According to the WHO classification of puberty age: 1gr. - before puberty, 1 to 9 years, 2 gr. - puberty, 10 to 18, 3 gr. - after puberty - older than 18. Frequency of epilepsy onset was studied in 4 subgroups of puberty period according phases of maturing of hypothalamo-hypophysial system: 10 to 11 y. - beginning of hypothalamo-hypophysial hormones secretion, 12 to 13 - beginning menses, 14 to 15 - becoming of ovulatory peak, 17 to 18 - establishment of a constant rhythm of hormones secretion. Ages of epilepsy onset and menarche were compared. STATISTICA for Windows system (version 5.5) was used.

**Results**

There were 23 patients (15%) in 1 gr., 92 (59%) in 2 gr., 40 (26%) - 3 gr. Differences in the comparison groups were statistically significant above in puberty (p < 0.001). Epilepsy began in childhood in 75%. Epilepsy onset in 4 subgroups of puberty period: subgroup 1-18 patients (in ¼ cases), subgroup 2-33 (almost in 2/3 cases), subgroup 3-24 (in 1/4 cases), subgroup of 4-13 (less than in 1/5 part). Prevalence of epilepsy onset in the integrated age range of 12-16 years was statistically reliable (p < 0.001). Both epilepsy onset and menarche occurred in 13% (less than in 1/6 part).

**Conclusion**

Thus, hormonal changes in puberty often provoked epilepsy onset. It confirms proconvulsive effect of estrogen. Information is very important for patients with burdened neurologic anamniss.

**Nursing – Endocrinology/Diabetes/ Metabolism**

**PO-0864 THE DIFFICULTIES EXPERIENCED BY CHILDREN WITH DIABETES: A QUALITATIVE STUDY**

PO-0864 TURKISH

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**Background and aims**

Being a chronic disease, diabetes affects children’s life styles, causes changes in their routines and makes them cope with many difficulties of the diabetes treatment. The purpose of this study was to determine the difficulties experienced by children with diabetes.

**Methods**

The study used the method of focus group interviews and face-to-face in-depth interviews for qualitative studies. Interviews were held with the 7 children aged 12-18 with type 1 diabetes mellitus on January 2014. Data was collected using a semi-structured questionnaire prepared by the investigators through screening. The psychometric properties of the COMFORT-Behaviour (COMFORT-B) scale have been evaluated in children under the age of 3 years.

**Conclusion**

In the study, we think that healthcare professionals should provide the convenient support and consultancy services by taking especially the diabetes treatment of children and their anxieties about living with this disease into consideration.

**PO-0865 THE AGGRESSION AND SELF-INJURY BEHAVIOURS IN ADOLESCENTS WITH TYPE 1 DIABETES MELLITUS**

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**Background and aims**

Adolescents tend to have risky behaviours like aggression and self-injury due to the age period characteristics. The risk of aggression and self-injury may increase in adolescents with the addition of chronic diseases. This study was conducted descriptively to determine and compare the aggression and self-injury in those with type 1 diabetes mellitus (T1DM) and healthy adolescents.

**Methods**

The study sample consisted of 60 adolescents with T1DM followed up in the child endocrinology polyclinics of a university hospital and 319 healthy adolescents, 15-18 aged, at 9th-12th grade at high school. In the study, the permission of the institution, Ethical Committee, the parent and adolescent consent, the data were collected using a questionnaire form, Aggression Questionnaire (AQ) and Inventory of Statements About Self-injury (ISAS). The descriptive statistics, Shapiro-Wilk, Mann-Whitney U, student t, Ki-kare, Spearman correlation tests were used for analysing data.

**Results**

The mean scores of AQ all subscales and the total scale of healthy adolescents were higher than adolescents with T1DM (p < 0.05). Mean ISAS scores of adolescents with T1DM were higher than the healthy adolescents (p > 0.05). The mean scores of autonomic function, social function and ISAS were positively moderately correlated with the mean scores of total aggression in both healthy and diabetic adolescents (p < 0.05).

**Conclusions**

Considering the age period characteristics, giving weight to sport (especially team sports), social and cultural activities and education about anger-stress management and effective communication skill to adolescents and their families in school may be recommended.

**Nursing – Intensive Care and Paediatric Emergency Care Medicine**

**PO-0866 ASSESSING THE VALIDITY AND RELIABILITY OF THE COMFORT-BEHAVIOUR SCALE IN CHILDREN THREE YEARS OF AGE AND OVER**

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**Background**

Self report is considered to be the “gold standard” of pain assessment but is frequently unobtainable in the ICU. The psychometric properties of the COMFORT-Behaviour (COMFORT-B) scale have been evaluated in children under the age of 3 years.

**Aim and objectives**

To establish the reliability and validity of the COMFORT-B scale in children > 3 years of age in a PICU setting.