

4. 91/91 had full history and examination.
5. 91/91 with a diagnosis of epilepsy were on AED(s).
6. 20/91 had discussion (s) regarding AED adverse effects.
7. 40/91 had seizure type classified.
8. 11% had syndrome classification.
9. 15 had EEG after first afebrile seizure.
10. 31/39 MRIs done were indicated.
11. 8/91 had ECG.
12. 31/91 had documented rescue plan and 14/37 had Rescue-AED(s) when indicated.

Conclusion(s)

1. Inadequate discussion(s) of AED side effect, rescue plan(s) and prescribing home Rescue-AED.
2. Suboptimal use of EEG and ECG.
3. Low evidence of seizure(s) and syndrome classification.

We recommend

1. Appointment of a paediatric epilepsy specialist nurse.
2. Promotion of awareness of indications of EEG and ECG in children with seizure(s).
3. Promotion of attendance to epilepsy training (Dubai PET1 and PET2) courses.
4. Re-audit.

PO-0822 WITHDRAWN

PO-0823 **HYPOPARATHYROIDISM AS THE FIRST MANIFESTATION OF KEARNS-SAYRE SYNDROME: A CASE REPORT**

¹S Elmi, ²REZA Erfani Sayyar, ³SAM Elmi. ¹Pediatric Department, Mashad University of Medical Science, Mashhad, Iran; ²Anesthesiology and Intensive Care Department, Mashad University of Medical Science, Mashhad, Iran; ³Health Care Department, Mashad University of Medical Science, Mashhad, Iran

10.1136/archdischild-2014-307384.1456

Objective Kearns-Sayre syndrome is a mitochondrial myopathy, which was first described by Tomas Kearn in 1958. Diagnostic symptoms include retinitis pigmentosa, chronic and progressive external ophthalmoplegia plus one or more of following factors: heart conduction system disorders, cerebellar ataxia, or cerebrospinal fluid (CSF) protein content above 100 mg/dL. The nature of this uncommon disease is yet to be clarified. In this paper, we report a case of Kearns-Sayre syndrome. According to the previous records, the first manifestation of Kearns-Sayre syndrome as hypoparathyroidism is uncommon and in this article, we report a case with this problem.

PO-0824 **SCREENING FOR DEPRESSION IN HOSPITALISED PAEDIATRIC PATIENTS**

¹S Elmi, ²REZA Erfani Sayyar, ³SAM Elmi. ¹Pediatric Department, Mashad University of Medical Science, Mashhad, Iran; ²Anesthesiology and Intensive Care Department, Mashad University of Medical Science, Mashhad, Iran; ³Health Care Department, Mashad University of Medical Science, Mashhad, Iran

10.1136/archdischild-2014-307384.1457

Objective In chronically ill children who are hospitalised, many mood changes occur. For example, in children with cancer or renal failure, prolonged hospitalisation and chemotherapy can lead to depression. With the improved survival of childhood

malignancies, the effect of treatment on child's psychosocial well-being becomes increasingly relevant. In this study, we examined the prevalence of depression in hospitalised children with chronic and acute conditions in Dr Sheikh Paediatrics Hospital in Mashhad.

Materials and methods After receiving the approval from the Ethics Committee of Mashhad University of Medical Sciences, we did this cross-sectional descriptive study, from April to June 2012 in Dr Sheikh Paediatric Hospital in Mashhad. Ninety children, aged between 8 to 16 years, were screened for depression. The sampling method was census. Children with a history of depressive or other mental disorders were excluded. Three groups of children (children with chronic renal disease, malignancy, and acute disease) were evaluated for depression using standard Children Depression Inventory Questionnaire (CDI). Two specifically trained nurses with the supervision of a psychiatrist filled out the questionnaires at patients' bedside. Depression scores were then analysed by SPSS software.

Results Of 90 children, 43(47.7%) were male and 47(52.2%) were female. The Children's mean age was 11 ± 2.3 years, and the mean length of hospitalisation was 8 ± 5.3 days. Depression was detected in various degrees in 63% of patients ($n = 57$), and 36.6% of children ($n = 32$) had no symptoms of depression. Severe depression was not seen in any of the patients with acute illness. More than half of patients with cancer and chronic kidney disease had moderate to severe depression. There was a significant statistical relationship between the duration of illness and severity of depression. There was also a significant correlation between severity of depression and frequency of hospitalisation. Children who had been hospitalised more than 3 times in the last year, experienced more severe levels of depression. We also found a significant correlation between pubertal age and severity of depression in patients with cancers and chronic renal failure.

