of 12 M (3–84 M). Children with bloody diarrhoea acquired toler-
ceance earlier, median age 8 M (5–23 M), than the group with
Cutaneous symptoms, median age 14 M (4–84 M), p = 0.005.
It’s safe and beneficial, both for children and parents, to per-
form OFC from 6 to 12 M.

**PO-0135** A PRELIMINARY STUDY OF THE CONSUMPTION OF FRUIT DRINKS IN 1–5 YEAR OLDS IN THE NORTH EAST OF ENGLAND AS A CONTRIBUTOR TO PRESCHOOL OBESITY

S Probert, CM Rose. Paediatrics, North Tees and Hartlepool Foundation Trust, Stockton-on-Tees, UK

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**Background** Sugar Sweetened Beverages contribute to obesity in older children but whether highly calorific Fruit Drinks (FD) contributes to preschool child obesity is unknown. We therefore quantified the beverage intake of preschool children and their parent’s knowledge of the sugar content.

**Methods** Parents of children aged 1–5 years attending three North East England Acute and Outpatient Paediatric centres over six months completed questionnaires. Volume and types of beverages consumed, recommended daily intake (RDI) and parental knowledge of calorie content of three popular FDs were collected. FD calories, as a percentage of RDI, were calculated and compared with the child’s BMI.

**Results** 304 questionnaires were analysed. 61% reported daily FDs with 33% exceeding their RDI. 28% were overweight or obese with the proportion rising from 24% in the under two to 31% in the older children. Mean FD calorie intake as% of RDI was 5.5% with no association to increased BMI (p = 0.32, Mann Whitney U). Children in the lower and higher BMI centiles constituted the largest groups drinking >10% Fruit Drink RDI. Parents (99%) had no knowledge of their child’s calorie intake or RDI with 76% unable to identify the highest calorie FD.

**Conclusion** No association between Fruit Drink intake and obesity was found. 61% of children drank Fruit Drink daily with 33% in excess of RDI. Overweight and underweight children constituted the largest groups drinking >10% RDI of Fruit Drinks. Parents were unaware of their children’s calorie intake, RDI or FD calorie content.

**PO-0136** INCREASED RISK OF VITAMIN B12 NUTRITIONAL DEFICIENCY IN LONG-TERM TREATED PATIENTS WITH PHENYLKETONURIA AND HYPERFENYLALANINEMIA

S Sahin, M Uysal Yazıcı, G Ayar, T Koksal, A Oden Akman, R Gunduz, C Tuna Kirsacoglu, H Güleman. Pediatric Intensive Care Unit, Ankara Child Health Hematology Oncology Education and Research Hospital, Ankara, Turkey; Pediatric Gastroenterology Division, Ankara Child Health Hematology Oncology Education and Research Hospital, Ankara, Turkey; Pediatric Gastroenterology Clinic, Kırıkale University Medical Faculty, Ankara, Turkey

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**Objectives** To determine the frequency and the risk factors of stress induced gastrointestinal bleeding (GIB) in critically ill children and to investigate the effect of prophylaxis.

**Setting** 14-beded, tertiary care PICU

**Methods** Records of 182 children admitted consecutively from December 2012 to May 2013 were retrospectively reviewed. 136 patients were eligible. The age ranged from 40 days to 18 years. Diagnosis, demographic data, risk factors, administration of prophylaxis, drugs used in medication, prescence and degree of GIB and complications were recorded.

**Results** The male-female ratio was 1.3. Mean age was 5.9. Mean PRISM III score was 12.2 and 49.3% had PRISM score ≥ 10. Most frequent diagnosis was infectious diseases. Sixtyone (44.9%) children received prophylaxis in which antacids was used in 28(45.9%), sucralfate in 18(29.5%), proton pomp inhibitors (PPIs) in 51(83.6%) and 5 (8.2%) received H2 receptor antagonist. The incidence of GIB was 15.4% (n = 21), in which 66.7% (n = 14) were mild, 23.8% (n = 5) were moderate, 4.8% (n = 1) was significant and 4.8% (n = 1) was massive. In children who received prophylaxis 17 (27.9%) cases developed GIB. Mechanical ventilation were found to be the only risk factor significantly associated with stress induced GIB. Also; mechanical ventilation and trauma was strongly significant (p <