Results Sleep duration showed a significant inverse association with weight (p<0.05) and height (p<0.005) during 7 day and weekend days. A significant relationship was found between Sleep efficiency and weight, BMI, weight for age (p<0.05) during weekdays and weekend days.

Conclusion In the current study, we found Sleep pattern may be an important environmental factor for obesity in school age children. These findings are important because sleep duration is a potentially modifiable risk factor that could be important to consider in the prevention and treatment of childhood obesity.

The lumbar spine Z-scores BMD was significantly lower at the vertebrae (osteopenic range) than those of healthy population at the same age.

Conclusion & recommendation Young males with type 1 diabetes exhibit significantly lower BMD values at the vertebrae which may be manifested as osteopenia in the growing bone. This may not be a late complication of type 1 diabetes and seems not to be related to the duration of the disease or to glycemic control. Therefore we recommend bone density scan for all young males with type-1 diabetes to measure BMD and try to prevent diabetic osteopenia through therapeutic intervention.

Background and Aims Complementary and alternative medicine (CAM) use by children is predicated upon CAM-use by their parents. Of the various practitioner-based CAM therapies for children, chiropractic is the most popular. This study was undertaken to characterize the chiropractic care of children in Europe in a practice-based research network (PBRN).

Methods This study was approved by the IRB of Life University (Marietta, GA, USA). European chiropractors and their patients participated in a PBRN observational study to characterize the chiropractic care of children.

Results A convenience sample of 14 chiropractors (10 females; 4 males; average age = 39.36 years; average practice experience = 11.00 years) participated in this study and recruited a convenience sample of 64 parents whose child was receiving chiropractic care. Referrals patterns indicated 3 “often” received referrals from MDs while 15 indicated “often” referring patients to MDs.

Of the 64 children (34 females; 30 males; median age = 7.38 years; complaint duration average of 1.42 years), 47% had previously or were currently attending medical care while 53% did not.

Motivation for care ran the spectrum of pediatric clinical presentations from musculoskeletal (i.e., scoliosis) to non-musculoskeletal (i.e., colic, enuresis) in addition to health promotion and disease prevention. Perceived effectiveness by 72% of parents was high as monitored using a Likert Scale.

Conclusion European children attend the care of chiropractors for chronic recurrent conditions with high parental perceived effectiveness. We support further research to examine the factors for integrative pediatric care.

OSTEOPATHY IN INSULIN-DEPENDANT DIABETES MELLITUS; A NEGLECTED COMPLICATION

The main aim of management of insulin dependent diabetes (IDDM) is to prevent the acute as well as the long term complications. Recent studies suggest that IDDM in children is associated with significantly reduced bone mass density (BMD) values which may manifest as osteopenia in the growing bone. We hereby report three cases of IDDM males who were found to have low BMD and review the literature concerned with this issue.

Case 1: Eighteen years old, Kuwaiti boy known to have IDDM for last 8 years. His serum glucose is fairly well controlled with 9% HbA1C.

Case 2: Eighteen years old, Kuwaiti boy known to have IDDM for last 5 years. His serum glucose is well controlled with 7% HbA1C.

Case 3: Nineteen years old, Kuwaiti boy known to have IDDM for last 10 years. His serum glucose is poorly controlled with 12% HbA1C. BMD was measured due to their complain of bone ache. The lumbar spine Z-scores BMD was significantly lower at the vertebrae (osteopenic range) than those of healthy population at the same age.

Conclusion & recommendation Young males with type 1 diabetes exhibit significantly lower BMD values at the vertebrae which may be manifested as osteopenia in the growing bone. This may not be a late complication of type 1 diabetes and seems not to be related to the duration of the disease or to glycemic control. Therefore we recommend bone density scan for all young males with type-1 diabetes to measure BMD and try to prevent diabetic osteopenia through therapeutic intervention.

Background and Aims It is believed that the medical reports submitted to the Education Department are wordy and repetitive. The aims of the audit were to create clear and concise reports for the Education as a part of the special needs assessment and to test the above hypothesis.

Methods It is a retrospective qualitative analysis of the medical reports submitted to the Education department by a busy Community Paediatrics department of a District General hospital. 46 reports which were submitted to the Education from January 2011 to April 2011 were analysed through a standardised audit questionnaire.

Results Of all 46 reports, 100% had parental views expressed, 98% had no repetition, 86% had some documentation about the behaviour, in 85% the summary was clear and concise with appropriate recommendations, 82% had documentation about the hearing and 80% had documentation about the vision and developmental milestones. On the other hand only 56% had some documentation about the medications, 47% had a problem list, 28% had documentation of learning ability and 8% had documentation about strengths.

Conclusions The hypothesis that the medical reports are wordy and repetitive is wrong however there should be clear headings for problem list, medications, vision, hearing and developmental milestones. It was found that the existing template for the medical reports was not followed. As a result of this audit, a new template for the medical reports was developed to be used by the Community Paediatricians in an attempt to provide clear and concise reports for the Education Department.