ABSTRACT BOOK

19th European Meeting
International Association for Adolescent Health

Egas Moniz Building, Faculty of Medicine

University of Lisbon

Training in Adolescent Health
Moving Forward

June 24-26
2015

www.iaahlisboa2015.com

Mundiconvenius

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WELCOME TO LISBON!

The International Association for Adolescent Health - IAAH - entrusted Portugal with the organization of its 19th European Congress in June 2015.

This is the third time IAAH comes to Lisbon after the meetings of 1996 (4th European Congress) and 2005 (8th World Congress in 2005) that were a recognized success.

The Local Organizing Committee will work hard, under the guidance of the IAAH, to put together a very interesting scientific program that will include conferences, symposia and workshops lead by recognized experts in the field of adolescent health.

We have chosen Training in Adolescent Health: Moving Forward as the main topic, as we believe that pre and post-graduate training is crucial to move Adolescent Health ahead.

Youth medical students' participation will add their perspective on essential skills and tools that should be made available for all medical students across Europe.

On the 24th of June there will be pre-congress courses on Obesity, Skin conditions, ADHD and Communication.

Lisbon is a gorgeous place. We hope you will find time to discover the charms of this town and enjoy the hospitality of the Portuguese people.

We are very happy to welcome you to Lisbon!

Helena Fonseca MD, MPH, PhD

Elisabete Santos, MD

SCIENTIFIC PROGRAM

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June, 24th | Pre-Congress Courses

Communication with adolescent patients and their parents: An interactive course utilizing simulation exercises with special emphasis on a dignifying approach

Auditorium 57

Daniel Hardoff MD |Israel Center for Medical Simulation - The Chaim Sheba Medical Center, Israel

Coordinator: Sílvia Freira MD | Adolescent Medicine Unit, Department of Paediatrics, Hospital de Santa Maria, Lisboa, Portugal

9:00-9:05 | Introduction

9:05-9:30 | Training in communication with adolescents: Utilization of simulated-patient-based programs

9:30- 10:30 | Exercise: Live simulated scenarios of common adolescent-physician encounters

10:30-11:00 | Coffee-break

11:00-11:30 | Presentation: The dignifying approach in adolescent healthcare

11:30-12:30 | Exercise: Video recorded simulated scenarios of physician-adolescent-parent dilemmas

12:30-13:00 | General discussion and evaluation of the course

Skin conditions

Auditorium 58

Coordinator: Sérgio Neves MD | Adolescent Medicine Unit, Department of Paediatrics, Hospital de Santa Maria, Lisboa, Portugal

9:00-9:15 | Welcome & Opening of the course

9:15-10:10 | Skin conditions in adolescents: Psoriasis - Alopecia - Infections - Pigmented lesions. **Paulo Filipe MD, PhD** | Department of Dermatology, Hospital de Santa Maria - Lisboa, Portugal

10:10-10:30 | Acne and innate immunity: a different view on a common inflammatory disease.**Marius-Anton Ionescu MD, PhD** | University Hospital Saint-Louis, Paris, France

10:30-11:00 Coffee- break

11:00-11:40 | Skin and image: Tattoos and piercings - Body modifiers. **Rosa Mascarenhas MD**| Hospital da Figueira da Foz, Portugal

11:40-12:30 | "Aesthetic" corrections in adolescence: Hemangiomas and other pigmented lesions - Strias and acne scars - Laser applications | **Manuela Cochito MD** | Lisboa, Portugal

12:30-13:00 | Multiple choice test and evaluation of the course

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Attention Deficit Hyperactivity Disorder

Auditorium 57

Coordinator: Pedro Dias Ferreira, Clinical Psychologist | Adolescent Medicine Unit, Department of Paediatrics, Hospital de Santa Maria, Lisboa, Portugal

14:00-14:30 | ADHD in Childhood and Adolescence: How important is the symptom?**Suzana Henriques**, Child Psychiatrist | Department of Paediatrics, Hospital de Santa Maria, Lisboa, Portugal

14:30-15:00 | The Paediatrician's Role: Attendance of Children and Adolescents**Filipe Glória Silva**, Paediatrician | Hospital Cuf Descobertas, Lisboa, Portugal

15:00-15:30 | The relevance of Psychodiagnostic and Psychotherapeutic support. **Margarida Custódio dos Santos**, Psychologist | Faculdade de Psicologia da Universidade de Lisboa, Portugal

15:30-16:00 | Coffee-break

16:00-16:30 | Aspects of School and Learning.**Joaquim Colôa**, Special Education Teacher | Ministério da Educação, Lisboa, Portugal

16:30-17:00 | ADHD neuropsychological pathways.**Filipa Ribeiro**, Neuropsychologist | Universidade Católica de Lisboa, Portugal

17:00-17:30 | ADHD in Young Adults.**Carlos Filipe**, Psychiatrist | Faculdade de Ciências Médicas da Universidade Nova de Lisboa, Portugal

17:30-18:00 | Optional multiple choice test and evaluation of the course

Adolescent Obesity

Auditorium 58

Coordinator: Helena Fonseca MD, MPH, PhD | Adolescent Medicine Unit, Department of Paediatrics, Hospital de Santa Maria, Lisboa, Portugal

14:00-14:15 | Welcome & Opening of the course. **Helena Fonseca, Pedro Gaspar**

14:15-14:45 | Collective Intelligence in Healthcare. **Josep Monguet** | Universitat Politècnica de Catalunya, Barcelona | Spain

14:45-15:15 | Obesity: is it in our genes? **Maria Carmo-Fonseca** | Instituto de Medicina Molecular, Faculdade de Medicina, Universidade de Lisboa, Portugal

15:15-15:45 | Body image and Eating Behaviour among Portuguese adolescents: Self-regulation and social support -highlights from two international studies, HBSC and TEMPEST. **Margarida Gaspar de Matos**, Portugal

15:45-16:15 | Coffee-break

16:15-16:45 | Put yourself in my shoes: Perspectives of adolescents with obesity about what makes an intervention effective - Lessons learned from the Next.Step Programme. **Ana Prioste, Helena Fonseca, Pedro Sousa** | Department of Paediatrics, HSM / Instituto Politécnico Leiria, Portugal | Research funded by FCT (PTDC/DTP-PIC/0769/2012)

16:45-17:30 | Research in Adolescent Obesity: Experiences and challenges.**António Palmeira** | Universidade Lusófona & CIPER-FMH, Universidade de Lisboa, Portugal

17:30-18:00 | Discussion, optional multiple choice test and evaluation of the course

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June, 25th | Thursday

	8:00	Opening of the Secretariat			
Main Auditorium	8:30-10:00	**W1**	The double edged sword of technology and how we can harness the positive aspects	Ralph Maddison	
	10:00-10:30	*Coffee Break*			
	10:30-12:00	**SY1**	From Research to Youth Engagement: Health, Education and Public Policies	Margarida G. Matos Inês Camacho Lúcia Ramiro Tânia Gaspar	Moderator J. Pereira Miguel
Auditorium 58	8:30-10:00	**W2**	Research in adolescent medicine: How to get a good start	Joan-Carles Suris Grete Teilmann	
	10:00-10:30	*Coffee Break*			
	10:30-12:00	**PD1**	How to create a structure for adolescents	Charlotte Blix Catherine Chamay-Weber Françoise Dominé	Moderator Joan-Carles Suris
Main Auditorium	12:00-12:30	Opening Session			
Main Auditorium	12:30-14:30	Best Practices for Engaging Adolescents & Young Adults on Preventive Health Topics		Hosted by Pfizer (includes lunch)	
Main Auditorium	14:30-15:30	Has adolescent health come of age?		Jane Ferguson (WHO)	Chair Anne Meynard
Main Auditorium	15:30-17:00	**W3**	"A B C" of eating disorders in adolescents	Carolina Viveiro Cláudia Arriaga Pascoal Moleiro	
	17:00-17:30	*Coffee Break*			
	17:30-19:00	**PD3.1**	What can Primary Care Settings do for patients with Anorexia Nervosa?	Leonor Sassetti Ana Moscoso	Moderator Susanne Stronski
		PD3.2	Alcohol Misuse and Gateway Theory: A Longitudinal Study in Switzerland	Yara Barrense-Dias	
		PD3.3	Use of Psychopharms in Adolescence	Paula Vilariça	
Auditorium 58	15:30-17:00	**PD2.1**	An overview of Adolescent Sexual Abuse	Asvini D. Fernando	Moderators Valentina Baltag Pierre-André Michaud
		PD2.2	HPV prevention: The benefit of vaccinating boys	Gustavo Januário	
	17:00-17:30	*Coffee Break*			
	17:30-19:00	**W4**	Contraception in adolescents: from theory to practice	Alexandra Luz Sílvia Neto Fernanda Santos	

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June, 26th | Friday

	8:30-10:00	W5	Training the Adolescent Health workforce of tomorrow: Initiatives from three European countries	Bernard Boudailliez Helena Fonseca Damian Wood Rebecca Sands	
	10:00-10:30	*Coffee Break*			
Main Auditorium	10:30-12:00	PD4.1	Autumn School of Adolescent Medicine: 9 years of teaching and training	Pascoal Moleiro Hugo Braga Tavares Paulo Fonseca	Moderator Maria do Céu Machado
		PD4.2	Adolescent Health Master Course at the University of Lisbon	Helena Fonseca Francisco G. Ferreira Carolina Albuquerque Luísa Pinto	
		PD4.3	Training in adolescent health and medicine: our best therapeutic tool	Pierre- André Michaud	
	8:30-10:00	W6	Every Health Professional is a teacher: Interactive learning is effective!	Anne-Emmanuelle Ambresin Anne Meynard	
	10:00-10:30	*Coffee Break*			
Auditorium 58	10:30-12:00	W7	"Pas de deux": Adolescents and health professionals, learning from one another - A different approach to training in adolescent health	Mariana Marin Sophie Lemerle, Veronique Le Ralle Sylvie Cliquet	
	12:00-14:00	*Lunch time*			
Main Auditorium	12:00-13:00	Poster Session with Discussion (1)			J. Casas Rivero Sérgio Neves
Main Auditorium	13:00-14:00	Poster Session with Discussion (2)			Sílvia Freira Abdul Rachid
Auditorium 58	12:00-13:00	Poster Session with Discussion (3)			Pedro Dias Ferreira Hugo Rodrigues
Auditorium 58	13:00-14:00	Poster Session with Discussion (4)			Elisabete Santos António Palmeira
Main Auditorium	14:00-15:00	Oral Communications (1)			Paul Jacquin Hugo Braga Tavares
Auditorium 58	14:00-15:00	Oral Communications (2)			Paula Fonseca Paulo Fonseca
Main Auditorium	15:00-15:45	Core competences in Adolescent Health and Development for Primary Care providers	Valentina Baltag (WHO)		Chair Helena Fonseca
	15:45-16:15	*Coffee Break*			
Main Auditorium	16:15-18:00	Feedback from the Youth Forum and Recommendations	Youth		José Correia Helena Fonseca Anne Meynard Hugo Braga Tavares
Main Auditorium	18:00-18:30	Closing Session			Anne Meynard Elisabete Santos

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CONFERENCE (CO)

CO_1 | June 25th [14:30-15:30] - Main Auditorium

President_ Anne Meynard

CO_1 | HAS ADOLESCENT HEALTH COME OF AGE?
Jane Fergusson | World Health Organization_Geneva

CO_2 | June 26th [15:00-15:45] - Main Auditorium

President_ Helena Fonseca

CO_2 | CORE COMPETENCES IN ADOLESCENT HEALTH AND DEVELOPMENT FOR PRIMARY CARE PROVIDERS
Valentina Baltag | World Health Organization_Geneva

WORKSHOP (W)

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W_1 | June 25th[8:30-10:00] - Main Auditorium

W_1 | THE DOUBLE EDGED SWORD OF TECHNOLOGY AND HOW WE CAN HARNESS THE POSITIVE ASPECTS

Ralph Maddison

The workshop aims to 1) highlight the potential negative and positive consequences of technologies among young people, and 2) identify potential solutions to increasing healthy behaviours using technology at the same time mitigating the negative effects. A brief presentation will first be provided followed by a practical group-based workshop to address points 1 and 2. At the end workshop participants should be able to identify negative consequences of technology among young people, and understand how best to harness technology for positive outcomes.

