

## Occurrence of social predictors of ischemic stroke (%)

Social factors	Groups of patients	
	A1 (n=140) %	A2 (n=45) %
Sleep disturbance	100	24,4
Excessive stress	100	31,1
Abnormal night activity	100	11,1
Long-term work with monitors	87,9	35,5
Physical inactivity	85,8	11,1
Meal problems	75,00	24,4
Alcohol, smoking	70,00	6,6

We have discovered that percentage of incidence of stroke predictors has demonstrated significant difference between grown-ups and young patients. But also we have to admit that such factors as sleep disturbance (24,4%), excessive stress (31,1%), long-term work with monitors (35,5%) and irregular and unhealthy meals (24,4%) were surprisingly high among children patients.

**Conclusions** This fact allows us to make a conclusion that some social risk factors have similar tendention to summon strike symptoms without any connection to age of patient. All this testify to the fact that early prevention of this factors is essential for protection of children from ischemic stroke.

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#### ASSESSMENT OF THE QUALITY OF PASSAGE AND THE LEVEL OF SATISFACTION WITH THE RECEIPT OF THE STATE SERVICE OF PASSING MEDICAL AND SOCIAL EXPERTISE (SSMSE) TO CHILDREN AND ADOLESCENTS

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10.1136/archdischild-2019-epa.382

The quality control of provision of SSMSE by patients is objective indicator of the work of expert service.

An analysis of 566 directions for passage of SSMSE by medical organization, filed by official representatives of children, patients registered in 2016–2018.

Independent assessment of quality of conditions of service provision by federal agencies; SSMSE provides for assessment of conditions of service provision on such common criteria as openness and availability of information about institution; comfortable conditions for provision of services, including the waiting time for its provision; goodwill, courtesy of employees of institution; satisfaction with conditions of service, as well as the availability of services for people with disabilities.

The time of provision of SSMSE  $50.00 \pm 7.37\%$  ( $p < 0.001$ ) was rated by patients as 'Excellent',  $43.47 \pm 7.31\%$  ( $p < 0.001$ ) - 'Good. The stated dates are fully satisfied and respected' and only  $6.53 \pm 3.64\%$  ( $t = 1.794$ ) - 'Normal. The stated deadlines are respected, but could be a bit shorter. '

Waiting time in queue when receiving SSMSE  $54.35 \pm 7.34\%$  ( $p < 0.001$ ) - 'Excellent';  $26.09 \pm 6.47\%$  ( $p < 0.001$ ) - 'Good. I never stood in lines for whole time of applying for service'; a  $17.39 \pm 5.59\%$  ( $p < 0.001$ ) - 'Normal. We had to stand in small queue once for the whole time of applying for the service', and only  $2.17 \pm 2.15\%$  ( $t = 1.009$ ) indicated 'Bad. I had to stand in a big queue once' (1 person).

The exact waiting time in queue when receiving SSMSE (in minutes) was  $6.41 \pm 2.51$  minutes (in pilot study,  $21.00 \pm 4.10$  minutes).

The politeness and competence of employee who interacts with applicant in provision of SSMSE is rated as 'Excellent'  $71.74 \pm 6.64\%$  ( $p < 0.001$ ) by respondents; 'Good. The staff were very polite and showed a high level of competence' -  $26.09 \pm 6.47\%$  ( $p < 0.001$ ) and 'Normal. The staff were quite polite and competent' -  $2.17 \pm 2.15\%$  ( $t = 1.009$ ).

The comfort of conditions in room where SSMSE was provided among the respondents was noted as 'Excellent' -  $56.52 \pm 7.31\%$  ( $p < 0.001$ ) of official representatives of examined children; 'Good. The level of comfort in the room is fully satisfied' -  $39.13 \pm 7.20\%$  ( $p < 0.001$ ) and 'Normal. In general, comfortable, but there are minor remarks' -  $4.35 \pm 3.01\%$  ( $t = 1.445$ ).

The availability of information on procedure for submitting SSMSE was evaluated in questionnaires as 'Excellent' -  $56.52 \pm 7.31\%$  ( $p < 0.001$ ) of respondents; 'Good. Received information quickly and in full' -  $39.13 \pm 7.20\%$  ( $p < 0.001$ ) and 'Normal. Received information in full, but I had to spend more time searching for it than I wanted' -  $4.35 \pm 3.01\%$  ( $t = 1.445$ ).

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#### REDUCING THE INFLAMMATORY POTENTIAL OF THE RESPIRATORY TRACT IN CHILDREN WITH HERBAL MEDICINE

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10.1136/archdischild-2019-epa.383

**Background and aims** A study on the effect of the phyto-immunomodulator BNO 1030 (Bionorica SE, Germany) on the frequency of acute respiratory infections (ARI) in 128 children aged 3 to 14 years.

**Methods** Determining the level of expression of the transcription factor NF- $\kappa$ B in peripheral blood lymphocytes by flow cytometry.

