examinations, and 176,832 were counselling sessions. Out of the total number of preventive examinations, there were 281,029 check-up examinations (85.8%), of which 166,240 in infants (4.4 per infant) and 114,789 in preschool children (0.5 examinations per child). During preventive visits, a total of 107,483 referrals were issued (17.6% of all issued referrals), of which 57.3% for infants. Most referrals from preventive visits of infants were for diagnostic purposes (40.1%), and from preventive visits of preschool children for the examination by consultant physician (52.2%).

**Conclusion** According to CEZIH data, preventive activities account for a fifth of the total activities in children’s health care on a primary level. The plan and program of health care measures sets four check-up examinations in infants, which, according to CEZIH data, has been achieved. However, in the period after the first year of life, three systematic examinations per preschool child were not performed or data on this were not recorded in the CEZIH. On average, every fifth preventive visit results in the discovery of a pathological condition due to which the infant or young child is referred for further treatment. Monitoring the growth and development of children by conducting regular check-up examinations is an important measure in the prevention and early detection of developmental disorders and the preservation of children’s health.

**CASE REPORT: THE MULTIDISCIPLINARY TREATMENT OF SOMATIC SYMPTOM DISORDER IN A SCHOOL-AGED BOY**

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Somatic Symptom Disorder (SSD), formally known as somatoform disorder, can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in the category titled: Somatic Symptom and Related Disorders. In the 10th revision of the International Classification of Diseases (ICD-10), somatoform disorder can be found under the code F45, with the more specific F45.4 being: persistent somatoform pain disorder. A multidisciplinary approach is often used in the treatment of this disorder. Medical professionals involved in the team include: pediatricians, child and adolescent psychiatrists, psychotherapists, psychologists, nurses, and other collaborating professionals. In this case report we present the case of a boy who had an unfavorable course of illness with recurring abdominal pain, loss of functionality, and inability to attend school for months. The patient was treated multiple times, both as an inpatient and outpatient, by pediatricians, child and adolescent psychiatrists, as well as the other members of the multidisciplinary team. Unfavorable prognostic factors in this case were: resistance and recurrence of symptoms, tension, and high emotional sensitivity. On the other hand, favorable prognostic factors were: motivation for treatment and an appropriate level of development of mental structure. During the patient’s last treatment in the hospital on the Department of Child and Adolescent psychiatry, an improvement in symptoms was achieved with a reduction of pain, as well as the reestablishment of school attendance at the hospital. In a number of cases, SSD has a chronic course, which poses a great challenge for treatment in practice today.

Over the last 30 years, there has been a rise in interventions and therapies with the help of animals (AAI, AAT). Within each of the mentioned procedures, there is an emphasis on the potential benefits of active use of dogs with both children and adults. In Croatia, there has also been a rise in various associations which do their activities with the help of animals, especially dogs. Since 2012, the Our Children Society of Sisak (Društvo Naša djeca Sisak), through the partnership with healthcare, educational and social care institutions along with judiciary preparations is actively implementing an innovative project of direct work with trained dogs and guides according to the holistic approach (AAI, AAT) within activities with the vulnerable user groups. The necessity of a multidisciplinary approach for the benefit of users and patients has achieved an unbreakable synergy between man and dog. Generally speaking, there are not that many healthcare institutions associated with the project using therapy dogs. For example, the pediatric clinic, and the Polyclinic for the protection of children and the young in Zagreb (Poliklinika za zaštitu djece i mladih Grada Zagreba), the Family Center Bjelovar (Obliteljski centar Bjelovar) are one of the first institutions that use trained guides and dogs according to this method, and every user and patient is happy with it. Incorporating therapy dogs in working with children results in an interaction between the child and the trained dog, guided by a trained dog expert, with the goal of improving psychophysical abilities. The activities are devised and directed towards the specific needs and difficulties depending on the individual (these can be language, emotional, and motor system difficulties). The guide dog expert is responsible for ensuring optimal conditions and a pleasant environment which are, in turn, to benefit the child so it can be able to use all of the advantages of animal-assisted therapy within the therapy process. The innovative method and research results suggest that active incorporation of trained dogs in therapies and interventions with children according to the holistic approach makes reaching certain therapy goals much more easy, and it also benefits the child in terms of developing contact and trust between the child and the experts more easily. Also, it gives the child a sense of security in the therapy setting, makes communicating unwanted emotions much easier, and it also increases confidence and empathy in children. In addition to this, it also reduces stress, anxiety and feelings of loneliness and reduces the sensation of physical pain. Most of these effects can be explained through the influence of the hormone oxytocin whose levels rise while petting or talking with the dogs, and since it also has an anti-stress effect it also reduces the stress levels in people. The poster will show the perspective of everyday work of guide dog experts with children, and, in more detail, it will present the work of dogs trained according to the holistic approach (AAI, AAT) with the goal of protecting the mental and social development of children.
physical health of children all while describing the various ways that one can work with children along with some of the challenges that the experts face each day along with some of the children’s experiences.