W_2 | June 25th [8:30-10:00]- Auditorium 58

W_2 |RESEARCH IN ADOLESCENT MEDICINE: HOW TO GET A GOOD START

Joan-Carles Surís, Grete Teilmann

Learning objective 1:
By the end of the workshop, participants should be able to define the different steps to be followed to do a research.

Learning objective 2:
By the end of the workshop, participants should be able to anticipate the issues they will be confronted to in doing research and how to tackle them.

Summary
This workshop will deal with all the steps that are involved in adolescent research starting when you have an idea (usually under the shower) and ending when your article appears (online first) in PubMed. Using different examples as a guide, participants will discuss which problems they can encounter and how to overcome them together with hints on how to make easier choices and to avoid pitfalls in their research. In this interactive workshop, issues such as submitting to the ethics committee, the parents' role, how to choose the best study-design (and not have a too large attrition), engaging young people in research, working with supervisors, networking and funding will be discussed with the participants.

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W_3 | June 25th [15:30-17:00]- Main Auditorium

W_3 | "A B C" OF EATING DISORDERS IN ADOLESCENTS

Carolina Viveiro, Cláudia Arriaga, Pascoal Moleiro

Learning objective 1:
Acquisition of knowledge in detecting warning signs of eating disorders in adolescents in general and by gender particularly.

Learning objective 2:
To develop skills in addressing this disease.

Summary
With this workshop is intended to make health professionals and other professionals able to diagnose eating disorders in adolescents by recognizing warning signs and realizing that these signs and the approach of this disease are gender specific. Participants should acquire skills to use in clinical practice through the discussion of real clinical cases, by answering open and closed questions about topics of related articles. The new classification of ED according to DSM V will be address.

W_4 | June 25th [17:30-19:00]- Auditorium 58

W_4 | CONTRACEPTION IN ADOLESCENTS: FROM THEORY TO PRACTICE

Alexandra Luz, Sílvia Neto, Fernanda Santos

Learning objective 1:

To present real case scenarios and debate the contraceptive options

Learning objective 2:
To understand the reasons for choosing one method over another

Summary
In 2013, the Portuguese Adolescent Medical Society, along with the Portuguese Society for Contraception, issued recommendations about contraception in adolescents. More recently, the American Commitee on Adolescence released a review in this regard. Both of these were intended to help clinicians who work with this age group to choose amongst a variety of contraceptive methods the one that most suits the specific teenager. In this workshop devoted to contraception in adolescents, our goal is to present the assembly with real cases, and to debate the reasons for choosing one method over another. We offer both the perspective of the paediatrician and the gynaecologist, and seek for an interactive workshop, where everyday case reports are debated and best addressed.

Keywords: Adolescent, contraception, pill, condom.

W_5 | June 26th [8:30-10:00] - Main Auditorium

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W_5 | TRAINING THE ADOLESCENT HEALTH WORKFORCE OF TOMORROW: INITIATIVES FROM THREE EUROPEAN COUNTRIES

Bernard Boudailliez, Helena Fonseca, Damian Wood, Rebecca Sands

Learning objective 1:
Evaluate how adolescent health clinicians can influence and support the development of competency-based education programs focused on learning objectives and on the effective acquisition of the skills appropriate to the developmental phase and context of young people.

Learning objective 2:
Understand how clinicians across Europe are developing curricula, training programmes and e-learning resources to support workforce professional development in young people's health from undergraduate to adolescent health specialist.

Summary
The changing health needs of young people in Europe require a healthcare workforce trained in adolescent medicine and young people's health. We will examine how countries from across Europe are addressing this challenge.
The workshop will examine:
1. How the current structural reforms of French pediatric residency programs present opportunities to strengthen training in Adolescent Medicine and the challenges of moving away from traditional speciality focused training to incorporate both the knowledge of adolescent health problems and issues and awareness of the unique clinical skills required;
2. How in the UK YPHSIG members have developed and updated a multi professional e-learning program in Adolescent Health, influenced paediatric training curriculum for both general and specialist training in Young People's health and worked with different countries, regions and organizations to develop the Young People's health workforce;
3. How in Portugal at the Faculty of Medicine, University of Lisbon, Adolescent Medicine has been progressively included in the pre-graduate curriculum at different levels. The curriculum is competency-based driven focusing on learning objectives. A set of core competencies in adolescent health care and development that every future doctor should have will be discussed.

W_6 | June 26th [8:30-10:00]- Auditorium 58

W_6 | EVERY HEALTH PROFESSIONAL IS A TEACHER: INTERACTIVE LEARNING IS EFFECTIVE!

Anne-Emmanuelle Ambresin, Anne Meynard

Background: residents, chief residents practicing physicians and nurses, as well as other professionals working with adolescents, whether in hospital or ambulatory settings, are all involved at some time in teaching activities. As far as young people are concerned, it is of utmost importance and effectiveness to use interactive training methods which reflect the interdisciplinary intersectorial approach to adolescent health.

Objectives: discovering and using the EuTEACH website, by the end of the workshop, the participants should be able to:

- Explain why and how interactive training is more effective than vertical top-down teaching
- Apply the principles guiding the preparation, facilitation and illustration of an interactive training session
- Have experienced how to use practical training tools to enhance interactivity (mostly derived from the VIPP techniques)
- Effectively use the material provided by the EuTEACH website

W_7 | June 26th [10:30-12:00]- Auditorium 58

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W_7 |"PAS DE DEUX". ADOLESCENTS AND HEALTH PROFESSIONALS, LEARNING FROM ONE ANOTHER. A DIFFERENT APPROACH TO TRAINING IN ADOLESCENT HEALTH

Mariana Marin, Sophie Lemerle, Veronique Le Ralle, Sylvie Cliquet

Learning objective:
The aim of the workshop is to develop a new approach to adolescent health training, and to try and match adolescents and health professionals' expectations and attitudes for a better communication.

Summary

"Pas de deux"
Adolescents and health professionals, learning from one another.
A different approach to training in adolescent health.

The Youth Forum experience at the IAAH Congress in June 2014 showed how interaction between young people and health professionals could help us look at training in adolescent health in a new light and develop innovative approaches.
We did change our way of relating to each other by adjusting our stands to the expectations and requirements of our interlocutor. Matching one another's ideas allowed us to form a cohesive group, the members of which in turn act as multipliers in their own environments.
The momentum of the Youth-group dynamics should be made good use of in health prevention and education. Collective strength at this age can be truly powerful. The voice of a group can make itself heard far better than individual contributions. Young people have then a sharper voice and their answers are no longer an automatic reflection of what they believe is expected of them.
If you do not take on board what teenagers show and tell, if you do not take account of their expectations and the way in which they talk about them, you put at risk health prevention programs, as has been the case occasionally.
With this enriching experience, we were motivated to go further and we changed our daily practice. We included teenagers into a number of our networks' training activities for health professionals. This was not always easy. We had to go about with a lot of energy to convince them, we had to be confident and patient to accept their unpredictability, and we had to accompany with discretion and kindness the burst of their energetic spontaneity.
This unique relationship is still fragile and needs to be sustained on both sides in order to grow and change. Young people volunteering for such actions always expect feedback to their proposals. Any delay or lack of answer may lead to a more or less definitive withdrawal and demotivation.
Young people have their own way of communicating. We are united by the sheer pleasure of sharing!

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PANEL DISCUSSION (PD)

PD_1 | June 25th [8:30-10:00] - Main Auditorium

Moderator_ Joan-Carles Suris

PD_1 | HOW TO CREATE A STRUCTURE FOR ADOLESCENTS

Charlotte Blix, Catherine Chamay-Weber, Françoise Dominé

Learning objective 1:

At the end of the panel participants should be able to identify different approaches to adolescent health.

Learning objective 2:
At the end of the panel participants should be able to organize or improve their own adolescent practice.

Summary

There are different ways to approach adolescents and their health, some of them very innovative and some of them extremely classic, but the important point is that they work.
This discussion panel will offer three different views of adolescent health: an inpatient hospital-based café, an outpatient hospital based clinic, and a private practice.
Through short presentations and interactive discussion with the audience, participants will be able to find out the problems encountered to create these structures and how to face them.

PD_2 | June 25th [15:30-17:00] - Auditorium 58

Moderator_ Pierre André Michaud

PD_2.1 | AN OVERVIEW OF ADOLESCENT SEXUAL ABUSE

Asvini D Fernando

Learning objective 1:
Obtain updated information on Adolescent Sexual Abuse.

Learning objective 2:
Share information and exchange ideas regarding the diagnosis and effective management of Adolescent Sexual Abuse.

Summary
A perspective on Adolescent Sexual Abuse from a developing country based on experience gained from the management victims over a period of 22 years. Special socio-demographic features will be highlighted. Issues related to the effective multi-disciplinary management within the health sector and the multi-sectorial management of these victims will be discussed.
The successful establishment of a safe house in the health sector where the holistic management of victims are addressed will be discussed.
Effective strategies for the prevention of adolescent sexual abuse will be discussed.

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PD_2.2 | HPV PREVENTION: THE BENEFIT OF VACCINATING BOYS

Gustavo Januário

HPV tetravalent vaccine is approved for girls and boys. While the public health benefit is well established for girls, namely for the prevention of cervical cancer, the benefit of vaccinating boys has not been fully addressed.

The topic of this talk will focus manly in the disease burden of HPV in men and recent papers on the prevention of various cancers in men will be discussed.

A recent survey that addressed the perception of mothers concerning the HPV vaccine for boys that was undertaken by the Portuguese Pediatric Society in partnership with Sanofi Pasteur MSD will also be partially presented.

Finally arguments in favour of vaccinating boys will be underlined.

PD_3 | June 25th [17:30-19:00] - Main Auditorium

Moderator_ Susanne Stronski

PD_3.1 | WHAT CAN PRIMARY CARE SETTINGS DO FOR PATIENTS WITH ANOREXIA NERVOSA?

Leonor Sasseti, Ana Moscoso

Learning objective 1:
To review the role of primary care in the early diagnose and treatment of anorexia nervosa.

Learning objective 2:
To highlight what clinicians in primary settings can do, through the scope of both pediatrics and adolescent psychiatry.

Summary
Anorexia Nervosa is a psychiatric disorder characterized by abnormal eating behaviours that lead to weight loss and serious potential medical consequences. Very often, treatment is carried on in specialized medical facilities through multidisciplinary teams.

Nevertheless, early detection and therapeutic engagement can play an important role in what prognosis is concerned. In caring for patients with anorexia nervosa, the primary care physician has several critical roles.

The role of primary care (clinicians, nurses, and other staff) will be debated during this workshop in a dynamic presentation, carried out by one pediatrician and one adolescent psychiatrist, engaged in the treatment of this condition in a tertiary setting.

