467 AID OF PHYSICIANS TO CHILDREN AND ADOLESCENTS WHO EXPERIENCED SEXUAL ABUSE

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This article discusses children and adolescents who have been the victims of sexual abuse. It focuses on the special role that physicians play in identifying such children and providing them with initial support and assistance. The article discusses the short and long-term effects of childhood sexual abuse, including the physical and emotional impact of sexual exploitation and severe neglect. It presents the effect of this phenomenon on the victims, and how they express and deal with their trauma. It is important for physicians and other medical professionals to be sensitive to the possibility of children being abused, scared, or threatened. It is important to note that if the abusers are members of the child's family, it requires double attention and it's necessary to involve other welfare authorities. In such a case the physician plays a double role - a health provider and supportive figure. The article also includes a discussion of effects that are manifested when the victim has grown to adulthood, such as personality disorders. The method used to treat these abused children is to bring forth loved ones to mitigate the effect of the injury and help the victim deal with the painful feelings it engenders. The purpose of this paper is thus to draw the attention of teachers and school counselors to the importance of identifying these abused children so as to be able to rehabilitate them and allow them to develop properly, as the sexual abuse of children damages not only their present but also their future development.

468 A REVIEW OF CHILD PROTECTION PRACTICES IN A BUSY DISTRICT GENERAL HOSPITAL

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Background and Aims Following the tragic death of Victoria Climbié in 2003, Lord Laming produced a report setting out a number of recommendations aimed at improving Child Protection (CP) practices throughout the UK. We decided to review our practice in a District General Hospital in Northern Ireland to determine whether recommendations from previous CP audits were implemented, and in addition check our compliance with the Laming recommendations.
Methods We performed a retrospective chart audit on CP cases presenting to our paediatric department between September 2008 and March 2010. Using recommendations from previous audits and Lord Laming we defined our standards and devised a pro forma for collecting data.
Results Our targets were achieved in a number of areas, in particular medical note keeping, use of CP illustrative templates, documentation of telephone exchanges and face to face discussions, the presence of Nursing Progress Notes, identification of the child's consultant and GP in the medical notes and documentation of results of investigations. We failed to meet our objectives relating to certain aspects of communication, especially taking a history from the child, proper use of interpreters, documenting consent, informing social services in writing and documenting review arrangements.
Conclusions Progress has been made in how we manage these difficult and sensitive child protection cases. However, we have identified a number of areas where we can improve upon our current practice, and have made recommendations that we hope will further aid in safeguarding our children in the future.

469 EXPLAINING THE UNEXPLAINED: HOW FAR TO INVESTIGATE SYMPTOMS IN LEARNING DISABLED PATIENTS?

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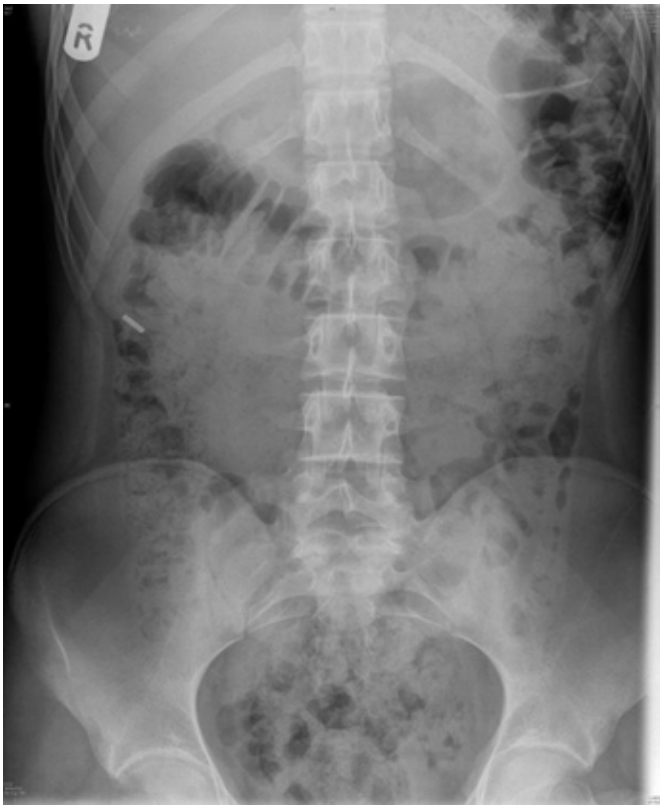
Background and Aims We present a case of a severely autistic 14 year old boy referred to paediatric outpatients with a 1 year history of pica and early morning retching. This was initially considered behavioural in origin. Review of previous Abdominal X-ray (Image 1) revealed a gastric bezoar; at surgery this had resolved but duodenal adhesions were found and divided with recovery of symptoms. Distinguishing which symptoms are behavioural in origin and which are organic can prove a diagnostic conundrum in learning disabled patients. We aim to provide guidance for rational investigation.



Abstract 469 Figure 1 Gastric Bezoar

Methods We present a literature review on learning disabled children presenting with unexplained symptoms.
Results Autistic children have an increased tendency to develop pica, and gastric bezoar causing obstruction is well described. Learning disabled children can also present with a range of gastrointestinal problems including diarrhoea, constipation and vomiting which may also be secondary to pica. Behavioural symptoms may be difficult to distinguish from gastrointestinal symptoms for example gastro-oesophageal reflux.
Conclusions We propose a collaborative approach between general and community paediatricians and present proposed guidance for investigation of symptoms.

