(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 (Ig E), 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.

O-191

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

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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.

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.

O-192

CHILDREN'S RIGHTS IN PRIMARY PAEDIATRIC CARE: EUROPEAN STUDY

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Background and aims UN Convention on the Rights of the Child (UNCRC) is an essential part of child health promoting policies. Several studies were carried out on the implementation of UNCRC in secondary and tertiary health care levels but not in primary paediatric care (PPC) settings. PPC model heterogeneity in Europe is related to socioeconomic/demographic factors, paediatric education/training and child health care policies. PPC is either provided by paediatricians or family doctors/GPs.

The study aim was to assess under a social paediatrics perspective UNCRC knowledge/implementation in European PPC settings.

Methods As to profile UNCRC in PPC, a questionnaire (Q1) was designed including 23 specific questions regarding rights of protection, provision and participation. The questionnaire was launched as a "monkey survey" to individual paediatricians practicing in PPC settings through the Council of PPC European national societies participating in the study. Specific country data (Excel table) and total merge data were analysed using SPSS tool.

Results 1342 responses received from 10 participating European PPC societies:

- Not enough knowledge: 52%–71%
- Implementation: Partly implemented 30%–67%, fully implemented 33–66%
- Equal access to health care: Provided 84%–99,5%
- Right to information: Available 90%.

Conclusions The knowledge/implementation of UNCRC in PPC varies significantly among European countries. Deep gaps on UNCRC knowledge were found. Equal access to health care is provided in urban areas. UNCRC should be included in paediatric education as well as addressed in PPC planning policies. Further research on UNCRC in various European PPC models/health care providers is needed (Study Phase 2).

O-193

A DECADE OF CHANGE IN THE PRIMARY CARE EXPERIENCES OF CHILDREN IN THE US WILL REFORM ALIGN THE US MORE CLOSELY WITH EUROPE?

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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 improving the primary care experience of children. The recent health care reforms have the potential to improve children's primary care access and continuity, but even with the intended goal of near universal insurance coverage for children, the US is not likely to reach the levels of paediatric primary care experience reported among studies in major European economies.

0-194

INFANT AND YOUNG CHILD FEEDING PRACTICES IN UNDER 5 CHILDREN: CROSS-SECTIONAL SURVEY IN AN OUT PATIENT CLINIC

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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, 67.2% 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 ($p = 0.037$), 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.

Social Determinants of Health

0-195

MOTHERS' KNOWLEDGE AND PRACTICE ON MANAGEMENT OF CHILDHOOD ACUTE RESPIRATORY INFECTIONS IN ALBANIA

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Background and aims Acute respiratory infections (ARI) are the leading cause of death among children under five in Albania. This study aims to determine the parent's knowledge and care seeking practice related to ARI in children less than 2 years old in Albania.

Methods A cross-sectional household survey was conducted on June – July 2012 in the northeastern region of Albania. 600 mothers of children 0–23 months selected using a multi-stage sampling technique were interviewed by trained health workers using a structured pre-tested questionnaire.

Results Knowledge: Only 8% of mothers recognised fast/difficult breathing as a danger sign of childhood illness requiring medical attention. 78% of interviewers were convinced that every child with fever had infection and 65% of them thought they need antibiotics.

Care seeking practice: Of the 116 children (19.3%) who reported to have respiratory illnesses two weeks preceding the interview, 57.7% had an ARI. 70.2% of children with ARI were taken to a health facility and only 53.2% of them within the first 2 days. 63.8% of ARI cases sought medical care directly at the hospital bypassing the referral system. About 36.6% of cases seen by hospital providers were prescribed antibiotics compared to 11.7% of those seen by family doctors. 20% of mothers self-administered antibiotics to their children, suggested by community pharmacists.

Conclusions Mothers' knowledge and care seeking practices related to ARI were poor. Community health education and strengthening of Integrated Management of Childhood Illnesses programme are required to improve timely and appropriate health care of childhood illnesses.

0-196

ASSESSING EFFICIENT PATIENT CARE – SHOULD LENGTH OF STAY BE CALCULATED INDEPENDENTLY OF LOCAL ADMISSION RATES?

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Objective To compare the length of hospitalisation for infants with bronchiolitis across the Eastern region of the UK and to assess the impact of the varying admission rates in each hospital.

Design Data collection through the Hospital Episode Statistics (HES) using the ICD clinical coding for bronchiolitis across all hospitals in East of England for three winter seasons (October to March for the years 2009/10, 2010/11 and 2011/12).

Main outcome measure: Length of hospital stay, corrected to adjust for local population.

Results Seventeen hospitals across the east of England were included in this study. Overall admission rate (as a percentage of