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PD_3.2 | Alcohol Misuse and Gateway Theory: A Longitudinal Study in Switzerland

Yara Barrense-Dias

Learning objective:
To assess the characteristics and predictive factors of alcohol misuse among adolescents.

Summary
621 youths were followed from ages 14 to 16 in Switzerland between 2012 (T0) and 2014 (T1). Participants were divided into two groups according to their alcohol misuse (at least 1 drunkenness in the previous month) evolution: those who increased it (Misusers) and those who decreased or never used it (Abstainers). Participants reporting alcohol misuse at T0 and T1 were not included. The final sample consisted of 593 adolescents. At T0, participants reported demographic data, current smoking, alcohol use (without drunkenness), cannabis use and emotional wellbeing. A logistic regression was performed to assess the explanatory variables of alcohol misuse at T1 using Abstainers as the reference category. Data are presented as adjusted odds ratios (aOR) with 95% confidence interval.
Results: Alcohol misuse in the previous month increased dramatically from 9.9% (T0) to 34.6% (T1). Abstainers did not differ from Misusers on demographic data. At the bivariate level, alcohol misuse was associated with residence and to having tried alcohol, smoking and used cannabis. Compared to Abstainers, Misusers were significantly more likely to live in a rural area (aOR: 1.75 [1.1:2.8]), use cannabis (aOR: 3.2 [1.0:9.8]) and have tasted alcohol at least once (aOR: 2.65 [1.6:4.3]) at T0. Smoking did not predict alcohol misuse.
Conclusion: Alcohol misuse increases dramatically with age. However, the only demographic difference between groups was that those living in rural areas are more likely to misuse alcohol. However, having tried alcohol and using cannabis at age 14 predicts alcohol misuse at age 16. This finding goes in the sense of the reverse gateway theory, where cannabis use precedes the use of legal substances. Further research is needed to confirm it.

PD_3.3 | Use of Psychofarms in Adolescence

Paula Vilariça

The increasing evidence for short-term efficacy of many psychotropic medications in adolescence has led to an increased use and benefit for the adolescents with neuropsychiatric disorders. The psychopharmacology has become a standard practice for many neuropsychiatric disorders.

The database for the safety and efficacy of psychotropic medications in adolescents has increased for short term treatments but there is limited data on the long term efficacy and safety, on the comparative efficacy of psychological and pharmacological treatments, and the best practices for combining both types of treatment. Although medication combinations are commonly used in adolescents, studies on this topic are scarce.

The decision about whether to use pharmacological interventions in this age group requires careful consideration on the risks and benefits, as well as a close monitoring of the treatment safety. An overview will be made of the major classes of medications used in neuropshychopharmacology of the adolescent including stimulant medications, antidepressants, mood stabilizers, anxiolytics, alpha 2 agonist, and antipsychotics.

Despite the many challenges, adolescents can and do benefit from medications when treatment is provided in the context of a thorough assessment, analysis of the risks and benefits, involvement of the parents or guardians and close monitoring.

PD_4 | June 26th [10:30-12:00] - Main Auditorium

Moderator_ Maria do Céu Machado

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PD_4.1 | AUTUMN SCHOOL OF ADOLESCENT MEDICINE: 9 YEARS OF TEACHING AND TRAINING

Pascoal Moleiro, Hugo Braga Tavares, Paulo Fonseca

Learning objective 1:
To evaluate the courses offered to health professionals by the Portuguese Society of Adolescent Medicine (PSAM) in a 9 year period.

Learning objective 2:
Promote discussion on items evaluated: a) epidemiological data; b) subjects taught and all the topics proposed by students; c) results of opinion surveys at the end of the different courses; d) impact of these courses on participant's clinical practice.

Summary
The Autumn School of Adolescent Medicine (ASAM) was established in 2006. Since its inception, the average number of participants per edition was 39, predominately pediatric residents (75%). The average number of speakers per School was 11, with a student / instructor ratio of three.
The topics of the biopsychosocial development and the interview with teenagers (and since 2009 the physical examination) integrated the core themes of all Schools accounting for 36% of the themes per course. Mental and sexual and reproductive health represented on average 18% and 10% of the course themes, respectively.
In the participant's evaluation surveys, the most popular themes have been the core ones and the most requested for future Schools were on psychiatry and gynaecology areas.
The impact of this course on participant's clinical practice will be evaluated.

PD_4.2 | ADOLESCENT HEALTH MASTER COURSE AT THE UNIVERSITY OF LISBON

Helena Fonseca, Francisco Gonçalves Ferreira, Carolina Albuquerque, Luisa Pinto

Learning objective 1:
To describe the process of development of an Adolescent Health Master Program at the University of Lisbon.
Learning objective 2:
To discuss the objectives, methodology, and evaluation process of this Program.
Summary
The Program started in the year 2010, structured in accordance with the Bologna Process principles as 2nd cycle studies (it can only be taken by those who already have a Bachelor's degree in Health studies). It has four semesters' duration and confers 120 ECTS credits. Besides the attendance of course units, students have to develop a research project and defend it publicly.
It is organized in 12 Curricular Units: Adolescent Development, Public Health, Ethics, Health promotion, The adolescent at the Primary Care Sector, Sexual Health, Chronic conditions, Addictions, Mental Health, Eating Disorders and Obesity, School Health, and Physical Activity. The Faculty members are specialists in Adolescent Medicine from different countries.

By the end of the course, the student is expected to be able to:
- Perform a complete and appropriate assessment of an adolescent and his/her family.
- Use a non-judgmental, developmentally appropriate approach towards the adolescent.
- Conduct an age-appropriate, accurate, complete history, reflecting a bio-psychosocial approach.
- Effectively identify and explore issues to be addressed in an adolescent encounter, not forgetting the "hidden" adolescent's agenda.
- Demonstrate appropriate interviewing skills with adolescents and their families (listen effectively, be aware and responsive to nonverbal communication).
- Respect the adolescent's right to confidentiality, privacy and autonomy within a developmental context.
- Assess family function and dynamics and apply basic family systemic techniques.
- Demonstrate a positive, non-judgmental attitude towards adolescents and their families.
- Communicate effectively with family members.

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- Use various strategies (e.g. systemic strategies, motivational interview) to motivate for change.
- Conduct a thorough assessment of growth and development including height and weight, body mass index (BMI), plotting on a growth curve and sexual maturity rating (Tanner stages)
- Understand, recognize and identify specific health issues and conditions of the adolescent (distinct from the child and the adult) and develop strategies for the management of common somatic symptoms.
- Diagnose, first handle and refer the most common mental health disorders affecting adolescents.
- Be aware of the different psychotherapeutic modalities and commonly used psychotropic medications during adolescence.
- Be aware of the key features of a management program for an adolescent with a chronic condition and of effective models for transition of care.
- Be able to articulate with the school for implementation of a tailored program/enhancement of professional competence.
- Be able to articulate with the community resources for provision of social support in case of vulnerable youth.
- Act as advocates for the advance of the health and well-being of adolescents.
- Identify opportunities for health promotion and disease prevention at the community level.
- Conduct basic independent research involving young people.

Methodology: A combination of interactive
lectures, case scenario discussions including adolescents, problem and task based learning, experiential and reflective learning, small group, self-instructional and project based learning, role-play techniques with simulated adolescent patients including video-recording for training of the clinical interview.

Evaluation process: Formative assessments including informal techniques (written reflections, checks for understanding, wrappers) and formal techniques (in-class activities, class deliverables); and Summative assessments including tests at the end of some of the Units, papers, projects and presentations.

So far three courses took place, with 36 participants in total, coming from diverse backgrounds. Among them: 15 Pediatricians, 4 Pediatric Residents, 4 Gynecologists, 1 Family Doctor, 2 Psychologists, 2 Nutritionists. Nine of them have already received their Master Diploma in Adolescent Health, 4 are in the process of developing the research project and the remaining were only interested in the curricular part of the program, successfully completed the first year, and were awarded a title of specialized studies. The large majority of these students went back to their communities and started Adolescent Clinics, most of them included in Departments of Pediatrics.

In this Panel session we will listen to three former students on their views regarding the Program.

PD_4.3 | TRAINING IN ADOLESCENT HEALTH AND MEDICINE: OUR BEST THERAPEUTIC TOOL

Pierre André Michaud

Context: There are neither medications nor technological tools to address adolescent health problems such as STIs, substance use, obesity or chronic unexplained pain and somatoform disorders. This means that our best tool is good communication skills as well as well designed intervention to prevent or take care of these situations. Adolescent health care providers must be trained to acquire these basic competencies and skills.

Objectives of the presentation: Identify why teaching/training is so important in the field of adolescent health; single out the ingredients of good teaching; appraise what the *Euteach* program provides

Content: the interactive presentation will first discuss what a good teaching and a good teacher are; it will then briefly comment on how to design and use powerpoint slides. As an illustration, the second part will present the ingredients of the Euteach program and website (www.euteach.com), including an example of available modules and a brief focus on various teaching approaches, techniques and tools.

Conclusion: Euteach provides one example of a fairly comprehensive interactive and holistic program adapted to the specific training needs of health care professional dealing with adolescents.

SYMPOSIUM (SY)

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SY_1 | June 25th [10:30-12:00] - Main Auditorium

Moderator_ J. Pereira Miguel

SY_1 | FROM RESEARCH TO YOUTH ENGAGEMENT: HEALTH, EDUCATION AND PUBLIC POLICIES

Margarida Gaspar de Matos, Marta Reis, Teresa Santos, Diana Frasquilho, Paulo Gomes

Learning objective 1:

Be able to understand and discuss recent data from young people population's studies, and understand the importance of evidence based interventions.

Learning objective 2:
Be able to interpret data, comparisons and trends regarding data from young people population's studies, and move from there to clinical interventions, educational programs, youth led participations and public policies.

Summary

From Research to Youth Engagement: Health, Education and Public Policies
The Social Adventure Team's project (www.aventurasocial.com) is composed by a group of researchers interested in several areas of child, adolescent and young adult health, who develop population's studies on health promotion and social behaviour, aiming to design and implement evidence based clinical, educational and policy interventions, with emphasis on group interventions, including universal and selective preventions.

The projects focus on children and adolescents population studies and then move to the preparation, implementation and evaluation of programs that aimed at the promotion of interpersonal skills, self-regulation skills and social skills to find and maintain a net of social support. These programs are designed for groups of children and adolescents in vulnerable situations, or aim the activation of community resources and a youth led participation.

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ORAL COMMUNICATIONS (OC)

Oral Communications_Session #1 | June 26th [14:00-15:00] - Main Auditorium

Moderators_ Paul Jacquin | Hugo Braga Tavares

OC.1 - PARENT-ADOLESCENT RELATIONSHIP: THE INFLUENCE OF CHRONIC DISEASE

JC Suris(1);A Berchtold(2);E Richardet(1);Y Barrense-Dias(1);J Duruz(1)
(1) IUMSP / Lausanne University Hospital (2) University of Lausanne

Objective

To assess whether chronically ill adolescents have a poorer relationship with their parents.

Methods

A sample of 2742 youths (60% females) aged 15-24 years in Switzerland were divided into 3 groups: healthy controls (n=2375; 86.6%); having a chronic illness not limiting daily activities (CI; n=317; 11.6%); having a chronic illness limiting daily activities (CILA; n=50; 1.8%). Groups were compared on socio-demographics, family structure (intact or not), relationship with father and mother (on a scale from 1 [poor] to 10 [excellent]), emotional wellbeing, and self-reported health status (good/poor). Variables significant at the bivariate level were included in a multinomial logistic regression using healthy controls as the reference category. Results are presented as relative risk ratio (RRR) with 95% confidence interval.