**23** PEDIATRICIAN AND EDUCATIONAL REHABILITATOR – ASSOCIATES IN THE PROCESS OF OBSERVATION, DIAGNOSIS AND REHABILITATION OF CHILDREN WITH DEVELOPMENTAL DISABILITIES

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The number of children with disabilities and persons with disabilities is continuously increasing, which is evident from the data of the Croatian Institute of Public Health. The report on persons with disabilities in the Republic of Croatia, May 2019, lists 45,314 children with disabilities. The pediatrician, as a doctor who deals with the health care of children from birth to the end of adolescence and cares about improving the child’s health and eliminating risk factors that threaten his normal growth and development, certainly has children with disabilities and developmental difficulties among his patients. An important part of any systematic examination of a child should be an assessment of psychomotor development and monitoring developmental milestones. When it comes to children with disabilities it can also include information obtained from co-specialists. The competencies of pediatricians include the promptly detection of developmental delays, knowledge of various developmental disabilities, and also perspective of related co-experts within different systems.

In providing support to children with disabilities, educational rehabilitators are important part of the interdisciplinary diagnostic team, the team of early intervention experts and professional teams in kindergartens and schools. They are a profession whose diagnostic, educational and rehabilitation procedures and programs apply to children with disabilities and persons with disabilities, the population with visual impairment, learning difficulties, attention deficit hyperactivity disorder, motor disorders, chronic diseases and multiple disabilities. The actions of both, the pediatrician and the educational rehabilitator, are aimed at the well-being of the child with risk factors, developmental delays or identified developmental difficulties. Mutual cooperation should include the exchange of key information and trust in the assessment, competencies and recommendations.

It is particularly important in case of children with autism spectrum disorder, which is primarily characterized by difficulties in social communication and interaction and limited, repetitive patterns of behavior, interests, and activities. During the periodic systematic examination in the pediatric clinic, the mere presence of the parents and the learned strategies can mask the characteristic difficulties. In some children, symptoms are present at an early stage of development, but often become more apparent when social demands exceed the child’s current abilities. They are more pronounced during the child’s time in kindergarten or school, which is then noticed by other professional associates – educational rehabilitator.

If the parent is not concerned about the child’s development, finds it difficult to accept the possibility of the difficulty or denies it, sometimes is missing the transfer of key information in sequence „educational rehabilitator – parent – pediatrician”, which unfortunately slows down the process of diagnosis and intervention. As an example of good practice and cooperation between a pediatrician and an educational rehabilitator for the purpose of objective informing, we provide and recommend a written opinion about the developmental status of the child.

**24** PRESENCE OF LANGUAGE DISORDERS IN SCHOOL AGE

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Language difficulties refer to impaired language acquisition and impaired language processing and can be an integral part or one of multiple difficulties. The most common among them is developmental language disorder, which refers to the present difficulties in the domain of language. Developmental language disorder is diagnosed when a child, despite orderly general cognitive abilities and a stimulating environment, has difficulty learning his mother tongue, and then any other language.

The paper presents the results of the analysis of the presence of developmental speech disorder in users of psychosocial support services in the Zagreb County. Linguistic comprehension was examined and the obtained results were analyzed by a qualitative methodology.

We emphasize the awareness of parents, professionals and all those involved in the upbringing and education of the child as a prerequisite for partnership with students and providing the necessary support to students in working with difficulties in the field of language comprehension.

**General Pediatrics**

**25** CHILD’S BLOOD VESSEL DEVELOPMENT IN RELATION TO MOTHER’S DIETARY EATING HABITS AND ORAL HEALTH


Dietary eating habits and oral health of pregnant women have the potential to affect pregnancy outcomes. Some observational studies have indicated a significant association of the periodontal disease with adverse pregnancy outcomes, such as the risk of preterm delivery and differences in blood vessels development.

The aim of the study was to evaluate the relationship between the dietary eating habits of mothers and their oral health during pregnancy with the development of the coronary and carotid arteries including intima media thickness.

By random selection, 40 pregnant women and their newborns formed a cohort – pilot study. The approval of the ethics committee was obtained. During pregnancy eating habits and dental mother’s status were analyzed. After delivery, a