



EAP 2019 Congress and Master Course

Oral Presentations

735

Adolescent Medicine

Educational Attainment, Employment Status and Personal Autonomy of Young Adults with Neurodevelopmental Disorders

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Background: Neurodevelopmental disorders are characterized by developmental deficits that produce impairments of personal, social, academic or occupational functioning.

Objective: To access the educational attainment, employment status and personal autonomy among adolescents aged 17–20 years followed in the neurodevelopment clinic of a tertiary hospital.

Methods: A telephonic survey was elaborated and conducted to assess educational level, employment status, professional internship enrolment, parental sensation of personal autonomy and other features like getting a bank account or a driving licence. Patients born in 1999 and 2000 followed in our centre from 2009 to 2018 were included. Clinical information comprising diagnosis, comorbidities and age at the first and the last appointments were retrieved from personal records.

Results: Fifty-two of 83 eligible patients (63%) responded to the survey; 69% were boys. The results were analysed by three major diagnosis groups i.e. Autism Spectrum Disorder (ASD) (n=10), Intellectual Disability (ID) (n=13) and Attention-Deficit/Hyperactivity Disorder (ADHD) (n=21). Concerning educational attainment, the majority were attending high school or higher levels of education (ASD 100%, ID 54% and ADHD 76%). Regarding employment the majority were enrolled in a professional internship or were employed (ASD 40%, ID 46% and ADHD 52%), while the rest were living at home under parental care or attending occupational centre activities. Parental sensation of personal autonomy was achieved in 60% of ASD, 54% of ID and 100% of ADHD patients. The number of adolescents obtaining a driving licence (ASD 40%, ID 15% and ADHD 85%) and owning/managing a bank account (ASD 40%/0%, ID 38%/15% and ADHD 90%/40%) were heterogenous among the groups.

Conclusion: Educational levels, employment possibilities and personal autonomy have been increasing among patients with neurodevelopmental disorders, however, vary significantly and depend on disorder itself and its severity. A better guidance is needed to support these adolescents in the transition to adulthood.

624

Adolescent Medicine

Characteristics of a Decade of Alcohol Intoxications in Adolescents in Pediatric Departments in Dutch Hospitals

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Aim: Admission of adolescents with an alcohol intoxication has become a health concern in current pediatrics. Over the years 2007 till 2016 we conducted a longitudinal study by monitoring the intake and treatment of 5,893 adolescents in all Dutch Pediatric Departments.

Methods: from 2007 till 2016 data were collected on all adolescents (aged younger than 18 and with a positive BAC), treated in all Pediatric Departments in The Netherlands. The Dutch Pediatric Surveillance System (NSCK) consists of a system in which all pediatricians report all admitted adolescents by completing a questionnaire, making use of a patient interview.

Results: 5,893 adolescents were treated in totally, most of them (4,678; 88%) related to severe alcohol intoxication; mean age was 15.4 years, and 48 % were girls. BAC level increased during this period (1.82 in 2007 and 2.01 in 2016), and reduced consciousness lasted from 2.24 hours in 2007 till 3.12 hours in 2016. Of the adolescents with alcohol intoxication, 11.4% had simultaneous drug usage. The attitude of the parents changed during the years: in 2011 (first year of registration) 68% of the parents gave permission to their child to drink alcohol, in 2016 this decreased to only 19%.

Conclusions: The last decades, alcohol intoxication among youngsters has become an important aspect in Pediatrics. The Dutch Surveillance System was used to conduct a longitudinal analysis on alcohol intoxication characteristics, medical treatment and effects of interventions in this group.

496

Allergy & Immunology

Assessment of Parent, Adolescent and Family Cognitive and Behavioral Dimensions Associated with Adherence to Treatment and Asthma Control

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Background: Pediatric asthma management involves the development of a treatment plan and its implementation by the patient and the family. Adherence levels tend to be especially problematic during adolescence. Individual and family psychological dimensions contribute to a more comprehensive understanding of asthma management and control.

Objective: The aim of this study was to explore the relation between parents and adolescents with asthma, related knowledge and beliefs, family asthma management, and adherence to treatment and asthma control.

Methods: Sample of 112 adolescents with asthma, 11–18 years old and their caregiver filled measures of Asthma Knowledge and Beliefs about Asthma Medication. Physicians rated the asthma control and nurses rated adherence. A sub sample of 32 caregiver and adolescent dyads completed the Family Asthma Management System Scale (FAMSS).

Background: Child abuse is an increasing reason of consultation, either in Pediatric Primary Care (PPC) or in Pediatric Emergency Departments (PED). Healthcare professionals typically have not received proper training on the subject at hand. This results in mistakes in patient care that could be avoided.

