(IL)-18 as key player in the pathogenesis of AD and the switch between its two phases.

**Objective** This study is designed to evaluate serum IL-18 among other T helper (Th) cytokines IL-4, IL-10, IL-12, interferon-γ (IFN-γ), tumour necrosis factor – α (TNF-α) and immunoglobulin E (IgE), in addition to vitamins E and C in children and adolescents with acute and chronic AD.

**Materials and subjects** Sixty AD patients were classified into two main groups; children (acute) and adolescents (chronic) AD of thirty each. In addition, two corresponding healthy normal control groups of thirty each were considered. Serum IL-4, IL-10, IL-12, IL-18, IFN-γ and IgE were estimated by ELISA.

**Results** IL-12, IL-18 and IFN-γ levels were 2–4 folds more in chronic AD compared to normal subjects. While, IL-18 showed significant higher mean value in chronic than acute AD patients. Although, TNF-α showed, significant increase one fold and half in acute than chronic AD. Moreover, vitamins C and E showed significant decrease in both cases with severe reduction in chronic than acute AD patients.

**Conclusion** ILs, IFN-γ, TNF-α and serum IgE have a pivotal role in AD. IL-18 measurement is a valuable tool for assessment of the difference in age related – disease severity. Intensive reduction in both vitamins C and E in chronic AD patients than acute one.

**Conclusions** Improved access to knowledge about early diagnosis and disease management for primary and specialist paediatric health care professionals, can bring the EAP experience and expertise to bear on current European and international research.

**Oral abstracts**

**0-191 EUROPEAN AND INTERNATIONAL INITIATIVES ADDRESSING RARE DISEASES AND CHRONIC AND DISABLING HEALTH CONDITIONS IN CHILDREN: EAP WORKING PARTIES RESEARCH ENGAGEMENTS**


10.1136/archdischild-2014-307384.259

**Background and aims** In response to a WHO discussion paper, in December 2013 the European Academy of Paediatrics Working Parties on Ethics and Rare Diseases created a position paper on the early identification, diagnostic confirmation, and longitudinal management of disease in early childhood. The presentation examines the EAP’s research engagement in developing infrastructure in primary and specialist care as well as at national and European levels.

**Methods** The EU Rare Disease programmes and actions, have encouraged the EAP to engage in research on the pooling and structuring of data on child health that can improve global chronic disease prevention and management in paediatric practice. The EAP supports the development of a repository of existing rare disease guidelines. Rare diseases are usually chronic, and in 75% affect children and/or present in childhood. An EU model will be developed that includes both preventive child health care and rare disease management. For cross-border collaboration is needed to compile patient registries, the development of a shared platform for European patients within the framework of the developing EU eHealth policy is essential: as part of an Open Access Paediatric Healthcare Resource as a child health reference for rare, chronic, and/or disabling diseases.

**Results** An overview of the current European and international frameworks for rare, chronic, and/or disabling diseases within eHealth is presented.
Purpose To understand national changes in the quality of primary care reported by families of children and to estimate the potential benefits of recent health insurance expansions to children’s receipt of primary care.

Methods A comparison of three iterations of the National Survey of Children’s Health from 2003 to 2012 for children ages 0–18 years on measures of primary care experience (access, continuity, comprehensiveness and coordination). Trend analyses are stratified by insurance status and socio-demographics in order to assess the potential contribution of expanded coverage through health care reform to primary care experiences.

Results The results show very little change overall in primary care experiences for children nationally. Some significant gains were made in access and continuity for children considered more vulnerable (i.e., from families with lower-incomes and lower educational attainment), but were mostly explained by changes in insurance coverage over time.

Conclusion Insurance in the US remains a major factor in changes in insurance coverage over time. Lower educational attainment), but were mostly explained by improvements in access and continuity for children considered more vulnerable (i.e., from families with lower-income and lower educational attainment), but were mostly explained by changes in insurance coverage over time.

Background and aims Infant and Young Child Feeding (IYCF) practices in under 5 children have great bearing on nutrition and health in childhood as well as in adult life. IYCF practices are influenced by local culture as well changes in education and health care interventions.

Methods Cross-sectional study. All mothers of children from 6 months to 5 years of age visiting Paediatric Outpatient Department were administered the questionnaire consisting of 39 questions relating to feeding practices and health of the child.

Results A total of 781 mothers were surveyed. More than half of the mothers (57.5%) started feeding within an hour of birth, 67.7% gave exclusive breastfeeding for six months, 51.6% continued breastfeeding for more than a year, 58.3% of the mothers breast fed 6–8 times, 24.6% more than 8 times and 17.1% less than 6 times, 30% of the mothers gave night feeds for 1–2 years, 18.2% of the mothers bottle fed the babies and 15.6% had problems during breastfeeding in first 6 months, 67.7% spend <3 h daily on feeding the child. Multivariable logistic regression showed that early initiation of breastfeeding (p = 0.03), hand hygiene (p = 0.03), food hygiene (storage: p = 0.02, Washing utensils: p = 0.005) and duration of exclusive breastfeeding (p < 0.001) were significantly associated with hospitalisation of child. The predictive value of the model was fair with correct classification rate of 68.8%.

Conclusions Current rates are well below the guidelines for IYCF feeding. Interventions to improve these practices need to be developed.