

Abstracts

symptoms. Statistical analyses performed with paired t-test & chi-square test; $p < 0.05$ considered significant.

Results Sixty-two children (34 female, ages: 2–16yrs, mean: 7yrs) completed home-based TES successfully. Symptoms improved significantly in 56/62 (90%) STC children with gastrointestinal transit index improved after TES (Table 1). The 2 children who stopped laxative prior to TES had symptom improvement without further laxative use. Only 6 children (10%) required appendicostomy for antegrade enemas.

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Parameters	Pre-TES	Post-TES	p-value
Soiling (days/week)	4.6±2.4	0.7±1.1	<0.0001 (paired t-test)
Defecation (bowel action/week)	1.6±1.6	3.5±1.9	<0.0001 (paired t-test)
Abdominal pain (days/week)	1.7±1.9	0.2±0.5	<0.0001 (paired t-test)
Laxative use	No laxative - 2 On laxative - 60	Stopped laxative - 15 Reduced laxative - 30 Same laxative - 15 Remained with no laxative - 2	<0.01 (Pearson Chi-square)
Gastrointestinal transit index	10.8±1.6	11.6±1.6	<0.002 (paired t-test)

Conclusion Home-based TES is non-invasive. It is a promising treatment for STC children with avoidance of surgery and reduced laxative use with improved symptoms in most children. Success required clinician training and close patient contact.

142 COMMUNITY-BASED FOLLOW-UP WITH/WITHOUT FOOD SUPPLEMENTATION AND/OR PSYCHOSOCIAL STIMULATION IN THE MANAGEMENT OF CHILDREN WITH MODERATE ACUTE MALNUTRITION IN BANGLADESH

doi:10.1136/archdischild-2012-302724.0142

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Background and aims Moderate acute malnutrition (MAM) [WLZ: < -2 to -3] is a major health problem in Bangladesh and other low-income countries. This study was conducted to assess the effect of community-based follow-up care, with/without food supplementation and/or psychosocial stimulation, as an alternative to current hospital-based follow-up care of children with MAM.

Methods 227 children with MAM aged 6–24 months were randomly assigned to one of five regimens:

1. fortnightly follow-up care (FFC) at the icddr, b's outpatient-department, including growth monitoring, health education, and micro-nutrient supplementation (H-C, n=49);
2. FFC at community follow-up unit [established in the existing primary health care centers close to the residence of the child] but received the same regimen as H-C (C-C, n=53);
3. as per C-C plus cereal-based supplementary food (SF) (C-SF, n=49);
4. as per C-C plus psychosocial stimulation (PS) (C-PS, n=43); or
5. as per C-C plus both SF+PS (C-SF+PS, n=33).

Results Baseline characteristics were similar among the groups. Follow-up attendance and gain in weight and length were greater in groups C-SF, C-SF+PS, and C-PS than C-C, and these indicators were observed least in H-C. Children in the H-C group more often

suffered from diarrhea and fever than others. Children who attended at least five of the total six scheduled follow-up visits gained more in weight, length than those who attended fewer.

Conclusions Community-based service delivery, especially including supplementary food with or without psychosocial stimulation, permits better rehabilitation of greater numbers of children with MAM compared to current hospital outpatients-based care.

143 PRIMARY CARE EXPERIENCES AND HEALTH-RELATED QUALITY OF LIFE AMONG CHILDREN IN LOWER INCOME FAMILIES IN THE U.S

doi:10.1136/archdischild-2012-302724.0143

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Purpose This study examines whether patient-reported indicators of primary care quality are associated with measures of health related quality of life and reported school engagement among children in lower-income families.

Methods Data on 3,258 children ages 2–18 years are from a cross-sectional survey of parents of children affiliated with a county-level insurance program in California. Primary care quality was assessed using the Parents' Perception of Primary Care and was associated with health-related quality of life (measured using the Pediatric Quality of Life Inventory–PedsQL) overall and in four domains (physical, emotional, social, and school/daycare) and four measures of school engagement. We conducted multivariable linear and logistic regressions, adjusting for demographics, insurance, and setting of medical care.

Results A higher total primary care score was associated with a higher total PedsQL score and scores in four subdomains (total beta [B]=1.77, physical B=1.71, social B=1.36, emotional B=2.22, and school/daycare B=1.69, all $p < 0.001$). It was also associated with missing fewer than three school days due to illness (odds ratio [OR]=1.12, 95 percent confidence intervals [CI]: 1.05, 1.19), excellent/above average school performance overall (OR=1.10, 95 percent CI: 1.03, 1.17) and performance in reading (OR=1.13, 95 percent CI: 1.06, 1.20) and math (OR=1.10, 95 percent CI: 1.03, 1.16).

Conclusion Patient-reported primary care quality indicators are favorably associated with HRQOL and measures of school engagement among children in low-income families.

144 PRIMARY HEALTH CARE PHYSICIANS' WILLINGNESS AND PERCEIVED BARRIERS TOWARDS CONDUCTING RESEARCH

doi:10.1136/archdischild-2012-302724.0144

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Background and aims Health research supports health systems in the delivery of better, fairer and more equitable health care to people. Saudi Arabia government has acknowledged the importance of research to improve the patient outcome. Accordingly, conducting research has been promoted by Saudi commission for Health Specialization and a great increase in research fund was recognized. However, still has little of a research in Saudi Arabia compared to other countries. This research is conducted to assess the primary health care physicians willingness and the perceived barriers toward conducting research.

Methods This cross sectional study was conducted among all primary health care physician in Jeddah city. A self administered questionnaire was used to investigate their willingness and perceived barriers toward conducting research.

Results Of the respondents 87.1% reported that they are willing to conduct research and 91.7% with 95% felt that it is Important to