Clinical case: We herein describe a study case of a 15-year-old male patient who is brought by his mother to our PED, referred from a tertiary-level Hospital after having conducted higher risk intercourse with an adult male. The youngster had arranged a meeting using a mobile phone application. At the first PED he visited, no clinical samples were collected, although medical examination was executed. Instead, the patient was directly referred to the National Police, who took judicial samples with the collaboration of a forensic doctor. At our PED, which he was later referred to, the patient and his mother handed the medical report from the first PED, so no new interrogations or physical examinations were carried out. Following our Hospital's Child Molestation Protocol a blood and urine sample was tested for sexually transmitted diseases and a negative urine toxicity study was carried out. After evaluating the results, the patient began taking the post-exposure prophylaxis and antibiotic prophylaxis medicines. Finally, he was given an appointment with the Pediatric Infectology Consultation so that a proper follow-up could be carried out.

Conclusion: Child abuse is a frequent reason of consultation in PPC services, for which Healthcare professionals (HP) are not completely prepared to assist. Usually, they have not received proper training to do so, and they are not aware of the procedure to be followed in terms of observation, notification and management. Accordingly, a standardized Health Care Protocol should be developed and introduced. HP should receive specific and proper training to successfully address this issue and provide the best patient care possible. The need for the abovementioned is particularly strong, considering the increasing amount of cases taking place, and the new ones arising from the use of the New Technologies.

253

Allergy & Immunology

Improving of the Detection of Primary Immunodeficiency Diseases through Implementation of Educational Programs

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Background: Early detection of primary immunodeficiency diseases (PID) is vital for adequate prevention and management of PID infectious complications.

Objective of this study was to improve the primary immunodeficiency diagnostics through implementation of the model combining physician education and public awareness with the infrastructure to diagnose these diseases.

Methods: Three strategies combination has been followed from February 2017 in Ternopil region, Ukraine. The first was education of primary-care physicians (pediatricians, GP doctors) and other specialists (rheumatologists, otolaryngologists, pulmonologists, surgeons, etc.) in early PID symptoms and detection using workshops, trainings, and targeted publications. The second was organization of public events, media appearance to raise PID awareness. The third was undertaken immunological testing for patients with suspected PID.

Results: Workshops and trainings for primary care physicians on early PID detection were organized in 2017 in every regional district (15 districts were totally covered). Generally 540 physicians and nurses attended the lectures and workshops, including pediatricians, general practitioners, etc. We also visited the outpatient departments, talking to doctors, patients and their parents about the PID warning signs.

The examination of the children at risk for PID was conducted during the visits. We developed examination cards of children with suspected PID. These children were referred to the regional children's hospital for further examination. We have translated into Ukrainian and published educational materials: warning signs, testing stages. We have also created some educational materials about PID which were disseminated among physicians.

By the beginning of 2017, there were 11 children with PID in our region, at the end of 2018 their number increased to 31. We also follow 12 patients with suspected PID that need monitoring and examinations to finalize the diagnosis.

Conclusion: Implementation of the model combining physician education and public awareness with the infrastructure to diagnose these diseases is effective strategy to increase PID diagnosis.

799

Allergy & Immunology

Multimorbidity of Upper Respiratory Tract Pathology in Children with Bronchial Asthma

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Background: Bronchial asthma (BA) is a systemic allergic disease and is associated with upper respiratory tract (URT) pathology. In recent years, attention was focused on allergic diseases multimorbidity, while the spectrum of URT pathology in children with BA is not characterized enough.

Purpose: To study the structure of URT pathology in children with atopic BA.

Method: 358 children with atopic BA were examined, the average age of children was 9,91 (9,47; 10,35) years, of which 67,9% were boys (192/358), and 108 children with nasal breathing disorders, comparable in age and sex, but without BA. In addition to the standard all – clinical, allergological, functional examination, all patients underwent video endoscopic examination of the nasal cavity and nasopharynx.

Results: At children with BA were diagnosed with allergic rhinitis (AR) and/ or allergic rhinosinusitis (ARS) with a predominance of persistent forms. The «isolated» course of AR/ARS occurred in 11,7% (42/358) of patients; other children had nasal symptoms due to a combination of AR/ARS with other variants of URT pathology. Pharyngeal tonsil hypertrophy occurred in 61,2% (219/358) of patients, hypertrophic rhinitis - in 9,2% (33/358) of children with BA, nasal architectonics disorders were diagnosed in 50% (179/358) of patients. The combination of two nosological variants of nose pathology occurred in 47,8% (117/358) of patients with BA; 40,5% (145/358) of children with BA had multimorbidity of the nasal pathology – a combination of three or more nosological units.

Conclusion: For children with atopic BA and nasal symptoms often have combined and multimorbid forms of URT pathology. Verification of nasal obstruction causes allows to individualize therapy for patients with BA and minimize negative impact of URT pathology on BA course.

804

Allergy & Immunology

The State of the Autonomic Nervous System in Children with Bronchial Asthma

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