Characteristic symptoms of the disease – disosmia, nausea, vomiting, loss of appetite were reported to occur 2 weeks prior to hospitalization and were only mild or barely causing any concern to the parent. Children were admitted with symptoms of mild to moderate dehydration, metabolic acidosis and often constipation. The classical laboratory findings of elevated inflammatory response, leucopenia and lymphopenia were absent. Abdominal ultrasound was negative. Repeated surgical exams revealed no signs of acute abdomen. Qualitative antibody testing showed either presence of both IgM and IgG antibodies against SARS CoV-2 or only IgG antibodies. Some children had pathologic urinary findings, such as hematuria. Signs of autonomic dysfunction were observed since all of the patients had bradycardia and variations of blood pressure. No respiratory symptoms were registered and no children had no history of pre-existing conditions.

Symptomatic medication was effective only in some patients. Empiric AB-treatment proved to be much more successful, though no causative agent of intestinal infection was isolated.

Manifestations of post-infectious MIS-C, associated with COVID-19 often include gastro-intestinal symptoms. For definitive diagnosis of the condition, tests for COVID-19 should be administered, since not all laboratory findings might be consistent with case definitions.

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CHILDREN'S PERSPECTIVE: HOW TO STAY 'NORMAL' IN 'ABNORMAL' WORLD

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The coronavirus pandemic has conquered the world in 2020 and had an outstanding impact on our everyday lives. Face mask mandates, constant use of disinfectants, social distancing, limited movement, working from home and online teaching are only some of the changes that we had to incorporate in our lives. Regardless of age, gender, occupation or socio-economic status, there is no single individual who was not challenged to adapt to the new circumstances.

Children and adolescents are much more vulnerable to the effects of any event that disrupts or limits how they function. This can cause long-term damage to the health and quality of their upbringing, as well as their proper socio-emotional and physical development.

In order to gain insight into the effects of the pandemic on the emotional status of children and adolescents, an online questionnaire was distributed to participants aged 10 to 18 in two periods – spring of 2020 and spring of 2021.

We believe that the acquired data can contribute to a better understanding of the effects of the pandemic on the lives of children and adolescents by analyzing any disruptions in mood, consequences on interpersonal relations, capacity to adapt and assessing quality of life.

Better understanding leads to a better ability to define the critical areas in which to provide professional help and support. It can also provide key guidelines for preventing developmental disruptions in vulnerable groups such as children and adolescents.

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HOW ACTIVE IS ACTIVE? PHYSICAL ACTIVITY LEVELS IN CHILDREN LIVING WITH OBESITY

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Background and Aims Physical activity is essential for healthy growth and development. Being active is an important tool for the prevention and treatment of childhood obesity. Physical activity can benefit children with obesity by helping them build a healthier body composition including stronger bones and muscles and increasing their energy expenditure. Other benefits for physical activity in children with obesity include improving mental wellbeing, sleep, gross motor skills and energy levels.

The UK Chief Medical Officers (CMO) recommend that children aged 5-18 years should engage in moderate-to-vigorous intensity physical activity for at least 60 minutes per day. Moderate-to-vigorous intensity activities are defined as requiring effort and noticeably raising the heart and breathing rates. Examples include cycling, jumping and active play.

This aim of this project was to assess physical activity levels in a population of children aged 5-16 years living with obesity and survey parental knowledge of the CMO guidelines.

Methods Families with a child aged 5-16 years living with obesity (defined by a BMI greater than the 98th centile on the RCPCH Growth Charts) were interviewed by a paediatric physiotherapist. Parents/carers were asked 3 questions.

'Do you consider your child to be physically active?' 'How many minutes of physical activity do you think are recommended by the UK CMOs for your child based on his/her age?' The third question was 'Can you describe your child's daily routine including any physical activities?'

Families described their child's daily routine including play, sport, and active travel. Answers were recorded by the physiotherapist, anonymously compiled, and analysed by the authors.

Results Families of 47 children living with obesity participated. 53% of parents/carers answered 'Yes' that they considered their child to be physically active. 47% answered 'No.' Only 19% of parents answered correctly when they were asked how many minutes of daily activity was recommended by the UK CMO. Upon analysis of the family accounts of their child's daily activities only 5 of the 47 children (12%) were achieving their daily physical activity targets.

Conclusions Encouraging children who are living with obesity to engage in physical activity is a fundamental treatment goal. This project highlights that a low percentage of children (12%) living with obesity are achieving the recommended daily activity levels. Many parents of children with obesity are not aware of the correct CMO recommendations for physical activity and overestimate how active their child is. As health-care professionals we should promote and educate parents about the CMO recommendations.

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A PRIMARY CARE APPROACH TO PAEDIATRIC MENTAL HEALTH DISORDERS IN IRELAND

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