Results

At the bivariate level there were significantly more females in CI and CILA groups, but no differences were found for age, academic track, residence, or nationality of the youth or the parents. Youths in CILA reported a significantly poorer health and emotional wellbeing, a lower relationship both parents and were more likely to live in a non-intact family compared to their peers. The only variable that remained significant at the multivariate level was self-reported health, with those in CI (RRR: 4.46 [2.68:7.42]) and CILA (RRR: 30.5 [15.1:61.7]) being much more likely to report poor health than healthy controls.

Conclusions

Chronically ill adolescents are more likely to have a poorer relationship with both their father and their mother that increase with the severity of the condition. Nevertheless, this association seems to be mediated by the health status of the adolescent. As a poor relationship can have a negative effect on their disease, health professionals dealing with these youths need to inquire about family relations.

OC.2 - CHRONIC CONDITIONS AND COEXISTING ADHD- A COMPLICATED COMBINATION IN ADOLESCENTS

Charlotte Nylander(1);Ylva Tindberg(2)
(1) Department of Pediatrics (2) Uppsala University

Adolescents with Chronic Conditions (CCs) - especially neuropsychiatric disorders such as ADHD - are surrounded by less protective factors and take more health risks than peers. However, the impact of CCs and coexisting ADHD on protective factors and health risk behaviours has not been sufficiently addressed.

Objectives

The aim of the present study was to investigate the impact of different CCs on protective factors and health risk behaviours, taking coexisting ADHD into account.

Methods

A school-based study among 6895 15- and 17-year-old students was performed in the county of Sörmland, Sweden in 2011 (response rate 80%). The questionnaire explored background factors, CCs, protective factors (optimistic future, easy to talk to a parent, living in one place, enjoy school, pass in all subjects, never been bullied and regular physical exercise) and health risk behaviours (present smoking, getting drunk monthly, drug use, violent acts, criminal acts, early sexual debut and self-harm behaviour).

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Results
CCs were reported by 11%, while 55% were entirely healthy. Students with CCs more often reported coexisting ADHD than healthy students. In adolescents with neurological conditions the odds ratio for having ADHD was 7.34 (95% CI 3.00-17.99) as compared to healthy peers. When ADHD was reported in combination with other CCs the adjusted odds ratio (adjOR) for few protective factors (<4) was 9.31 (95% CI 4.14-20.93) and the adjOR for clustered health risk behaviours (≥4) was 7.81 (95% CI 2.53-24.12) as compared to the entirely healthy.

Conclusion
CCs and coexisting ADHD are associated with few protective factors and clustered health risk behaviours. Adolescents with ADHD - in addition to a chronic condition - should be specially acknowledged by health care professionals in order to prevent health risk behaviours. ADHD should be considered when studying these outcomes in adolescents.

OC.3 - ADOLESCENT CHRONIC CONDITIONS AND ADULT EDUCATION AND EMPLOYMENT: A SYSTEMATIC REVIEW.

Daniel Hale(1)
(1) UCL Institute of Child Health

Background
Poor health in adolescence has the potential to disrupt education and employment pathways. This study comprises the first systematic review of the literature examining education and employment outcomes in adulthood of poor adolescent mental and physical health.

Methods
We conducted searches, using a standardised search protocol in 8 electronic databases: PsycINFO, MEDLINE, Embase, ERIC, British Education Index, Australian Education Index, Social Sciences Citation Index, CINAHL Plus. We included studies which longitudinally compared adult education and employment outcomes of those with an adolescent health condition of clinical severity with healthy controls. Relevant adult outcomes included those relating to time in education and completion of secondary and post-secondary education, adult occupation, unemployment, social class, income and the receipt of income-contingent benefits. We conducted meta-analyses using odds ratios (for dichotomous variables) and Cohen's D (for continuous variables) as our main summary statistics.

Results
We identified 27 studies incorporating 70 relevant analyses. Our meta- analyses suggested that overall, adolescent health conditions were associated with poorer education and employment outcomes in adulthood. However, evidence was much stronger for mental health conditions than for physical health conditions where less evidence was available and mixed findings emerged.

Conclusions
Health in adolescence contributes to adult attainment and life chances. The results suggest that investment in health may improve life chances and are suggestive of policy interventions to improve outcomes for those with adolescent health conditions.

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OC.4 - LOWER LIMBS PEAK TORQUE IS ASSOCIATED WITH BODY COMPOSITION IN OBESE ADOLESCENTS

Henrique Pessoa1(1); Sandra S. Martins1,2(2); Armando Raimundo3,4(3);António L. Palmeira1,5(4);Helena Fonseca6(5)

(1) Universidade Lusófona (2) Universidade Lusófona de Humanidades e Tecnologias, Lisbon, Portugal; Faculdade de Medicina da Universidade de Lisboa, Instituto de Saúde Ambiental, Lisbon, Portugal (3) Departamento de Desporto e Saúde, Centro de Investigação em Desporto, Saúde e Desenvolvimento Humano, Escola de Ciências e Tecnologia, Universidade de Évora, Évora, Portugal; CIDESD - Research Center in Sports, Health Sciences and Human Development, Évora, Portugal (4) Universidade Lusófona de Humanidades e Tecnologias, Lisbon, Portugal; Universidade Lusófona de Humanidades e Tecnologias, Interdisciplinary Centre for the Study of Human Performance, Faculty of Human Kinetics, University of Lisbon, Lisbon, Portugal (5) Pediatric Obesity Clinic, Department of Pediatrics, Hospital de Santa Maria, Lisboa, Portugal

Objective

To analyse lower limbs peak torque (PT) production and muscle imbalances associations with body composition in adolescents with obesity.

Methods

This cross-sectional study comprised 58 (38 girls and 20 boys) caucasian adolescents with obesity, between 12-17 years (16.10±1.33yr). Unilateral (dominant limb) maximal isokinetic strength (Peak torque–PT) of knee extension (KE) and flexion (KF) at 60º.s^{-1} (3 rep) and at 180º.s^{-1} (20 rep) were measured in concentric actions using an isokinetic dynamometer (Biodex System 3, Biodex Corp., Shirley, NY, USA). Dual-energy X-ray absorptiometry (Hologic- QDR 4500, Hologic, Inc., Bedford, MA, USA), pencil beam mode, software version 12.5 enhanced whole body analysis was used to assess body composition.

Results

Boys revealed higher PT than girls in KE at 60º.s^{-1} (t=-5.22;p<0.001) and 180º.s^{-1} (t=-5.62;p<0.001), as well as in KF at 60º.s^{-1} (t=-4.80;p<0.001) and 180º.s^{-1} (t=-6.53;p<0.001). Agonist/antagonist ratio at 180º.s-1, was also higher in boys (t=2.33;p=0.027). Lean body mass was positively associated with PT in KF at 60º.s^{-1} and 180º.s^{-1} (r=-0.727;p<0.001 and r=-0.748;p<0.001, respectively), and with PT in KE at 60º.s^{-1} and 180º.s^{-1} (r=-0.731;p<0.001 and r=-0.713;p<0.001, respectively). Negative correlations were found between PT in KF at 60º.s^{-1} and 180º.s^{-1} with relative fat mass in the lower limbs (r=-0.718;p<0.001 and r=-0.710;p<0.001, respectively) and in the total body (r=-0.680;p<0.001 and r=-0.687;p<0.001, respectively). Similar correlations were observed between agonist/antagonist ratio at 60º.s^{-1} and 180º.s^{-1} with relative fat mass in the lower limbs (r=-0.374;p=0.007 and r=-0.318;p=0.023, respectively) and with total body fat (r=-0.318;p=0.023 and r=-0.314;p=0.025) .

Conclusion/Discussion

Boys reached higher PT results than girls. Lower PT values during KF and lower agonist/antagonist ratio were associated with higher percent fat mass in the lower limbs and total body. In these obese adolescents, the negative associations between muscular fitness and fat mass need to be addressed to prevent the decrease of the range of motion during daily and sport activities.

OC.5 - PATTERN OF INTERNET USE AND PSYCHOLOGICAL WELL-BEING IN ADOLESCENTS

Mafalda Cascais(1); Nina Abreu(1); Carolina Viveiro(1); Pascoal Moleiro(1)

(1) Centro Hospitalar de Leiria

Objectives

To correlate the pattern of internet use amongst the adolescents of a Portuguese district with their psychological well-being.

Methods

Cross-sectional descriptive study, based on an anonymous questionnaire, designed to be answered by students from 7 schools in a Portuguese district, aged between 12 and 18 years old. Questions concerned: demographic information, psychological well-being, frequency of internet use per week and Young´s Internet Addiction Scale (YIAS). Data analysis: PASWStatistics20.

Results

There were 638 validated answers: 57% corresponded to teen girls; average age of 15 years. Regarding internet use: 18% had borderline internet use (BIU) and 1,2% had an abusive usage (AIU). Intensive use (>2h per day) was reported in 27% and problematic internet use (BIU+AIU) in 19%. Problematic use was

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more prevalent amongst boys (26 vs 16%, p=0.006). Amongst the adolescents who presented problematic use: 31% felt sad very often (vs 20% in the non-problematic group, p=0,013); 28% had initial insomnia (vs 20%,p=0,05); 27% reported they frequently felt alone (vs 11%, p<0,001), 36% wished to be someone else (vs 20%, p>0,001); 15% had already thought in suicide (vs 7%, p=0,008); and 9% had history of auto-mutilation (vs 3%, p=0,003).

Conclusion/Discussion
The adolescents in this study have shown alarming patterns of internet use. Teenagers with problematic internet use have revealed an overall tendency to psychological distress compared to adolescents with a healthy use. It's necessary to conduct more studies in order to answer if psychological distress is a cause or a consequence of pathological internet use.

OC.6 - WHY ARE ADOLESCENTS ATTRACTED BY ELECTRONIC CIGARETTES?

JC Suris(1);C Akre(1)
(1) IUMSP / Lausanne University Hospital

Objective
Although electronic cigarettes (EC) were developed as a way to quit smoking, they have become very popular among adolescents, even among those who do not smoke. The objective of this study was to assess why adolescents are attracted to ECs.

Methods
As part of a larger qualitative study on EC use including 42 adolescents/young adults (16-26y.o., 19 females) interviewed in 8 focus groups (FG), participants were asked what they found attractive about EC. FGs were audio-recorded and transcribed verbatim. Transcripts were analysed according to a thematic analysis procedure.

Results
Four main results emerged. Youths considered EC as fashionable as participants described ECs as cool, trendy and highly publicized. Adolescents also liked the many flavours to try from and trying new flavours was a way to continue using ECs. Its playful appearance gave them a sense of not being harmful for their health and to be socially fun to share with friends. Finally, youths appreciated that ECs were discrete both to be used anywhere (mainly in places where smoking was not allowed) and to be easily hidden from parents.

Conclusions
In many ways ECs seem to be directed at young people. Its playful and fashionable look and the many flavours offered render them attractive to adolescents (even to those who do not smoke cigarettes) and give them the feeling of being safe and not being a threat for their health. This attraction may lead to a gateway to regular tobacco cigarettes. Policies about advertising for and access to ECs need to be implemented to protect young people.

OC.7 - USING ENERGY DRINKS AS A PREDICTOR FOR SUBSTANCE USE AMONG ADOLESCENTS

JC Suris(1);A Berchtold(2);Y Barrense-Dias(1);E Richardet(1);A Schweizer(1)
(1) IUMSP / Lausanne University Hospital (2) University of Lausanne

Objective
To assess whether using energy drinks at age 14 predicted substance use at age 16 in a sample of youths in the French-speaking part of Switzerland.

