Child public health

G245 UNCHARTED TERRITORY: INVESTIGATING PARENTAL AND PROFESSIONAL UNDERSTANDING OF GROWTH CHARTS

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Background and aims: The design of new UK growth charts to incorporate WHO data utilised parent and professional focus groups throughout. This paper will discuss what these groups revealed about use and understanding of growth charts.
Methods: Initial work with parents investigated the impact of the current UK90 design and parent-held child health record text on parental understanding. Subsequent parent groups tested draft text. Professional focus groups, mainly with members of health visiting teams, completed permutated exercises on current charts and new designs using case scenarios. These tested the new separation of preterm and infancy weight charts as well as plotting accuracy. These groups yielded quantitative data on plotting and interpretation accuracy and rich qualitative data from group discussions.
Findings: Parents believed that they understood growth charts and that their child should grow along ''that big bold line'' (the 50th centile). They valued health visitor contact, but felt that weighing was required as a means of access. Professionals were reluctant to investigate neonatal weight loss and to calculate actual percentage weight loss for fear of deterring breast feeders. Less than a quarter of all respondents were ''very concerned'' about a weight loss after birth of 12.5%. The use and duration of gestational correction was variable and inconsistent. Up to a third of respondents ceased gestational adjustment by age 6 months in a 34-week gestation infant, while 45% gestionally adjusted birth weight for a 37-week infant. A common theme in all professional groups was the lack of formal training received on plotting and interpretation of charts.
Conclusions: Although a universal component of infant care, growth charts are currently not well explained or understood and may mislead. High-quality and standardised educational inputs are needed for safe chart use. Feedback from the focus groups has materially improved the chart design and instructions and will inform the supporting educational materials now being produced.

G246 EVALUATING THE BRITISH PAEDIATRIC SURVEILLANCE UNIT: VIEWS FROM USERS OF THE SYSTEM

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Introduction: For over 20 years paediatricians have contributed to the success of British Paediatric Surveillance Unit (BPSU) and Orange Card and study questionnaire response rates remain >90%. As part of a wider public health evaluation of the BPSU, a survey of paediatricians and study investigators was undertaken to explore the views of those who contribute and use the system.
Aims: To assess the acceptability of the BPSU's surveillance operations among paediatricians and researchers and to ensure that surveillance activities are facilitated efficiently and effectively without placing an excessive burden on notifying paediatricians.
Methodology: Views were sought on the BPSU's quality of operation and effectiveness from the perception of responding paediatricians and study investigators. A random sample of 20% (n = 600) paediatricians receiving orange cards was identified to receive a user questionnaire, either by post or via a web link. Principal investigators of 27 BPSU studies undertaken during 2003–07 received a separate questionnaire.
Results: The response rate of paediatricians was 75%: 192 postal and 259 electronic questionnaires were returned. 84% of paediatricians considered surveillance of rare paediatric disease to be important; 43% stated that they had changed their clinical practice following the outcome of BPSU studies. Over 90% accessed published papers, the BPSU bulletin and BPSU annual report reporting study outcomes; however, most (82%) had not used the BPSU website. Only 30% of clinicians would prefer an electronic reporting system to the current postal Orange Card. Of those reporting a case, 92% found the detailed case questionnaire easy to complete. Problems identified by reporting paediatricians included difficulty in re-identifying a patient (5%) when subsequently contacted for case details and retrieving hospital notes (17%). Of the 27 investigators contacted 24 responded. 83% felt supported by the BPSU during study development and 92% considered that their research objectives could only have been achieved with national surveillance. 73% of studies resulted in future research being identified.
Conclusions: Overall, user views of the BPSU paediatric surveillance system were positive. Study outputs continue to contribute to changes in clinical practice and public health policy. Although participation requires effort, this does not appear to be unduly burdensome and the BPSU system is valued by both paediatricians and investigators.

G247 CIGARETTE SMOKING, CANNABIS USE AND RISK-TAKING BEHAVIOUR IN AN IRISH TEENAGE POPULATION

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Introduction: Cannabis is the most widely used illegal drug in the world yet there are few data on its use in Ireland. Cigarette smoking has previously been shown to act as a ''gateway'' to cannabis use, which in turn is linked with further risk-taking behaviours.
Aim: To establish the prevalence of cigarette smoking and cannabis use in Cork teenagers and to quantify the relationship between these and other risk-taking behaviours, including hard drug use defined as use of cocaine, heroin, crack, amphetamines or LSD; ''soft drug'' use defined as alcohol with pills, glue, magic mushrooms or tranquillisers.
Method: Cross-sectional study of 15–17-year-old second level students across five schools in Cork city and county using a standardised questionnaire. Main outcome measures are self-reported cigarette and cannabis use.
Results: A total of 370 of 417 eligible students completed the survey, which was carried out over a 5-week period. 228 (61.6%) were female, 179 (48.8%) were age 15, 170 (45.9%) were age 16 and the remainder were 17 years old. 48.4% of those surveyed had smoked at some stage in their lifetime while 15.1% have used cannabis. 30% of cigarette smokers have used cannabis while only 1.5% of non-smokers used the drug. On univariate analysis cigarette smoking, level of socialising and level of going out were significantly associated with cannabis use, all $p<0.001$ (Fisher's exact test). On multivariate analysis using logistic regression, adjusting simultaneously for gender, level of socialising with friends and level of going out, lifetime cigarette smoking status was independently associated with hard drug use, adjusted OR = 6.2, $p = 0.005$; soft drug use, adjusted OR = 4.6, $p = 0.002$; violence/accidents, adjusted OR = 2.3, $p<0.05$; and high-risk sex practices, adjusted OR = 10.8, $p<0.05$. Similarly multivariate analysis of lifetime hash use, adjusting for the same variables, was also significantly associated with these outcomes.
Conclusions: This study supports the presence of an association between cigarette smoking and cannabis use as well as with other forms of illicit drug use. While it cannot establish causation, it does identify cigarette smoking as defining a high-risk group for whom targeted preventative interventions may be warranted.