

according WHO classification of puberty age: 1gr. - before puberty- 1–9 y.o., 2 gr. – puberty- 10–18, 3 g. – after puberty – older 18. Frequency of epilepsy onset was studied in 4 subgroups of puberty period according phases of maturing of hypothalamo-hypophysial system: 10–11 y.- beginning of hypothalamo-hypophysial hormones secretion, 12–13- beginning menses, 14–15- becoming of ovulatory peak, 17–18- 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%) – 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  $\frac{1}{4}$  cases), subgroup 2–35 (almost in  $\frac{2}{5}$  cases), subgroup 3–24 (in  $\frac{1}{4}$  cases), subgroup of 4–15 (less than in  $\frac{1}{5}$  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  $\frac{1}{6}$  part).

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

## Nursing – Endocrinology/Diabetes/ Metabolism

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

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**Background and aim** 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 children's and their mothers' verbal consents were obtained.

**Results** Concerning the diabetes treatment, all the children stated that they did not like having their fingers pricked every day, found it difficult to get used to needles and they would be happier without needles. Regarding the question, "Are you having a difficulty with controlling your diet", 2 children answered, "I occasionally want to eat sweets but I can't because of my disease" and 2 answered, "While my friends eat anything they want, I can't. I like pasta a lot and I want to eat. But I know I am not allowed to". Regarding the question, "Do you restrict your physical activities due to diabetes?", almost all of them stated that they had a difficulty in physical education lessons and restricted their activities at school.

**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 polyclinic 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, Agresion 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.