**Results** After the BNO 1030 therapy lasted for 4 weeks, a significant decrease in ARI multiplicity by 1.7 times, a modest shortening of the duration of follow-up ARI (1.4 days on average) was observed over the next 12 months, and the incidence of mild cases of ARI was increased (from 57% to 75%) decreased the number of antibiotic prescriptions (from  $3.4 \pm 0.4$  to  $1.6 \pm 0.2$  times). After therapy with BNO 1030, there was a decrease in the activity of the transcription factor NF- $\kappa$ B from  $44.4 \pm 2.4$  units to  $32.4 \pm 3.1$  units ( $t = 3.06$ ;  $p = 0.002$ ).

**Conclusions** The BNO 1030 has a significant prophylactic effect, preventing the onset of ARI in children. This clinical effect is associated with inhibition of the pro-inflammatory potency of the child's body.

**P29** **INTERNATIONAL INTERDISCIPLINARY CONSENSUS MEETING ON EVALUATION OF DEVELOPMENTAL DYSPLASIA OF THE HIP**

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10.1136/archdischild-2019-epa.384

There is substantial disagreement about several aspects of Developmental Dysplasia of the Hip (DDH), including its etiology, policies for detection, and treatment. Introduction of hip ultrasound (US) as a diagnostic and screening tool, opened a new era in the field of early diagnosis and effective treatment.

In September 2018 an international meeting of medical doctors of various disciplines, with expertise in the detection and treatment of DDH, was held in Csolyospalos, Hungary. The aim was to arrive at a consensus on these topics, to develop a standardized system of teaching and training in hip US, and to work towards the maintenance of quality in all these areas.

It was agreed that etiology of the condition is multifactorial; the role of recognized risk factors, in particular breech presentation, female sex and (first degree) family history was recognised.

There was strong agreement that clinical examination alone is inadequate, and that screening by US is essential. Specifically Graf's technique of hip US was selected as the US technique of choice.

Universal US screening was strongly favoured. Screening should be carried out as soon as possible, but not later than the sixth week of age. US screening is cost-effective, does not result in overtreatment, and contributes to substantially reducing long term consequences.

Essential principles of treatment consist of timely application of a device to achieve reduction, retention and maturation, by holding the hips in flexion, and a safe degree of abduction.

Finally, it was agreed that effectiveness of any screening policy heavily depends on the correct application of the scanning technique, so standardization of teaching and training in Graf's technique is considered mandatory. A unified teaching policy and materials will be developed for this purpose. Certification, re-certification and audit have been thoroughly discussed.

The group, which has been formalized as the International Interdisciplinary Consensus Committee for DDH Evaluation (ICODE), will continue to meet, and work towards establishing international consensus on DDH, towards standardizing and developing teaching and training

in the Graf's technique of hip US, and towards the maintenance of standards in detection and management of DDH.

**P30** **EXPLORING THE EXPERIENCE OF PARENTS RECEIVING A NEWBORN DIAGNOSIS OF DEVELOPMENTAL DYSPLASIA OF THE HIP**

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10.1136/archdischild-2019-epa.385

Developmental dysplasia of the hip (DDH) represents a spectrum of anatomic abnormalities in which the femoral head and the acetabulum are aligned improperly or grow abnormally. It is generally acknowledged that the rationale behind screening for DDH is that earlier diagnosis will lead to simpler treatments resulting in better outcomes and minimising the need for open surgery. Additionally, the condition and subsequent treatment for DDH poses significant challenges for parents and impacts on many aspects of parent, child and family lives. To date, there are no national guidelines or algorithms in relation to the screening or management of DDH in The Republic of Ireland.

The aim of this research was to explore the detection and care of infants with developmental dysplasia of the hip. Mixed methods sequential explanatory design was utilised over three phases with the intention of exploring the quality of health care outcomes and the provision of DDH services from the perspectives of the parents in receipt of care for their newly diagnosed infants. The results of Phase three which involved semi-structured interviews with parents ( $n=11$ ) will be presented here. An inductive thematic analysis approach was used to analyse the data from the semi-structured interviews.

One of the most striking results to emerge from the data was the overall lack of awareness amongst parents concerning DDH and the lack of hip health-related information given to parents prior to the diagnosis of their children. This lack of awareness and education of parents during the antenatal and postnatal period, in turn, resulted in the diagnosis and subsequent treatment of their child for DDH, being a traumatic experience for the majority of parents in the study. Some common parental anxieties amongst the participants were in relation to issues such as fear of their child being in pain; the management of skin care issues while their child was in treatment and fear of long-term disability. However, on the whole, there was an overall high satisfaction rate amongst the participants in relation to the quality of the service provided by the dedicated DDH clinic.

Evidence relating to the reality of receiving a diagnosis of DDH as a parent or caring for a child in treatment has not been previously researched in Ireland. Recommendations include the need for a more family centred approach to how health care professionals practically and psychologically support families through the diagnosis and treatment of DDH.