Methods
A sample of 621 (308 females) youths in the canton of Vaud, Switzerland, was followed from age 14 (T0) to age 16 (T1). At T0 participants were divided into non energy drink users (N=262), occasional users (N=183) and weekly users (N=176). At T0 participants reported demographic data, current smoking, alcohol misuse (at least one episode of drunkenness in the past month), cannabis use (at least once in the past month), and emotional wellbeing. The use of each substance at T1 was assessed through a logistic regression using non users as the reference category and controlling for significant variables at T0. Data are presented as adjusted odds ratios (aOR) with 95% confidence interval.

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Results
At the bivariate level, the use of energy drinks was significantly associated with the use of all substances both at T0 and T1. Adolescents using energy drinks were also more likely to be males, older, urban, and reporting a poorer emotional wellbeing. In the multivariate analysis, smokers (aOR: 5.03 [2.55:9.92]), alcohol misusers (aOR: 2.95 [1.64:5.32]) and cannabis users (aOR: 3.53 [1.72:7.25]) at T1 were significantly more likely to have used energy drinks on a weekly basis at T0 when controlling for confounding variables, but no differences were observed for occasional users.

Conclusion
The use of energy drinks at age 14 predicts using both legal and illegal substances two years later. Health providers dealing with adolescents should screen young adolescents for energy drinks and closely monitor those using them on a weekly basis. Urban males with a poor emotional wellbeing should be especially targeted.

OC.8 - PHYSICAL ACTIVITY AND CARDIORESPIRATORY FITNESS, BUT NOT SEDENTARY BEHAVIOR ARE ASSOCIATED WITH CAROTID INTIMA-MEDIA THICKNESS IN OBESE ADOLESCENTS
António Ascenso(1);António Palmeira(2);Luís Pedro(3);Sandra Martins(4);Helena Fonseca(5)
(1) Pediatric Obesity Clinic, Hospital Sta Maria, Lisbon (2) Univ Lusofona (3) Faculty of Medicine, Universidade de Lisboa (4) UnivLusófona (5) Faculdade de Medicina de Lisboa

Purpose
Analyse the associations between sedentary behavior, Physical Activity (PA), and Cardiorespiratory Fitness (CRF), with carotid Intima-Media Thickness (cIMT), a marker of atherosclerosis already present at an early stage among obese adolescents.

Methods
Anthropometrics, PA, CRF, and cIMT were assessed in 54 Caucasian obese adolescents. Associations were analysed using partial correlations (controlling for age, sex, and sedentary time) and multiple linear regressions.

Results
Light Physical Activity and Moderate Physical Activity correlated positively with cIMT ($r(38)$=.36, p=.024; $r(38)$=.37, p=.018). CRF was inversely associated with cIMT ($r(40)$=-.36, p=.019), even when controlling for sedentary time ($r(37)$=-.35, p=.030). The best predictors of cIMT were MPA and weight. Sedentary time did not correlate with any variable.

Conclusion
Although we need to be cautious due to the limitations of the study (cross-sectional design and low number of participants), the results suggest that in order to improve obese adolescents' CRF we may better focus on increasing PA intensity than on reducing sedentary time.

OC.9 - RESPONDING TO COMPLEX NEEDS OF UNACCOMPANIED MINORS : A PRACTICAL HANDBOOK TO INCREASE INTERPROFESSIONAL COLLABORATION
Meynard Anne(1); Elodie Antony(2); Sabine Heiniger Eggiman(3)
(1) Geneva University Hospitals (2) The Swiss Foundation of the international social service (3) Private Practice

Introduction
In 2014, there has been a significant increase in the number of unaccompanied minors or "aged-out >18 years old" young migrants arriving alone in Europe to seek protection. They mostly come from regions of war or conflict and often have travelled dangerously, sometimes for many years. They are silent victims of trafficking, abuse or restrictive migration policies. They are most of the time rather seen as migrants before young people and their developmental needs go unrecognized in all fields (social welfare, law, health care or education). Professionals in contact with unaccompanied minors often do not feel competent, or feel overwhelmed by the complexity of the individual situations by lack of knowledge or lack of interdisciplinary collaboration.
The Swiss Foundation of the International Social Service (www.ssiss.ch) is piloting various projects in collaboration with the Separated Children European Programme (SCEP). They have recently developed a practical interdisciplinary handbook for professionals working published in French. An English and a German version are currently being finalized. This handbook is used for training and as a practical tool for professionals in contact with this group of young people in Switzerland.

Addressing the complex needs of unaccompanied minors or "aged-out >18 years old" young migrants in an interdisciplinary collaborative approach with active involvement of young people themselves is an effective approach to serve their needs.

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Oral Communications_Session #2 | June 26th [14:00-15:00] - Auditorium 58
Moderators_ Paula Fonseca | Paulo Fonseca

OC.10 - SEXUAL BEHAVIOR IN YOUNG PEOPLE – A PORTUGUESE STUDY SAMPLE

Patrícia Miranda(1);Joana Aquino(2);Ricardo Monteiro(2); Maria dos Anjos Dixe(3);Alexandra Luz(4);Pascoal Moleiro(4)
(1) Serviço de Pediatria do Centro Hospitalar de Leiria (2) CHL - Centro Hospitalar de Leiria (3) IPL - Instituto Politécnico de Leiria (4) Centro Hospitalar de Leiria

Objectives
To characterize sexual behavior in a sample of young people from a Portuguese city.

Methods
Analytical cross-sectional study. A questionnaire adapted from the original developed by the World Health Organization to study the behavior and outcomes in sexual and reproductive health of young people was applied to Portuguese students, aged 14 to 24 years-old (y). The sample was analysed by gender [male (M); female (F)] and age [G1 (14-19y), G2 (20-24y)]. Data analysed: first sexual intercourse (SI), sexual habits and contraceptive method (CM). Statistical analysis: PASW Statistics 22® (α=0,05).

Results
The sample consisted of 2.369 young people, 61% F and 70% G1. The mean age was 18,5±2,4y. Mean age at first SI was 16,4±1,8y (9-24y). Some form of CM was used by 93% at first SI of which 60% were women (p=0,01). The most widely used CM at first SI was the male condom (85%) and 6% used double contraception (contraceptive pill and condom).
From our sample, 37% had unprotected SI (56% F; 52% G2; p<0,001); 54% used at least one time emergency contraception, of which 63% belonged to G2 (p<0.001). At first SI, 2% became pregnant and from those, 77% resulted in abortion. Sexually transmitted infection (STI) was reported by 2%. Of those who had unprotected sex, 56% were under influence of alcohol and 52% G2 (p<0,001).
Homosexual contacts were stated by 21%: 62% G1 and 84% F (p<0,001).

Conclusion/discussion
This study sample showed a mean age of first SI and using some form of CM above the national data. Subsequent use of CM was lower than what is stated in other studies. The low rate of STI, similar to national data, may be related to the high condom use. The older youth had more unprotected sex and the younger reported higher homosexual contacts.

OC.11 - SELF-ASSESSMENT OF SEXUAL MATURATION AND BODY IMAGE IN PORTUGUESE ADOLESCENTS – A RELIABLE APPROACH?

Conceição Costa(1);Raquel Guedes(1);Hugo Braga Tavares(1)
(1) Centro Hospitalar Gaia/Espinho, Portugal

Introduction
Reliability of adolescent's self-reported Sexual Maturation (SM) and Body image/composition (BI) has been studied with conflicting results.

Objective
Assess SM and BI adolescent's self-assessment reliability when compared with a Health Practitioner (HP) evaluation.

Methods
Adolescents from a hospital-based outpatient clinic rated their SM and BI according to reference pictures (Tanner staging and Stunkard pictures, respectively) during routine check-up. A double blind simultaneous evaluation was independently made by two HPs. A comparison between HP's classifications was made in order to define the reference used for adolescent's self-rating reliability evaluation (analysed using SPSS 20.0).

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Results
31 girls (median age 15,4y; 35,5% overweight/obese (O)) and 28 boys (median age 15,3y; 21,4% O) were included. 87,1% of the girls had their menarche on average 4,1y before this evaluation.
HP's SM evaluations were highly correlated (96,8% for pubic(P) and breast stage(B) in girls and 92,9% for pubic(P) and genital(G) stage in boys).The concordance between HP and adolescent's self-assessment was higher in females (77,4% for B and 64,5% for P) than in males (39,3% for P and 32,1% for G). Adolescents tended to underestimate their sexual development: girls mainly for P (45,2%) and boys for G (67,9%). Age, pubertal stage and BMI didn't significantly influenced adolescent' SM self-assessment.
HP's agreed on BI assessment only in 76,3% of the cases (74,2% of girls, 78,6% of males). Of these, adolescent's BI self-perception was concordant with HP's evaluation in 65,2% of the girls and 63,6% of the boys. This was not influenced by age, BMI or pubertal stage.

Conclusions
Adolescent's self-rated Tanner pubertal staging seems not to be a reliable method for puberty development assessment irrespective of gender, age, BMI. HPs significantly disagreed on BI assessment and a great proportion of adolescents had a distorted BI perception.

OC.12 - EXPERIENCES AND PERSPECTIVES OF ADOLESCENTS PRESENTING TO SEXUAL ASSAULT REFERRAL CENTRES

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Background
Adolescent sexual assault victims are a vulnerable group with low follow-up rates. Little is known about their experience of services following sexual assault.

Aims
To evaluate experiences of care among adolescents accessing co-ordinated specialist sexual assault services serving a large UK city.

Methods
Design: Prospective longitudinal cohort study. Study population: Adolescents aged 13-17 years presenting to a sexual assault referral centre (SARC) <6 weeks post-assault. Participants evaluated care received from different professionals using a questionnaire adapted from the Commission for Health Improvement Experience of Service Questionnaire (CHI-ESQ).

Results
32% consented to take part. Data were analysed for the first 104 study participants, evaluating care received from uniformed police (n=82), specialist sexual offences investigative techniques (SOIT) officers (n=92) and clinical staff at the SARCs (doctors and crisis workers, n=100). 94% were police referrals and 6% self-referrals. 71% had experienced vaginal rape, 33%, oral rape and 14%, anal rape. 83% underwent a forensic medical examination.

Commonly held fears before accessing care were that they would be judged, disbelieved, 'blamed' or 'called a liar'. Many participants were apprehensive about the questions they would be asked and that the forensic examination would be painful, embarrassing or reveal health problems such as infections.

Care given by clinical staff at SARCs was consistently rated higher than police care. Only 46% found uniformed police easy to talk to and only 69% felt safe in their care. Only 66% felt believed by their SOIT officer and only 65% felt they had been given enough information.

Conclusions
Many participants described positive experiences of systems of care for victims of sexual assault. However, variable experiences of care between services highlight the need for improvement in specific areas. Anxieties about being blamed or judged may prevent adolescents accessing services following sexual assault.

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OC.13 - EATING BEHAVIOR AND BODY IMAGE: APLICATION OF THE EAT-26 TEST IN ADOLESCENTS

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(1) CHMA-Famalicão (2) CHMA - Famalicão (3) Paediatric Department

Objective
The aim of the study was to evaluate eating behavior and body image perception in adolescents, using the Eating Attitudes Test (EAT-26).

