

**Methods** 612 mothers were recruited to participate in this cross sectional study from 11 community general paediatric practices. Social capital was assessed using the Social Capital Scale (SCS) and mothers' depressive symptoms were assessed using the Centre for Epidemiologic Depression Scale (CESD). The SCS has five factors. The local IRB approved this study.

**Results** About 3/4 of mothers were married or had a live in partner, 2/3 were white, median family income was \$30,000, mothers' average years of school was 13 years. The total SCS score and scores for each of the five factors were all significantly inversely correlated (Spearman) with total score and the CESD ( $p = 0.0001$ ). Total CESD and total SCS ( $r = -0.275$ ). Belonging to the community factor was slightly stronger ( $r = -0.302$ ) than total SCS. While statistically significant, the remaining four factors all had correlations with the total CESD of around -0.2 or less.

**Conclusions** This study found that, beyond mothers' personal social network, a sense of belonging to the community is an important factor associated with mothers' depressive symptoms. Future studies should include longitudinal assessments of social capital and depressive symptoms to understand better the relation among personal social support, community social capital and depressive symptoms over time.

**PS-343 THE RELATIONSHIP BETWEEN PROLONGED QTc INTERVALS AND ANTIPSYCHOTIC DRUGS IN CHILDREN AND ADOLESCENTS: A RETROSPECTIVE CHART REVIEW**

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**Background** Several psychotropic drugs are associated with the prolonged corrected QT interval (QTc) as measured on the electrocardiogram (ECG) that can lead to Torsades de Pointes (TdP) and sudden cardiac death. However, only few studies have evaluated the relationship between prolonged QTc intervals and administration of psychotropic drugs in children and adolescents. Therefore, the objectives of this study were to study the frequency of prolonged QTc intervals and to assess whether there exists a relationship between prolonged QTc intervals and the dose of antipsychotic drugs administered to adolescent psychiatric inpatients.

**Methods** The study subjects comprised 59 children and adolescents (15 male, 44 female) who were inpatients diagnosed as having F2 according to ICD-10 Classification of Mental and Behavioural Disorders at admission between April 2012 and March 2013. The average age of the subjects was  $15.2 \pm 2.0$  years (range: 10.5–18.5 years). We retrospectively reviewed their medical records to characterise patient demographics, medication received, and QTc intervals on the ECG.

**Results** The average QTc interval recorded was  $434.5 \pm 20.3$  msec (range: 391–487). The QTc duration was  $\geq 440$  msec (range: 442–487) for 21 patients (35.6%). Chlorpromazine equivalents were similar between patients with normal and prolonged QTc values ( $353.9 \pm 301.3$  vs.  $420.6 \pm 348.8$ ;  $p = 0.47$ ). There were no patients with sudden death or syncope related to TdP.

**Conclusions** In this study, the frequency of prolonged QTc interval on admission was higher than that previously reported

(1.97%), and it did not correlate with the current chlorpromazine equivalents. In the future, we intend to examine the frequency of prolonged QTc intervals among various psychiatric disorders.

**PS-344 EFFECTIVENESS OF PROGRAM "5 STEPS FOR HEALTH" IN SCHOLAR CHILDREN IN MEXICO"**

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**Background** Obesity and sedentary lifestyle has increased in the last years. In Mexico, The Ministry of Education included information for children about physical activity and nutrition in elementary schools, in another hand, The Health Ministry suggest the program '5 steps for health' (5SH), which is based in theory to change habits.

**Aim** Investigate the change to healthy habits in children 10 to 12 years old comparing traditional education Vs '5SH'

**Methods** Children were randomly assigned to traditional education group ( $n = 101$ , 1 session/week) or 5SH group ( $n = 134$ , 2 sessions/week) and followed for 6 months; and six months later were interviewed to verify the change of habits. At the beginning and the end of study physical activity was recorder by survey, weight and height were measured and classified as normal, overweight or obese according Body Mass Index (BMI).

**Results** At beginning of study both groups were similar, and one year of follow-up we found more overweight and obese in the children with traditional education vs 5SH 34.7% and 5.9% vs 17.2% and 3.0%, respectively ( $X^2 = 11.2$ ;  $p = 0.003$ ). Physical activity increased in 5SH group from  $124 \pm 124$  min/week to  $232 \pm 113$  min/week; ( $p < 0.001$ ) than traditional group from  $131 \pm 128$  min/week to  $177 \pm 130$  min/week; ( $p > 0.05$ ).

**Conclusions** The program '5 steps for health' focused in change of habits is more effective than traditional education to increase physical activity and prevent obesity.

**PS-345 REDUCTION OF PAEDIATRIC EMERGENCY HOSPITAL ADMISSIONS BY MODIFICATIONS IN PAEDIATRIC EMERGENCY DEPARTMENT POLICY**

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**Background** Reduction in admissions is an important aim of emergency department working policy to overcome the problems of a shortage of inpatient beds, rising costs and exhausted resources. A new policy was instituted in the paediatric emergency department (PED) of a hospital in Kuwait with the following components: (1) assigning senior doctor staff (2) implementation of new disease management guidelines; and (3) maximising the use of the paediatric emergency department observation unit.

**Objective** To evaluate the effect of change in our policy on the admission rate.

**Methods** The effects of this policy on reduction of admission rates for total paediatric admissions and for some selected common paediatric conditions were prospectively studied over a period of 3 years from institution of the policy and compared with the 3-year period before the policy was instituted.