Conclusion Children who are hospitalised due to chronic conditions are at a higher risk for mood disorders in comparison with the ones with acute conditions. It is therefore advisable to consider more practical plans to improve the care for hospitalised children's mental health.

PO-0825 **DO YOUNG ADULTS BORN WITH VERY LOW BIRTH WEIGHT HAVE POOR EMOTIONAL, BEHAVIOURAL AND SOCIAL FUNCTION?**

¹KAI Evensen, ²IM Husby, ³KM Stray, ²MS Indredavik, ²AM Brubakk, ²J Skranes. ¹Public Health and General Practice, Norwegian University of Science and Technology, Trondheim, Norway; ²Laboratory Medicine Children's and Women's Health, Norwegian University of Science and Technology, Trondheim, Norway; ³Division of Surgery, Akershus University Hospital, Oslo, Norway

10.1136/archdischild-2014-307384.1458

Objective To study emotional and behavioural problems, relations to friends and substance use in young adults born with very low birth weight (VLBW: ≤ 1500 g) compared to controls.

Design/methods A hospital-based follow-up study of 34 VLBW young adults and 35 term-born controls at 23 years of age. Data was collected using the Achenbach System of Empirically Based Assessment – Adult Self-Report (ASR) and the Beck Depression Inventory (BDI).

Results The ASR total problems score was 38.6 (21.7) in the VLBW group compared with 29.0 (18.7) in the control group ($p = 0.08$). The VLBW group had higher scores for anxious/depressed ($p = 0.04$), attention problems ($p = 0.03$), aggressive

behaviour ($p = 0.05$), internalising problems ($p = 0.02$) and critical items ($p = 0.02$). BDI scores did not differ between the groups. The VLBW group reported lower mean substance use ($p = 0.04$), mainly due to less use of alcohol. Furthermore, they reported having fewer friends, less closeness to friends, and less time spent with friends compared with controls ($p = 0.05$). When excluding 11 participants with cerebral palsy and/or low intelligence quotient (<2 SD of mean in the control group), the scores for critical items, anxious/depressed and substance use were essentially the same (p -values: 0.04–0.07).

Conclusion The VLBW group reported more emotional problems than controls, and also a higher level of clinically relevant psychiatric symptoms. The findings may indicate that anxiety symptoms and a cautious lifestyle with regard to substance use are characteristics of VLBW individuals in young adulthood.

PO-0826 CONOTRUNCAL HEART DEFECT IN A PATIENT WITH CONGENITAL DISORDER OF GLYCOSYLATION TYPE IA

¹A Felipe, ²DC Albert, ³M Girós, ¹A Macaya. ¹Pediatric Neurology, Hospital Universitari Vall d'Hebron, Barcelona, Spain; ²Pediatric Cardiology, Hospital Universitari Vall d'Hebron, Barcelona, Spain; ³Department of Inborn Errors of Metabolism Biochemistry and Molecular Genetics, Hospital Clínic, Barcelona, Spain

10.1136/archdischild-2014-307384.1459

Background and aims Conotruncal heart defects (CTHD) represent 15–20% of congenital heart defects; common causes are 22q11 microdeletion syndrome and other chromosomal rearrangements. Congenital disorders of glycosylation (CDG) are a group of inherited multisystem disorders caused by defective glycosylation of proteins and lipids. Type I CDG is a group of heterogeneous disorders involving defective synthesis or transfer of a lipid-linked oligosaccharide precursor. The most prevalent cardiac abnormalities are cardiomyopathy and pericardial effusion, although CTHD were recently reported in two patients with CDG Ia. We describe a further case of this unusual clinical presentation.

Case report We report a 10 year-old male with neonatal diagnosis of common arterial trunk, repaired at age 17 days. Postoperative course was complicated by cardiopulmonary arrest and allegedly hypoxic ischaemic encephalopathy. He was referred to the paediatric neurology clinic for evaluation of psychomotor delay and epilepsy. Examination at age 2y revealed delayed language, squint and intense hypotonia. Brain MRI revealed cerebral white matter anomalies and cerebellar atrophy, interpreted as result of his hypoxic-ischaemic event. Array-CGH and FISH for 22q11.2 deletion were normal. At age 8y he displayed ataxic gait and dysarthric speech; fat pads and inverted nipples were noted. A repeat MRI showed severe cerebellar atrophy, prompting the suspicion of CDG. Transferrin isoform analysis showed a typical CDG Ia pattern. Fibroblast phosphomannomutase activity and *PMM2* mutation screen are ongoing.