470 BEING INFORMED - A NATIONAL SURVEY ON CONSENT IN UK PICUS

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Background and Aims Informed consent underpins medical practice. However, the immediacy of PICU can make obtaining informed consent challenging. Nevertheless, consent could be obtained for less urgent procedures and investigations.

We aimed to survey the current practice of obtaining consent for commonly performed procedures and investigations.

Method We conducted a survey of UK PICUs and Paediatric Transport Services to determine if consent is obtained and the form it takes.

Results We obtained responses from 16 PICUs or transport services. No unit has a written consent policy.

Abstract 470 Table 1

Procedure	Written Consent	Verbal Consent	No Consent	Comments
Intubation	0	2	14	
Arterial or Central Line	0	2 (including 1 occasionally)	14	Occasionally (n=1)
Blood transfusion	1	1	14	Time permitting (n=1); Occasionally (n=1)
Chest drain	1	2	13	
PD catheter	3	0	8	Not applicable (n=5)
Bronchoscopy (on PICU)	1	1	9	Not applicable (n=5)
Bronchogram	2 (including 1 occasionally)	0	5	Not applicable (n=9); Occasionally (n=1)
CT Scan	1 (only if contrast required)	1	14	Follow local guideline for transport service (n=2)
MRI	4	2	8	Follow local guideline for transport service (n=2)

Conclusion Current practice is variable both across and within units. Predictably, consent is most commonly obtained for less urgent procedures; consent may be impossible for time critical procedures. There are aspects of consent that the PIC community may need to review - for example the dichotomy of obtaining consent for the same procedure (eg bronchoscopy) being undertaken in theatre but not on PICU.

471 CARE FOR THE CHILD WITH A RARE DISEASE: A JOINT VENTURE

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Novel digital communications and data registration add to a collaborative management approach for chronic diseases. Primary health care (PHC) providers, patients, and families can effectively prevent many major contributors to the disease burden. Patients need information, motivation, and skills in prevention and self-management. Prevention measures should be provided by professionals. This study aims at establishing opportunities for PHC to detect children with rare and chronic conditions and provide PHC with tools for personalized prevention for children.

Methods 931 newborns where followed in the Dutch youth health records, during 2 years to detect children with a rare condition. The preventive scheme includes registration of pregnancy and delivery information, neonatal and vision screening, growth-, development and physical evaluation.

Results 12 children had been diagnosed because the child's obvious congenital anomalies recognized at birth or presenting with an acute illness. In another 10 children, the first signs and symptoms were recorded at the PHC. Of all 22 children, 5 children have a condition suitable for a coordinated care program with help of e health. We developed a system based on clinical "Detailed Clinical Models", for self management and continuous preventive care for children with a rare condition in primary care.

Conclusion Rare diseases can be detected in primary care and after proper diagnosis primary care can again be involved in collaborative management.

472 THE INFLUENCE OF AEROPOLLUTANTS ON THE DEVELOPMENT OF ASTHMA (BA) IN CHILDREN

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Aim The aim of our study was to evaluate the impact of aeropollutants on the development of asthma in children.

Materials and methods To solve this problem we used the method of compatibility of geochemical and medical data using GIS technologies and the R-factor analysis. Using our own and compilation data we have created database with the frequency of asthma disease in children in different cities of Crimea. Average annual data on the pollution of the cities by different gases and dust were taken at the local medical service. Then, having made the database with the calculated values of the factors at each point.

Results The study in some cities we have found out only 3 global integrated pollution zones. We have found out that the highest incidence of asthma is observed in adolescents and it is 10 times higher than for 7–14-year-old children, this group of children is the most susceptible to the effects of polluting factors. All the studied pollutants: carbon monoxide, dust, nitrogen dioxide, sulfur dioxide, formaldehyde et al. in case of increasing of their levels in the air, are fully involved in the development of asthma in children. But even single limit doses of dust and ammonia (normal maximum allowable doses a year) within the year for children with asthma are significant and contribute to the development of disease exacerbation.

Conclusion The R-factor analysis can solve many problems for the prevention of diseases including asthma.

473 DETERMINING THE CORRELATION BETWEEN THE SCAR SIZE OF BCG AND SUFFERING FROM ASTHMA IN CHILDREN, BY ASSESSING THE LEVEL OF THELPER1/ THELPER2

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The Bacille Calmette-Guérin (BCG) vaccine is used more than any other vaccines in the world, whereas a lot of studies have spoken about allergy and its relationship with the BCG vaccine. The aim of this study was to determine the relationship between the levels of Thelper1(INF-gamma)/Thelper2 (IL-4, IL-13) in children suffering from Asthma and the scar size of BCG in them. 100 children who have got scar, 60 of them suffered from asthma and 40 did not suffer from it, were studied. The Chi-square test revealed that the frequency of cases with scar size larger than 5mm, is 43%in Asthmatic patients and 70% in control group that the observed difference was statistically significant ($P = 0.01$). T test also revealed that the average of INF-gamma is considerably lower in patients suffering from Asthma than the control group. (6.95±3.83 (pg/ml) in asthmatic group compared with 10.75±6.98 (pg/ml)in control group)($P = 0.001$) wherease the average of IL-4 (30.90±16.51(pg/ml) in asthmatic group compared with9.95±7.44 (pg/ml) in control group) ($p<0.001$) and IL-13 (48.85±13.66 (pg/ml) in asthmatic group