Background Growth in the first year of life may already be predictive of growth and obesity later in childhood. Early life exposure to endocrine disrupting chemicals (EDCs) has been associated with obesity in children and older populations.

Objective To assess the association between prenatal exposure to various EDCs and child growth in the first year of life.

Methods Cord plasma or breast milk was used to determine exposure to amongst others dichlorodiphenyldichloroethylene (DDE), mono (2-ethyl-5-oxohexyl) phthalate (MEHOH), and mono (2-ethyl-5-carboxypentyl) phthalate (MECPP). Data on weight and length until 11 months after birth was obtained. Mixed models were composed for each compound and health outcome. Exposure quartiles, time, and gender were added to the models as fixed effects. Subject was added as a random effect.

Results For MEOHP, boys in Q1 had a consistently higher BMI than higher exposed boys (p = 0.029). MECPP exposure was related to increased BMI over time in both boys and girls in Q1, though the association was not significant (p = 0.117). The effect of MECPP exposure on BMI was mainly due to weight, which was higher in the low exposed groups. For DDE interaction between time and exposure was significant (p = 0.078). For boys in particular, those with relatively low exposures had higher BMI curves during the first year.

Conclusion Low exposure to phthalates and DDE was associated with BMI during the first year after birth. Results were gender specific, and associations were mostly non-monotonic. Follow-up is warranted to see if these effects are persistent during childhood.

**Background**

EVALUATION OF PATIENTS WITH DIAGNOSIS OF FAMILIAL MEDITERRANEAN FEVER IN UMRANIYE REGION OF ISTANBUL

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**Background and aims** A retrospective evaluation of clinical findings and genetic analysis of patients with Familial Mediterranean Fever (FMF) in Umraniye region of Istanbul.

**Methods** 44 patients with FMF were evaluated retrospectively in the Department of Paediatrics between 2013–2014 years.

**Results** The mean age of 44 patients was 8.8 years. Female-male ratio was 1.2:1. The clinical characteristics of patients were recorded as fever (84%), abdominal pain (72.7%), recurrent infection story (47.7%), myalgia (43.1%), arthritis (15.9%); monoarthritis, 11.4%, polyarthritis 4.5%, pleuritis (11%), crysipelas-like erythema (7%), vasculitis (2.2%). MEFV gene analysis in patients has revealed 8 mutations. The most common mutation type was M694V (47.7%) followed by E148Q (38.6%), R202Q (15.9%), M680I (11.3%), V726A (9%), P369S (6.8%), M694I and K695 (2.2%), respectively. The M694V mutation was detected in 58% of homozygous mutations. Patients with homozygous M694V mutation have shown significantly more arthritis and crysipelas-like erythema determined at lower rates in our study. The M680I mutation, which is very rare among Jews and relatively more prevalent in Armenians and Arabs, was the fourth most common mutation in our study, although it was the second common mutation in nationwide studies.

**Conclusion** Findings contribute to our understanding of the underlying processes associated with differing outcomes in families of individuals with DS. Efforts to intervene will be more effective if clinicians recognise how culture and family factors interact and shape how families respond.
Continuous and categorical data were summarised as median with interquartile ranges and proportions respectively. Continuous variables were compared with Mann Whitney rank-Sum test and categorical variables by Fisher exact test. Statistical significance was taken as p < 0.05 for all tests.

**Results**

Twenty seven admissions were identified. The median age was 8 (5–18) months. Respiratory syncytial virus (37%) was the most common virus isolated.

Fourteen (52%) patients have CHD. There was no difference in proportion of children with DS and CHD requiring high dependency care (HD) compared to those without. (4/14 vs 2/13, p = 0.648). There was no difference in proportion of those with DS and CHD requiring intensive care (ICU) and those without (1/14 vs 1/13, p = 0.999). There was no difference in median LOS between those with CHD and those without. (6.5 vs 7 days, p = 0.678). After excluding those CHD with corrective surgery done, there is still no significant difference between the two groups.

**Conclusion**

We did not find any association between CHD and increase in morbidity among children with DS admitted for bronchiolitis.

**PS-361**

**EVALUATING PARENT SATISFACTION WITH MEDICAL CORRESPONDENCE FOLLOW UP METHODS AFTER A CARDIOLOGY OUTPATIENT CLINIC VISIT IN OUR LADY’S CHILDREN’S HOSPITAL, IRELAND**


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Background and aim: Primary: To evaluate parents’ satisfaction toward being copied into their GP letters after Paediatric Cardiology outpatient visits. Secondary: To explore acceptance of other methods of communication, and factors affecting acceptance.

Methods: This was a quantitative, descriptive, cross sectional study assuming a positivistic approach. Questionnaires filled by participants were used to collect data in Cardiology Outpatient. September 10th to October 17th, 2009. Patients attending during the specified period were included; new referrals were excluded. A representative sample was calculated at 55 participants. 87 agreed to participate but only 66 returned questionnaires. Data was imported and analysed using PASW 18.

Results: 97% of Participants were satisfied when copied into GP letter. Parents discussion with a Paediatrician was the most helpful followed by GP nurse, family member and other parents, with similar experience. Paediatrician was first choice for parents to discuss their children’s health followed by GP nurse, and other Parents. 60% of Participants found the internet to be a helpful source for information, and 51% found Patient Education Material (PED) helpful. Despite this Parents prefer PED to Internet. 94% of Parents want to receive a copy of Paediatrician letter, but were divided over other methods of communication. Receiving a letter contributes significantly to parents’ satisfaction (p = 0.008). Gender and level of education was shown to influence participants’ choice of communication.

Conclusion: Parents hold high regards for being part of communication between health professionals. The use of medical terms does not render the usefulness of the letter to parents.