included. Exclusion criteria were those who had annual review scheduled at a tertiary centre. Data were collated from retrospective chart review.

**Results** In our cohort of 50 patients, HbA1c results reflected significant improvement from 2011 levels (see Graph 1). The complication rate was found to be comparable to International Standards (5,6) (see Table 1). There was no improvement in the key care processes performed (see Table 2).

**Conclusion** Our improved HbA1c results reflect the increased frequency of appointments and use of basal bolus regimes.

**REFERENCES**
1. NICE 2009
2. NPDA 2009–2010
3. NPDA 2011–2012
4. IDF/ISPAD 2011 Global Guideline for diabetes in childhood and adolescence
5. Maike C et al. Prevalence of diabetes complications in adolescents with type 2 compared with Type 1 Diabetes.

**Abstract PO-0955**

**Graph 1**

**Table 1**

<table>
<thead>
<tr>
<th>Complication</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Incidence Rate of <em>p</em></th>
<th>LS*</th>
<th>LS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retinopathy</td>
<td>12%</td>
<td>34%</td>
<td>54%</td>
<td>26%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Nephropathy</td>
<td>2%</td>
<td>38%</td>
<td>55%</td>
<td>24%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Borderline AER/</td>
<td>6%</td>
<td>40%</td>
<td>54%</td>
<td>30%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Micturition</td>
<td>22%</td>
<td>54%</td>
<td>24%</td>
<td>36%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>10%</td>
<td>66%</td>
<td>24%</td>
<td>13%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Table 2**

<table>
<thead>
<tr>
<th>Key care processes</th>
<th>Sligo 2013</th>
<th>Sligo 2011</th>
<th>NPDA 2011-2012</th>
<th>NPDA 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c</td>
<td>96%</td>
<td>100.00%</td>
<td>89.30%</td>
<td>90.10%</td>
</tr>
<tr>
<td>BMI</td>
<td>92%</td>
<td>0.00%</td>
<td>64.70%</td>
<td>70.30%</td>
</tr>
<tr>
<td>Foot exam</td>
<td>26%</td>
<td>0.00%</td>
<td>34.40%</td>
<td>24.50%</td>
</tr>
<tr>
<td>Eye screening</td>
<td>58%</td>
<td>65.50%</td>
<td>36.90%</td>
<td>25.80%</td>
</tr>
<tr>
<td>BP</td>
<td>78%</td>
<td>86.20%</td>
<td>67.70%</td>
<td>58.80%</td>
</tr>
<tr>
<td>Serum creatinine</td>
<td>88%</td>
<td>100.00%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Urinary albumin</td>
<td>50%</td>
<td>86.20%</td>
<td>40.70%</td>
<td>36.50%</td>
</tr>
<tr>
<td>Serum cholesterol</td>
<td>72%</td>
<td>75.90%</td>
<td>44.40%</td>
<td>29.00%</td>
</tr>
<tr>
<td>% with all care</td>
<td>8.00%</td>
<td>NR</td>
<td>6.70%</td>
<td>4.10%</td>
</tr>
</tbody>
</table>

**Abstract PO-0956**

**PO-0956** PAEDIATRIC PRIMARY CARE: NEED FOR A CHANGE? A VIEW FROM THE NORTH EAST OF ITALY

G Montanari, P Schiaulini, G Ceschin, M Masotti. Clinical Research Department, Clinical Research Department Federazione Italiana Medici Pediatrici (F.I.M.P.) Friuli, Sacile, Italy; Secretary, Federazione Italiana Medici Pediatrici (F.I.M.P.) Pordenone Province Italy, Pordenone, Italy; Secretary, Federazione Italiana Medici Pediatrici (F.I.M.P.) Friuli Venetia Giulia Region Italy, Pordenone, Italy

**Background and aims** In Italy and throughout the world, increasing importance is being given to primary care with a noticeable shift of interest towards the “territory” and the need to re-think global paediatric assistance.

**Methods** On the basis of F.I.M.P.-FVG data, we examined the organisation and critical points of primary paediatric care, currently identified in Italy with Family paediatrics.

**Results** FVG is a region with 1,200,000 inhabitants, 124 family paediatricians (pdf) and an average number of 938 patients/pdf. These are organised as single pdf (74), in association (29), in group practices (21). Critical points: new sanitary duties (i.e. high percentage of immigrants with social integration difficulties, complex psychological problems, necessity to cover some second level services especially concerning the management of children affected by chronic pathologies, etc.), difficulty to maintain the traditional relationship of doctor/patient trust in large groups of pdf practices, progressive reduction in numbers of pdf whose average age is around 55.

**Conclusions** The broadening of paediatric primary care requires a re-definition of the "mission" of the doctors working in the area not only regarding duties of care, but also of training and scientific research, with special attention to identifying the new assistance needs. Furthermore, when faced with duties of ever-increasing responsibility, the current organisation could prove to be insufficient and the nurse will have to take on an increasingly important role with a larger number of duties taken over. The number of nurses should probably be at least 1 nurse for every 400 children.

**Abstract PO-0958**

**PO-0958** 10-YEAR INPATIENTS DISEASE AND TRENDS

Y Chang. Pediatrics, Chang Gung Memorial Hospital, Taoyuan, Taiwan

**Background** To analyse the major health problems and trends among hospitalised children in a medical centre from 2003 to 2012

**Methods** We retrospectively reviewed all records of patients younger than 18 years who admitted to the Chang Gung Memorial Hospital between January 1, 2003, and December 31, 2012. The study was composed of categories about the diagnosis, age and gender. We collected and utilised data to examine the leading diagnostic categories and trends by age in the 10 years period.

