Background and Aims Functional disability and bodily pain seem to be the most important determinants of physical and psychosocial well-being in young people with juvenile idiopathic arthritis (JIA) into adulthood. Disease course and self-reported daily life experiences through adolescence, and health professionals’ guidance and counselling in the transition process to adult life are explored.

Method Telephone interviews based on a questionnaire including open-ended and closed questions among 51 informants as part of a second follow-up of a Norwegian cohort of patients with JIA 18.4 years after symptom onset. Descriptive statistics were used to analyse quantitative data. Data from the open-ended questions were categorised and quantified manually.

Results Main findings are the high frequency of symptoms related to JIA the previous year (70.6%) and disease residue (78.4%). A considerable proportion experienced limitations in education planning and job accessibility, yet 46 informants (90.2%) felt satisfied in their study and/or job situation. More than 55% of the informants answered that they to some/great extent were informed about illness related issues. However, more than 70% answered ‘no’ when asked whether they had received counselling with regard to psychosocially related issues, and 70.6% stated that they had not been prepared for transfer to adult ward.

Conclusion JIA-related plagues and worries seem to impact the entire period of adolescence into adult life for a considerable proportion of the informants. Guidance and counselling should be formalised and should focus on both illness- and psychosocially related implications of the disease in young people with JIA.

**SEXUAL ABUSED IN CHILD**

**Epidemiology of Pediatric Emergencies in Local Emergency Medical System**

**Method** The following sources were searched: Medline and hand searches of relevant journals from 1998–2009.

**Results** The sequelae of child sexual abused indicates that children not only express short-term adaptation problems, but are also at risk of adolescence and adulthood revictimization, drug and alcohol abuse and a host of other symptoms. Vulnerability to victimization and varied outcomes are determined by interactions of three sets of mutually influential factors: personal variables, event factors, and environmental factors. Based on the literature, we predicted a high prevalence of psychiatric disturbance in these abused children (30% or greater). Children who have been both physically/sexually abused appear to be at highest risk of psychiatric disturbance. Results show that in the sexual abuse group, single-parent families were more frequent (55.7% versus 32.3%; P < 0.01), mothers were less educated (10.8% versus 13.1%; P < 0.0001) and socioeconomic level was lower (36.8% versus 47.9%; P < 0.0001).

**Conclusions** Child sexual abuse is a common problem in our society and medical professionals who provide evaluations of children who may have been abused need.
The development of Pediatric Advanced Life Support and Advanced Pediatric Life Support have demonstrated new interest in emergency care of pediatrics and have made it imperative to have data that define the potential risks and preventive strategies. The different prehospital recording sheets and tapes were reviewed retrospectively over a 12-month duration from March 2011. Patients under 19 years of age were studied in a service area with a population of 670,000. A total of 1,115 records were analyzed, representing approximately 12% of all ambulance runs. This is sharply in contrast with the fact that the pediatric age group represents 32% of the population. Of the cases, 32.7% were in the trauma category. The largest trauma group was motor vehicle accidents in the adolescent age group. Male patients were dominant in the trauma cases. Medical disorders were the major reason for prehospital care in the very young. The demand for emergency medical services (EMS) occurred mainly during the summer months and on the first week of the year (NOWROOZ) and weekends. More than 62 percent of all EMS pediatric calls happened during the hours of 1:00 pm to 9:00 pm. Resuscitation of 10 cases of pediatric prehospital arrest resulted in no survivors to hospital discharge mostly because of drowning, foreign body obstruction and falling down.

Introduction
Shift work and rotational shift schedule interrupt interaction of the parents with their children. Nurses, midwives, enrolled nurses, nurse’s aid are obliged to have shift work. We assessed the effect of shift working of the shift workers on strengths and behavioral problems of their children, aged 7–12 years in nursing school of Tehran University of Medical Sciences.

Methods
489 shift workers drawn from private and university hospitals in Tehran city were selected along with their children’s teachers. Data were collected by using Strengths and Difficulties Questionnaire (SDQ), specific to parents and teachers including nurses, midwives, enrolled nurses, nurse’s aid are obliged to have shift work. We assessed the effect of shift working of the shift workers on strengths and behavioral problems of their children, aged 7–12 years in nursing school of Tehran University of Medical Sciences.

Results
No significant relationships were found between parents’ shift with strengths and difficulties problems of their children based on their self-reported questionnaire. But it was revealed that some of demographic factors have significant correlations with the scales such as number of children and their gender with conduct problems, parents educational level, gender, their shift work schedule, history of physical/psychiatric diseases of children with emotional symptoms and parents’ educational degree with hyperactivity/inattention, parents’ gender.

Conclusion
The study didn’t demonstrate impact of shift work on behavioral problems of shift workers’ children. However, behavioral and emotional problems of the children were correlated with some of their parents’ demographic and job related factors.

Bowel movements can be a difficult subject to discuss both as a patient and as a professional. A way to decrease the effects of post-operative constipation is to have a dialogue with the patient about their normal defecation pattern while conducting the initial intake interview. To develop a guideline for a structured dialogue between any professional and an adolescent patient about their defecation pattern. This is done with the private nature of this subject in mind. Focusing on what the adolescent patient experiences as significant in the communication and focusing on what information is necessary to help reduce the number of days before the patient’s first post-operative defecation occurs. The structured dialogue was tested in a study of 5 patients that had received operations for Idiopathic Scoliosis. Those patients will be compared to 11 other patients who were not involved in this study. The feedback from the 5 patients will be collected by the use of a questionnaire. The questionnaire has a qualitative and quantitative approach. The questionnaires have shown that the study patients feel comfortable talking with professionals about this subject when the structured dialogue is used. Since the increased focus and when utilizing the structured dialogues, the number of days before the first post-operative defecation has been reduced by 22.8%. By structuring the intake interview, it has resulted in a positive effect and made the dialogue more comfortable for the patient. An increased focus has also proven to reduce the number of days between surgery and their first post-operative defecation.