Methods
The EAT-26 was applied to a population of middle school students in Northern Portugal. A score of or above 20 was considered indicative of susceptibility to develop eating disorders. The following variables were also analysed: weight, height, body mass index (BMI), sports activities outside school and parental education level. Statistical analysis was performed using SPSS21. Chi-square test was used to analyse variables and level of significance was set at 5% ($p<0.05$).

Results
In this study were included 263 adolescents (55.1% boys and 44.9% girls), aged between 12 and 19 (median 14). Mean BMI was 22. BMI was normal in 63.5% of the sample, and 83.2% of this students perceived themselves as normal ($p<0.05$). High BMI (obesity/overweight) was found in 32.3% of adolescents, only 30% of them having correct perception of their body weight and 13.2% scoring positively on EAT-26. We also found that 4.2% adolescents (n=11) had low BMI. In this group 2 adolescents scored positively on the EAT-26 and one of them didn´t had a correct perception of weight. Regarding to the EAT-26, 9.5% of the sample was found to have high risk for eating disorder, 64% of them girls ($p<0.05$). Adolescents whose parents had higher education level practiced more sports activities outside school ($p<0.05$). No difference was found between sport practice and BMI.

Conclusion/ Discussion
The majority of the adolescents was not at risk for eating disorders and had a correct perception of their body weight. Although that, 9.5% had high risk to develop eating disorder, being the majority of them girls. A positive score was more frequent on the abnormal BMI groups. An abnormal BMI was found in a considerable percentage of the sample.

OC.14 - TEACHING WITH ADOLESCENT SIMULATED PATIENTS, WHAT CAN WE LEARN FROM MEDICAL STUDENTS? A MIXED METHODS STUDY

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Introduction
Communication and interviewing skills are an essential part of adolescent healthcare and yet a lack of training in this field is often highlighted among health professionals. The introduction of programs with adolescent simulated patients (ASP) has been an opportunity to meet the substantial challenge of teaching these skills to medical students. Identifying ways to optimize student learning with ASP through a thorough understanding of how learning with ASP works is of outmost importance to improve students' skills in adolescent health. The purpose of this study is the in-depth exploration of the students' learning experience with ASP at the University of Lausanne (Switzerland).

Methods
Mixed methods study including two parts that will be conducted simultaneously in spring 2015. Part A consists of a qualitative inquiry using grounded theory approach. It includes semi-structured interviews, focus groups and in-field observation of workshops with ASP among fourth-year medical students, as well as ASP and teachers involved in these workshops. Part B consists of an online cross-sectional survey with both quantitative and qualitative data collection that will be submitted to all fourth- and sixth-year students.

Results
We will present advanced results of the qualitative part of the study that will allow us to understand experiences and perceptions of students about ASP. This understanding is essential to bring out barriers and positive factors contributing to an effective learning process and to build a theory on student learning with ASP.

Conclusion
The results of our study will help medical educators and teachers in adolescent medicine find ways to optimize this learning process and pay attention to the prerequisites for successful learning when implementing programs with ASP in the undergraduate medical curriculum. This is an essential step to improve the teaching curriculum in adolescent health and therefore to improve students' skills with adolescent patients.

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OC.15 - TRAINING IN THE MANAGEMENT OF TOBACCO DEPENDANCE IN INPATIENT TEENAGERS ADMITTED TO A HOSPITAL ADOLESCENT UNIT.

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Introduction
Since February 2007 smoking has been prohibited in the public space in France. This means additional burden for hospitals taking in a number of specific patients. Our hospital's Adolescent Inpatient Unit deals with „in crisis" patients aged 12 to 18. Many are smokers and have no intention to quit. Therefore it has become a necessity to train health care professionals in the management of adolescents' dependence.

Method
2 main training areas have been developed. 1) Training of doctors and nurses in assessing tobacco dependence (the Fagerstrom test and the Hooked on Nicotine Checklist), as well as training in enforcing the inpatient treatment framework. 2) Training of hospital pharmacists teams in clinical evaluation of smokers and nicotine replacement therapy.

Results
A retrospective impact study was carried out including all of the 162 inpatients admitted between January 2013 and July 2014. Out of the 46 smokers, 76% answered the dependence questionnaires, and 68% consulted with the hospital pharmacist. Adolescents not seen by the pharmacist said they were only slightly dependant, or were admitted in hospital for less than 48 hours. Nicotine substitute products were not systematically prescribed, gums and inhalers having been predominantly used. No major tobacco-related incidents have been reported during the course of the trial.

Discussion
Learning how to deal with „smoking signs and symptoms „is part of our Unit's overall project aimed at the management of our adolescent inpatients. The clinical pharmacist as a care professional within the hospital, but also as a consultant outside our Unit, has a key role to play in this management. He conveys a non-sententious message and affords us a psychological work disencumbered from any smoking-related conflict. This approach is well accepted both by medical teams and by the adolescents themselves.

OC.16 - ADOLESCENT MEDICINE: REPORT OF AN ELECTIVE CLASS AT THE FACULTY OF MEDICINE OF LISBON

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Introduction
WHO strongly advocates for the training of all future medical doctors and health professionals in general in the care of young people. Since the year 2000, one-week intensive Adolescent Medicine (AM) course has been offered once every semester to 4th and 5th grade medical students of the Faculty of Medicine of the University of Lisbon. The main objective of the course is to provide medical students with the basic knowledge and skills to take appropriate care of adolescents, as future providers. The current study aims to investigate (1) the satisfaction of the students who attended the course; and (2) what the students value/appreciate in the training in AM.

Methods
At the last day of the course, an anonymous voluntary questionnaire is delivered to assess students' degree of satisfaction with the course, followed by a written reflection. We analysed the available data throughout the years, corresponding to 186 questionnaires.

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Results
An exploratory factor analysis on the satisfaction with the course was performed. Two factors were identified: "structural satisfaction and experiential satisfaction". According to the results, the students reported a high satisfaction level in general, with the experiential satisfaction being higher than the structural satisfaction. The written reflections were transformed into quantitative variables and analysed in terms of frequency. Most frequent comments regarded (1) the content and methodology, pointing out the fact that the course successfully covers most specific issues related to this developmental stage; (2) the relevance of the course, described as very enriching and relevant, not only for their future medical practice but also as a factor of individual personal development.

Discussion
The need for training in AM at the pre-graduate medical level sounds evident. The results reinforce the idea that students enjoy learning models that prioritize the practical component, with theory grounded on the practice.

OC.17 - BASELINE CHARACTERISTICS AND EARLY MENTAL HEALTH SEQUELAE IN ADOLESCENTS PRESENTING AFTER SEXUAL ASSAULT

V Clarke(1);A Armitage(2);T Kramer(3);K Wellings(4);A Goddard(5);J M Welch(1);R M Viner(2);S N Khadr(2)
(1) Kings College Hospital NHS Foundation Trust (2) The Institute of Child Health, London (3) Imperial College London (4) London School of Hygiene and Tropical Medicine (5) Imperial College Healthcare NHS Trust

Background
According to European statistics, 37% of reported sexual violence is perpetrated against children. Yet longitudinal research evaluating outcomes following sexual assault is scarce.

Aims
To describe the characteristics of adolescent sexual assault and early mental health sequelae in young people (YP) presenting to the sexual assault referral centres (SARCs) serving a large UK city.

Methods
Design: Prospective longitudinal cohort study. Study population: We approached all YP aged 13-17 years accessing a SARC within six weeks of assault. Baseline data collection included psychological evaluation using the Short Moods and Feelings Questionnaire (depressive symptoms), Self-Report for Childhood Anxiety-Related Disorders (SCARED)-short form (anxiety symptoms) and Impact of Events Scale (post-traumatic symptoms).

Results
31% consented to take part. Data are available for n=104 (mean [SD] age: 15.46 [1.95] years; 96% female). Those with learning disability and YP of black ethnicity were over-represented compared to the local population (18% *vs.* 2.5%, and 22% *vs*. 11%, respectively).
14% reported previous non-consensual sex and 44% were known to social services. 41% had sought help for mental health difficulties in the previous year and 33% had previously self-harmed.
Participants experienced vaginal rape (71%), oral rape (33%) and anal rape (14%). 29% of assaults involved alcohol and 14% involved drugs. 45% involved physical violence and 10% involved a weapon. 39% were stranger assaults, 42% involved an acquaintance and the remainder involved partners/ex-partners (6%), or a relative (5%).
Early psychological outcomes: 70% had significant depressive symptoms, 93% had a high likelihood of post-traumatic stress disorder, 69% met criteria for panic disorder or significant somatic symptoms, and 63% met criteria for generalised anxiety disorder.

Conclusions
Adolescents accessing SARCs are a vulnerable population and exhibit high levels of psychological morbidity within six weeks of sexual assault. Longitudinal research is critically important for evaluating outcomes and to inform interventions.

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OC.18 - THE CHILD SUICIDE REVIEW, A NEW APPROACH IN THE NETHERLANDS

Onno Sijperda(1)
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In 2010 forensic doctors in Health Services noticed a possible increase in adolescent suicides. This led to the forming of a multidisciplinary team comprising professionals from both the medical and psychological disciplines to study these deaths. A first step was to study available files retrospectively from adolescent suicides in the past years.
We studied coroners' files (607) and youth health care files (123) for available information about adolescents' suicides from 25 Municipal Health Services and the Forensic Doctors Rotterdam-Rijnmond (FARR). These files concerned adolescents aging 10-23 years who died between 1996 and 2012. Results: Three quarters were boys, one quarter was of foreign origin and more than half of the adolescents were known for previous suicidality and mental health problems. In the descriptions, three types are distinguished: the sad, depressive adolescents; the fearful, insecure adolescents; and the extravert, angry and aggressive adolescents. Specific circumstances leading up to suicide are barely documented. A lot of files were untraceable. The files that were traceable were often incomplete, unstandardized and unreadable due to handwriting. Conclusion: With the present information available, few suicide prevention measures can be identified.
To improve future research, follow-up care and to formulate preventive measures we developed a new procedure, called Child Suicide Review. In November 2014 we started a pilot in two Municipal Health Services, the regions Zwolle and Apeldoorn. Presently, six cases are reported in this period and the data collection has started. More details about the methods and preliminary results are available although unpublished. Our intention is to launch this procedure in the remainder of the Netherlands in the near future.

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POSTER SESSION WITH DISCUSSION (PS)

Poster Session with Discussion _Session #1 | June 26th [12:00-13:00] - Main Auditorium

Moderators_J. Casas Rivero | Sérgio Neves

PS.1 - MANAGING ADOLESCENT OBESITY: THE IMPACT OF AN INTERVENTION INCLUDING PEERS IN THE WEIGHT-RELATED QUALITY OF LIFE

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Objectives

To evaluate the impact of an Adolescent Obesity Treatment Program (TOP) on the weight-related quality of life (WRQOL) and to assess the relationship between WRQOL and anthropometric measurements, gender and the presence/absence of a peer in the intervention.

Methods

The study was an experimental, non-randomized, non-blinded controlled trial, including two groups of obese adolescents: 1) Experimental group (n=29), intervention during six months with the participation of a peer of their choice; and 2) Comparison group (n=27), same intervention but without the presence of a peer. The intervention comprised a medical assessment, dietary and physical activity (PA) counselling, every three months, weekly educational and PA sessions, and holiday camps.
The WRQOL was measured by a self-reported questionnaire (Impact of Weight on Quality Of Life Kids – IWQOL-Kids), which is comprised of a global index (total score) and four sub-domains: body-esteem, physical comfort, social life and family relations.
Anthropometric measurements (waist circumference, height and weight) were assessed using standard anthropometric procedures by a healthcare professional.

