatient office caring for 1,247 children was moved to Topusko. In the Petrinja area, two primary pediatric teams are working at the same location as before the earthquake and caring for a total of 1,961 children. Thanks to the UNICEF Office for Croatia and the Ministry of Health of the Republic of Croatia, containers, and the most necessary equipment for pediatric teams were acquired. The salutogenic approach to the health of families and children was maintained in an emergency, which included breastfeeding support, continued implementation of pediatric preventive health care measures, including vaccination, care for vulnerable groups of children with disabilities and socially deprived children, and intersectoral cooperation.

Conclusions It is needed to increase awareness of the community that delivering pediatric health care in emergencies is essential and could be realized if the appropriate number of health care teams is available. Ensuring spatial and all other conditions for their work should be the highest priority in restoration after the earthquake.

490 THE SHORT-TERM EFFECTS OF STRUCTURED EDUCATION ON BREAST-FEEDING IN A SAMPLE OF STUDENTS FROM BJELOVAR

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