Conclusions Although cardiomyopathy and pericarditis are common in CDG Ia, this condition should be suspected in CTHD, particularly when encountering unexpected neurodevelopmental delay.

PO-0827 CONOTRUNCAL HEART DEFECT IN A PATIENT WITH CONGENITAL DISORDER OF GLYCOSYLATION TYPE I

¹A Felipe, ²DC Albert, ³M Girós, ¹A Macaya. ¹Pediatric Neurology, Hospital Universitari Vall d'Hebron, Barcelona, Spain; ²Pediatric Cardiology, Hospital Universitari Vall

d'Hebron, Barcelona, Spain; ³Department of Inborn Errors of Metabolism Biochemistry and Molecular Genetics, Hospital Clínic, Barcelona, Spain

10.1136/archdischild-2014-307384.1460

Background and aims Conotruncal heart defects (CTHD) represent 15–20% of congenital heart defects; common causes are 22q11 microdeletion syndrome and other chromosomal rearrangements. Congenital disorders of glycosylation (CDG) are a group of inherited multisystem disorders caused by defective glycosylation of proteins and lipids. Type I CDG is a group of heterogeneous disorders involving defective synthesis or transfer of a lipid-linked oligosaccharide precursor. The most prevalent cardiac abnormalities are cardiomyopathy and pericardial effusion, although CTHD were recently reported in two patients with *PMM2*-CDG, the most frequent CDG I. We describe a further case of this unusual clinical presentation.

Case report We report a 10 year-old male with neonatal diagnosis of common arterial trunk, repaired at age 17 days. Postoperative course was complicated by cardiopulmonary arrest and allegedly hypoxic ischaemic encephalopathy. He was referred to the paediatric neurology clinic for evaluation of psychomotor delay and epilepsy. Examination at age 2y revealed delayed language, squint and intense hypotonia. Brain MRI revealed cerebral white matter anomalies and cerebellar atrophy, interpreted as result of his hypoxic-ischaemic event. Array-CGH and FISH for 22q11.2 deletion were normal. At age 8y he displayed ataxic gait and dysarthric speech; fat pads and inverted nipples were noted. A repeat MRI showed severe cerebellar atrophy, prompting the suspicion of CDG. Transferrin isoforms analysis showed a typical CDG I pattern. Fibroblast phosphomannomutase activity and *PMM2* mutation screen are ongoing.

Conclusions Although cardiomyopathy and pericarditis are common in CDG I, this condition should be suspected in CTHD, particularly when encountering unexpected neurodevelopmental delay.

PO-0828 BONE MINERAL DENSITY AND VITAMIN D STATUS IN CHILDREN WITH CEREBRAL PALSY

¹AK Finbråten, ²U Syversen, ¹J Skranes, ³GL Andersen, ⁴R Stevenson, ¹T Vik. ¹Department of Laboratory Medicine Children's and Women's Health, Norwegian University of Science and Technology, Trondheim, Norway; ²Department of Cancer Research and Molecular Medicine, Norwegian University of Science and Technology, Trondheim, Norway; ³The Cerebral Palsy Register of Norway, Habilitation Center Vestfold Hospital, Tønsberg, Norway; ⁴Department of Pediatrics, University of Virginia, Charlottesville, USA

10.1136/archdischild-2014-307384.1461

Background and aim Children with cerebral palsy (CP) have increased risk for low bone mineral density (BMD). The aim was to explore the difference in BMD between ambulatory and non-ambulatory children with CP and the relationship between vitamin D status and BMD.

Methods Fifty-one children (age range: 8–18 years; 20 girls) with CP participated and had their BMD measured in the lumbar spine (LS) and the distal femur using dual X-ray absorptiometry. Children with GMFCS level I-III were defined as ambulatory ('walkers') while children with level IV-V were defined as non-ambulatory ('non-walkers'). Serum 25-hydroxyvitamin D (25-OHD) concentrations were measured as an indicator of vitamin D status.

Results Mean BMD z-score was considerably lower at the distal femur than in the LS. Non-walkers had lower mean z-scores (range: -1.7 to -5.4) than walkers (range: -0.8 to -1.5). Among