Results: The sample included 56 adolescents aged between 12 and 17 years with a body mass index (BMI) ≥ 95th percentile. After six months, mean BMI Z-score decreased 0,18 ($p<0,05$) with 75% of the sample having decreased their BMI z-score; mean IWQOL-Kids total score increased 2,19% ($p<0,05$) with 52% of the adolescents having increased their IWQOL; and mean body-esteem increased 5,66% ($p<0,05$) with 50% of the adolescents having increased their body-esteem. The IWQOL-Kids total score showed a negative correlation with both the BMI Z-score ($r=–0,299$; $p=0,028$) and the waist circumference ($r=–0,291$; $p=0,035$) at six months of TOP.

Discussion

The results point to the importance of combining anthropometric measurements with quality of life assessment, in order to better evaluate the effectiveness of an intervention in the field of adolescent obesity.

PS.2 - MINERAL BONE DISEASE IN CHILDREN AND ADOLESCENTS AFTER RENAL TRANSPLANTATION

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Background and aims

The metabolic bone disease is a frequent complication in pediatric kidney transplant recipients. Has a significant impact on daily life's activities, especially in adolescents. We pretend to 1) Identify and characterize bone disease in this population; 2) Investigate possible associations between clinical and analytical data with dual-energy X-ray absorptiometry (DXA) or bone densitometry; 3) Realize if DXA could be a predictive examination of bone complications, in order to offer to our patients early intervention and a better quality of life.

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Methods
Prospective and longitudinal study of pediatric patients (0-18 years) after renal transplantation. The patients underwent clinical and laboratory evaluation, DXA for bone mineral density (BMD) in lumbar spine (LS) and femoral neck. Low BMD was defined by LS Z-scores $\leq$ -2 on DXA using the equipment – specific age, sex and ethnicity – adjusted. We included all patients with follow-up time >6 months. All were on triple drug immunosuppression: prednisolone, tacrolimus and mycophenolate mofetil.

Results
We obtained a sample of 44 patients. The median age at the transplantation time was 10.1 $\pm$ 3.86 years, 56.8% were female and 75% caucasians. The median follow-up time was 2.11 (0.48 to 6.17) years and 14 (31.8%) had bone pathology – 4 with clinical symptoms, 8 with changes just in DXA and 2 with both. Aseptic necrosis of femoral neck was the most frequent clinical change. The changes in DXA were present in 10 patients (22.7%) and 9/10 were in pubertal age. There was significant association between older age at transplantation time and changes at DXA (p=0.003).

Conclusion
Bone disease has a significant prevalence and is more common in females. It is an important cause of morbidity and may initially evolve silently, so it requires a strict and rigorous follow-up. Most patients were in puberty stage when the diagnosis was made. DXA had not predict fractures.

PS.3 - SUPPORT FROM FRIENDS IS ASSOCIATED WITH THE BASIC PSYCHOLOGICAL NEEDS SATISFACTION FOR PHYSICAL ACTIVITY IN AN OBESITY TREATMENT PROGRAM FOR ADOLESCENTS

António Palmeira(1);António M Quaresma(2);Liliana Falcato(2);Sandra Martins(3);Helena Fonseca(4)
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Purpose
Energy deficit related behaviours are hard to maintain for prolonged periods. A motivational context of support can lead to self-determined motivations, which are associated with behaviour change maintenance. In adolescents, research is warranted for the support provided by friends. This study reports on the associations between changes on basic psychological needs (BPN) support from friends and changes in BPN satisfaction towards physical activity (PA), during an obesity treatment program for adolescents.

Methods
Fifty-seven obese adolescents (38 girls) participated voluntarily in a 12-month multidisciplinary intervention for obesity treatment (TOP). The intervention included weekly PA and educational sessions. The Perceptions of Parents Scales (POPS) and Harter's Self-Perception Profiles for Adolescents (SPPA) questionnaires measured the support from friends, while the Psychological Needs Satisfaction in Exercise (PNSE) measured BPN satisfaction. Additional data was collected on weight, PA and sedentary behaviour (Actigraph GT3x). All measures were conducted at baseline and 12 months.

Results
Adolescents registered 12 months BMI z-score reductions (p=.023).Sedentary behaviour was reduced by 50.1±78.7 min (p<.001). BPN satisfaction increased for autonomy and competence (p <0.017), no changes were observed in BPN support from friends. Changes in BPN support and social support from friends were positively associated with changes in BPN satisfaction for physical activity (p<.05). No associations were registered between changes in PA, BMI z-score, sedentary behaviour and the psychosocial variables.

Conclusions
TOP has effectively reduced BMI z-score and sedentary behaviour and increased the BPN satisfaction. The associations observed between BPN support and social support from friends and BPN satisfaction, suggest that, in adolescents, friends can play an important role in physical activity-related motivational variables. These results should be considered in future interventions as putative mechanisms to promote adherence to the maintenance in energy deficit related behaviours.

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PS.4 - OBESITY TREATMENT IN ADOLESCENTS - QUALITY OF LIFE AS AN IMPORTANT OUTCOME

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Purpose

Adolescents show a decreasing trend in quality of life (QoL) as they age into adulthood. Particularly, adolescents with obesity have poorer scores of QoL. This study reports the evolution on quality of life (ΔQoL), and the associations between changes in physical activity (ΔPA), changes in Body Mass Index (ΔBMI) and ΔQoL, during an obesity treatment program for adolescents (TOP).

Methods

Fifty-seven adolescents with obesity (38 girls) participated voluntarily in a 12-month multidisciplinary TOP program. The intervention included weekly PA and educational sessions. Kidscreen27 (Kid27) and Impact of weight on QoL (IWQoL) questionnaires measured general and obesity specific QoL. Additional data were collected on weight, height and PA behaviour (Actigraph GT3x). All measures were conducted at baseline and 12 months.

Results

Qol increases on IWQoL-Total (P=0.035), IWQoL-body esteem (p=0.007) and Kid27-physical wellbeing (p<0.001) were registered after the 12-month program. Positive associations between ΔPA-light and general QoL – physical wellbeing (p=0.037) and Kid27-school wellbeing (p=0.045) were observed. Additionally, positive associations between ΔPA-moderate-to-vigorous and IWQoL-family relations (p=0.009) were found. No associations were registered between ΔBMI and ΔQoL (global and obesity specific).

Conclusions

The TOP participants effectively increased QoL during the 12-month program, a trend that contradicts the usual QoL data of adolescent population (Currie et al., 2012). The positive associations observed between some psychosocial dimensions of QoL and ΔPA, suggests that the adolescents that increased PA, perceived better family and school setting QoL. These findings, together with the fact that no associations between ΔBMI and ΔQoL were found, suggest that QoL can be an indicator of engagement in physical activity behaviors that should be considered an important outcome of obesity treatment programs.

PS.5 - QUALITY OF LIFE IN ADOLESCENTS WITH TYPE 1 DIABETES MELLITUS

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Introduction

Type 1 Diabetes Mellitus (DM 1) is a frequent chronic disease in adolescence and interferes significantly in the patients' everyday life. The formal evaluation of adolescents' quality of life is an important tool for understanding the impact of this disease. The KINDL questionnaire is a reliable instrument that assesses six quality of life dimensions (physical and emotional well-being, self-esteem, family, friends and school).

Objective

To evaluate the quality of life of adolescents with DM 1 and to compare it with the quality of life of healthy adolescents.

Methods

Application of the Portuguese version of the KINDL questionnaire to a group of adolescents (aged 13-16 years) with DM 1. Subsequently, we compared our data with the healthy adolescents' results published by Pedro Lopes Ferreira *et al.*

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Results

We analysed 30 adolescents with DM 1 and 32 healthy adolescents. The quality of life was perceived as good in the group with DM 1, with worst results in females (total quality of life of 62,98 ± 15,47 in females vs 71,51 ± 9,46 in males). The self-esteem and school dimensions had the worst results; the emotional well-being and family dimensions had the best ones. Comparing with the healthy adolescents, the results were equivalent or slightly lower in the DM 1 females and higher in the DM 1 males, especially in the self-esteem (60,29 ± 21,19 vs 51,95 ± 18,78) and family (83,46 ± 17,81 vs 78,91 ± 16,59) dimensions.

Discussion

The literature reports a lower quality of life and self-esteem in adolescents with chronic diseases. However, in the present study, males with DM 1 revealed higher results. More effective coping mechanisms acquired by these adolescents may explain this evidence. In females, the psychosocial impact of the disease was more negative. New studies should be made to confirm these findings.

PS.6 - THE ADOLESCENT WITH MUSCULOSKELETAL SYMPTOMS: A 12 YEARREVIEW

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Objectives

To characterize the etiology of musculoskeletal symptoms (MSS) in adolescents in an urban adolescent medicine and pediatric rheumatology clinic; to determine the prevalence of rheumatologic disease (RD) in the adolescent and to characterize its clinical presentation.

Methods

Retrospective analysis of patient's clinical records of an urban adolescent medicine and pediatric rheumatology clinic. Data related to all first visits by adolescents, from 2003 to 2014, related to MSS, was collected. Studied variables were sex, age, family history, type of symptom; symptom location and symmetry; morning rigidity, pain rhythm, extra-articular symptoms and type of disease. Statistical analysis was performed using SPSS®.

Results

We evaluated 174 adolescents for MSS. Patient's age was 14,3 ± 2,0 years. Symptoms were unspecific in the majority of cases (32,8%) but were attributable to RD in 23% of cases; normal skeletal growth variants and trauma accounted for 20,1% of cases and MSS were due to psychiatric disease in only 5 cases (2,9%). RD was significantly associated with multiple joint complaints (p=0,010), morning rigidity (p<0,01), inflammatory rhythm of pain (p=0,010), arthritis (p=0,006) and extra-articular symptoms (p=0,003). Nonetheless, most cases of adolescents with RD presented with no morning rigidity (57,5%). Most patients with RD were females, had a positive family history and presented with asymmetric symptoms.

Conclusion / discussion

MSS were most frequently unspecific but nearly ¼ of adolescents were diagnosed with RD. In adolescents with MSS, multiple joint complaint, inflammatory rhythm, arthritis and extra-articular symptoms positively correlated to RD and should always be assessed. Morning rigidity was specific for RD. Early suspicion and diagnosis prevent disease activity into adulthood, the physical disabilities and significant disease burden on patients, families, and society.

PS.7 - HOW TO GUIDE THE TEENAGER WITH FECAL INCONTINENCE AFTER ANORECTAL MALFORMATION SURGICAL REPAIR

Sara Lobo(1);Mariana Morgado(2);Andreia Felizes(2);Stéfanie Pereira(2);Filipa Jalles(2);Miroslava Gonçalves(2)
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Introduction

Nearly all anorectal malformations (ARM) can be surgically repaired by posterior sagittal anorectoplasty. After surgery, many children present faecal incontinence either as diarrhoea or constipation, due to lesion of important anatomical structures.

To assist these difficulties, often underestimated and hardly addressed by teenagers, a distinct medical appointment was implemented. The consultation follows a specific protocol in which children are

routinely seen, a daily registration of bowel movements and comprehensive explanations with positive reinforcement are performed. The pediatric surgeon is the patient manager, supported by multidisciplinary team (pediatricians, nurses, physiotherapists and dieticians).

Purpose
Analysis of established multidisciplinary approach and life quality of the teenagers treated to ARM.