**Results** Children had age differences among hospitalised diagnoses categories. Prematurity or condition from the perinatal periods and congenital anomaly were the top two hospitalised disease categories in newborn. Acute respiratory tract infection was the major diagnoses category in infant. Acute intestinal infectious disease was the top diagnosis in children aged between 1 to 2 years old. Pneumonia was leading diagnoses of children
aged in 2 to 6 years and in 6 to 12 years. Fracture was the leading cause of adolescents aged in 12 to 18 years. Congenital anomaly decrease in infant stage but pneumonia still threatened children aged in 2 to 6 years and 6 to 12 years. Conclusions: The characteristics of major health problems were different among age variables in children. All health promotion programs and policies should effectively provide the respective services and measure the outcome efficiently.

**PO-0959 UNDERSTANDING PARENT-PAEDIATRICIAN PARTNERSHIPS: THE FACTOR STRUCTURE OF THE PARENT PAEDIATRICIAN PARTNERSHIP SCALE (PPPS)**

**Method** A cross-sectional study was conducted at HMC between May and August 2013 using a validated self-administered questionnaire that was distributed to 240 paediatricians.

**Results** A total of 169 questionnaires were completed (response rate 70.4%). Our main finding was that paediatricians at all levels are familiar with CPGs and use them. In addition, our doctors believe that CPGs lead to good quality of care, are practical, provide standardised patient care, will keep them up to date, decrease the rate of litigation, are evidence based, do not restrict continuity of self-education, do not alter physician esteem, lead to improvement of outcome, and are practical. However, the perceived barriers are that they affect clinical judgment, don’t match with paediatricians’ practice style, and that they don’t reduce healthcare cost.

**Conclusions** Paediatricians at HMC have positive practice and perception towards CPGs. The results of our study suggest that CPGs are likely to be implemented if more counselling and education are provided to paediatricians regarding the usefulness of evidence based guidelines. In addition a program should be initial to remove barriers, while simultaneously addressing physicians’ concerns.

**PO-0960 HOW ARE CLINICAL PRACTICE GUIDELINES PERCEIVED BY PHYSICIANS IN A MIDDLE EASTERN COUNTRY?**

**Method** A cross-sectional study was conducted at HMC between May and August 2013 using a validated self-administered questionnaire that was distributed to 240 paediatricians.

**Results** A total of 169 questionnaires were completed (response rate 70.4%). Our main finding was that paediatricians at all levels are familiar with CPGs and use them. In addition, our doctors believe that CPGs lead to good quality of care, are practical, provide standardised patient care, will keep them up to date, decrease the rate of litigation, are evidence based, do not restrict continuity of self-education, do not alter physician esteem, lead to improvement of outcome, and are practical. However, the perceived barriers are that they affect clinical judgment, don’t match with paediatricians’ practice style, and that they don’t reduce healthcare cost.

**Conclusions** Paediatricians at HMC have positive practice and perception towards CPGs. The results of our study suggest that CPGs are likely to be implemented if more counselling and education are provided to paediatricians regarding the usefulness of evidence based guidelines. In addition a program should be initial to remove barriers, while simultaneously addressing physicians’ concerns.

**PO-0959 UNDERSTANDING PARENT-PAEDIATRICIAN PARTNERSHIPS: THE FACTOR STRUCTURE OF THE PARENT PAEDIATRICIAN PARTNERSHIP SCALE (PPPS)**

**Method** A cross-sectional study was conducted at HMC between May and August 2013 using a validated self-administered questionnaire that was distributed to 240 paediatricians.

**Results** A total of 169 questionnaires were completed (response rate 70.4%). Our main finding was that paediatricians at all levels are familiar with CPGs and use them. In addition, our doctors believe that CPGs lead to good quality of care, are practical, provide standardised patient care, will keep them up to date, decrease the rate of litigation, are evidence based, do not restrict continuity of self-education, do not alter physician esteem, lead to improvement of outcome, and are practical. However, the perceived barriers are that they affect clinical judgment, don’t match with paediatricians’ practice style, and that they don’t reduce healthcare cost.

**Conclusions** Paediatricians at HMC have positive practice and perception towards CPGs. The results of our study suggest that CPGs are likely to be implemented if more counselling and education are provided to paediatricians regarding the usefulness of evidence based guidelines. In addition a program should be initial to remove barriers, while simultaneously addressing physicians’ concerns.

**PO-0959 UNDERSTANDING PARENT-PAEDIATRICIAN PARTNERSHIPS: THE FACTOR STRUCTURE OF THE PARENT PAEDIATRICIAN PARTNERSHIP SCALE (PPPS)**

**Method** A cross-sectional study was conducted at HMC between May and August 2013 using a validated self-administered questionnaire that was distributed to 240 paediatricians.

**Results** A total of 169 questionnaires were completed (response rate 70.4%). Our main finding was that paediatricians at all levels are familiar with CPGs and use them. In addition, our doctors believe that CPGs lead to good quality of care, are practical, provide standardised patient care, will keep them up to date, decrease the rate of litigation, are evidence based, do not restrict continuity of self-education, do not alter physician esteem, lead to improvement of outcome, and are practical. However, the perceived barriers are that they affect clinical judgment, don’t match with paediatricians’ practice style, and that they don’t reduce healthcare cost.

**Conclusions** Paediatricians at HMC have positive practice and perception towards CPGs. The results of our study suggest that CPGs are likely to be implemented if more counselling and education are provided to paediatricians regarding the usefulness of evidence based guidelines. In addition a program should be initial to remove barriers, while simultaneously addressing physicians’ concerns.