Methods
The questionnaire *Faecal Incontinence Quality of Life Scale,* evaluating 4 categories (lifestyle, behavior, depression and embarrassment) was applied to teenagers with previous surgery to ARM in our department and followed afterwards.
Results: Of all children who underwent surgery, 17 are presently teenagers (59% males). The ARM was classified as high in 41% of cases, corresponding to 7 patients (2 VATER syndromes and 1 VACTER syndrome). After surgery, 100% suffered from faecal incontinence however, in adolescence they improved their condition and only 3 have soiling. All 3 were serious cases at birth and are well controlled with pharmacological and dietetic treatment. In the 12 questionnaires applied, 10 teenagers referred a high functional status of life quality (score ≥4). Only in 2 cases, both with previous diagnosis of cloaca, score was significant lower, mainly in behavior and depression categories.

Conclusions
Since adolescence represents a period with physical and psychological challenges and this is a chronic disease, an active and early involvement of the teenager in his clinical condition is extremely important. An improvement of the quality of life, seen in our population, is due to many factors including an individual and optimistic medical approach.

PS.8 - QUALITY OF LIFE AND METABOLIC CONTROL IN PORTUGUESE ADOLESCENTS WITH TYPE 1 DIABETES

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(1) APDP (2) Faculdade de Medicina de Lisboa (3) UL&CMDT, UNL (4) APDP - Diabetes Education and Research Center

Objective
The main objective of this study was to evaluate the QL of Portuguese adolescents with DM1 in intensified insulin therapy and the association with the CM.

Methods
Descriptive, cross-sectional, retrospective study including adolescents aged 10 to 18 years diagnosed with type 1 diabetes, for at least one year, and on intensive outpatient treatment regimen. The assessment of metabolic control was performed by collecting a drop of capillary blood for the measurement of HbA1c in DCA VANTAGE ANALYZER SIEMENS® apparatus. QL was assessed with the Portuguese version of the KIDSCREEN-52 ©. Associated to this questionnaire, authors used simple scales to assess the perception of family, friends, community support, attitude to DM1 and happiness.

Results
The sample was constituted of 179 adolescents (52.5% boys, 70.4% normal weight) with a mean age of 14.3 years, mean disease duration of 6.4 years and was evaluated for age, BMI, duration of DM1 , CM, QL, support in disease management and happiness.
The main results showed that the higher the QL of adolescents the better CM ($p < 0.05$), be male and lower BMI were associated with higher QL ($p < 0.05$), support at school is important for best CM ($p < 0.01$), support of parents, friends and school in disease management improves QL ($p < 0.01$), acceptance of DM1 positively influences the CM and QL ($p < 0.01$), happiness was associated with better CM, QL and acceptance of DM1 ($p < 0.01$). The QL is explained in 53.3% of cases by the support of parents, school support, acceptance of DM1 and happiness. The acceptance of DM1 justifies 25.6% of the variation in HbA1c levels.

Conclusion
These results show the importance of QV, the family/community involvement in the management of DM1 and acceptance of the disease to optimize CM.

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PS.9 - ADOLESCENT ABUSE AND NEGLECT IN A GROUP OF VICTIMS IN SRI LANKA

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Adolescence is recognized as a critical developmental stage.

Objective

To study the pattern of abuse & neglect in adolescents.

Method

A prospective, descriptive study.
Settings: Victims admitted/referred to 2 Paediatric Units, from January 1993 – March 2014 were included.
Ethical clearance: Faculty of Medicine, Kelaniya.

Results

Out of 344 victims, 54% were adolescents .Types of abuse were sexual - (71%), physical (30%), neglect (14%), emotional (10%), and labour (7%). Of those sexually abused 85% were females and 15% males. 29% of adolescents were groomed prior to the sexual abuse. Amongst females 59% & 30.7% experienced psychological problems and hypersexual behaviors respectively. One girl committed suicide. There were 16 pregnancies and 7 (5.3%) with Sexually Transmitted Infections.
33% of victims lived with both parents at the time of the incident. Perpetrators in sexual abuse were boyfriend (19%) neighbour (12 %), and father (11%). 16.9% of perpetrators were children (10 -18 years).
The commonest perpetrator of physical abuse was father (45 %).

Conclusion

The commonest type was sexual abuse.16.9% of perpetrators were in the adolescent age group.

PS.10 - HYPERHIDROSIS: A MEDICALLY TREATABLE DISEASE

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Background and aims

At least 3% of the global population suffers from excessive sweating or hyperhidrosis. The symptoms most frequently start during childhood, and from an early stage can interfere with everyday activities, especially in adolescents, in which may lead to emotional disturbances. Hyperhidrosis can be treated with lumbar sympathectomy, however, the surgical procedure may cause compensatory hyperhidrosis, besides the inherent surgical risk. Oxybutynin is an anticholinergic used safely at high doses to treat urological disorders related to micturition; diminished sudoresis is a relevant side effect that has been used successfully to treat hyperhidrosis.

Case report

We present two female adolescents with 15 and 16 years old referenced to our centre with other conditions. On physical examination both had excessive sweating on their armpits, hand and feet – which causes embarrassment, discomfort, induce anxiety and disability to social relations. Blood and urine samples were obtained without changes. Treatment with oxybutynin started with increasing doses – 2.5 mg once a day during the first week, 2.5 mg twice a day another week and then 5mg twice a day. After the first month of follow-up, we found that both patients were doing 5 mg a day, because they were feeling much better and found no need to increase the dose medication. Both patients are still on treatment.

Conclusion

Hyperhidrosis is a disabling disease, particularly in adolescents that are subject to a great emotion and exposed to hostility coupled with instability. We found that oxybutynin is a promising strategy for the treatment of hyperhidrosis and should always be considered as an option before lumbar sympathectomy.

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PS.11 - BUILDING A TRANSITION PROGRAMME for ADOLESCENTS with DIABETES TYPE 1

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The transition from pediatrics to adult care services is a big issue for many adolescents with chronic conditions. To be successful, the process needs to prepared and well organized between pediatrics and adults services. For diabetes type 1 (DT1) adolescents in Paris area (France), the situation was a lack of rigorous organisation and great differences between numerous care settings.

Objectives

To elaborate a transition programme with pediatricians and diabetologists for adults

Methods

A multicentre group of pediatric (N=7) and adult care settings (N=9) from the Paris area was created. First, a longitudinal study on the transition has been conducted (N= 61). It showed: the high level of loss in transition (14 à 25 %), particularly for adolescents with psycho-social difficulties; the more difficult connection when the transition meant a change of hospital; the role of the adolescent's fear and lack of confidence in the new team.
The second step was to elaborate a transition programme. It took time to bridging the gap between the pediatricians and adult diabetologists perceptions regarding a good transition: differences were on readiness, self-management skills, patient's confidence, knowledge about complications, eating disorders or depression associated to DT1. The low number of cases of DT1 adolescents arriving in the adult setting, in relation to the thousands of adult patients in those services has also to be noticed.
In the end, a programme has been built. Furthermore, we chose to have some training together (Motivational interviewing, Adolescent medicine), as a way for better communication and collaboration.
The third step is currently to implement this programme (80 patients leaving pediatrics, already included) and to evaluate the results 1 and 2 years after the passage (2015-2018).

Conclusion

For health care providers too, the transition process could be «bridging the gap».

PS.12 - JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS AND ACUTE PANCREATITIS: A RARE INAUGURAL MANIFESTATION

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Introduction

Systemic Lupus Erythematous (SLE) is a chronic autoimmune disease with multisystem involvement, which implies several differential diagnoses. There is female predominance, especially after the onset of puberty, and clinical presentation is often insidious. Acute pancreatitis (AP) is an uncommon manifestation in SLE, particularly at presentation.

Case report

We report a previously healthy 15-year-old female, who presented to the local Emergency Department (ED) with tonsillitis-like symptoms. One month later she returned with polyarthralgias, diarrhoea, fatigue, malaise and weight loss. On physical examination, she was pale, with discreet malar rash, periorbital and ankle oedema, swelling of the left wrist, periungueal erythematous lesions, and slightly muffled cardiac sounds. Laboratory studies revealed pancytopenia, ESR 43 mm/1sth, normal CRP, elevated transaminases levels and hypoalbuminemia. Echocardiography showed pericardial effusion. She was transferred to our tertiary hospital, where she was admitted. On the second day of hospitalization she presented with epigastric abdominal pain, nausea, vomiting and progressively elevated amylase and lipase levels. Ultrasound and CT scan confirmed AP, revealing an enlarged and edematous pancreas, with ascites and signs of peritonitis. The patient deteriorated rapidly with hypotension, oligoanuric acute renal failure and nephrotic proteinuria, and was transferred to the Intensive Care Unit. Due to a strong suspicion of SLE, methylprednisolone pulses were started with excellent improvement. Further investigations confirmed the diagnosis, with positive antinuclear, anti-double-stranded-DNA, anti-nucleosome and anti-ribonucleoprotein antibodies, low complement levels and class IV lupus nephritis findings on renal biopsy.

The patient was further treated with mycophenolate mofetil, hydroxychloroquine, corticosteroids and supportive measures, with a favourable outcome.

Conclusion
AP is a rare inaugural presentation of SLE but it is associated with a high mortality rate, and therefore needs to be treated early and aggressively. A high index of suspicion is fundamental in the presence of abdominal pain and deteriorating health status whenever SLE is suspected.

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PS.13 - ANEMIA AMONGST ADOLESCENTS IN A TERTIARY HOSPITAL IN PORTUGAL
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Introduction and Objectives
Anaemia is one of the most common diseases in adolescents. Its main cause is iron deficiency due to factors as the increase of the demand by the pubertal growth spurt, inadequate eating habits and menstrual irregularities. Teenagers doctors´ need, though, to be attentive to other anaemia causes in that age group, seeking to offer the most appropriate treatment to the patient.
The aim of this study was to characterize anaemia in terms of age and gender among the adolescents with this condition and determine its causes.

Methods
An observational, transversal and analytic study was designed, based on patient data from the Pediatric Consultation and Hospitalisation in a Tertiary Hospital in Portugal, included from January 2009 to December 2014. We studied the total of adolescents, aged 10-17 years, with moderate (WHO, 7.0-9.9g/dL) to severe (WHO, <7.0g/dL) anaemia.

Results
Anaemia was diagnosed in 124 patients (75,8% female) aged 10-17 years (mean 14.0 ± 2.8). Analysing data within age groups revealed that the highest prevalence of anaemia in general occurred in the 16-17 year old subjects, affecting 52 (80,4% females). 68 patients had iron deficiency anaemia (32,4% due to irregular eating habits and lower consumption of animal source foods and 30,9% due to increased iron needs during pregnancy), 54 had normocytic anaemia (53,7% due to bleeding that occurred from trauma or menstrual irregularities) and 2 had macrocytic anaemia. The proportion of moderate anaemia was 89,5% and severe anaemia was 10,5%.

Conclusion
Anaemia in adolescents occurs more in late teenage years and it mainly affects females. The fear of gaining weight and irregular eating habits could be the major causes of anaemia. Nutritional awareness education should be given both to parents and children to prevent this condition that can become chronic.

PS.14 - ABDOMINAL PAIN AS A RED FLAG IN TWO ADOLESCENTS
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Abdominal pain is a frequent complaint in adolescents. Despite being usually related to benign conditions, such as constipation or functional disorders, it may be a red flag for serious chronic underlying diseases with challenging diagnosis.

Case 1
Sixteen year-old-boy, football player, presented with epigastric and right lower quadrant (RLQ) abdominal pain in the last two months. He had chronic constipation and occasional bloody stools for years. Blood tests were normal. Abdominal ultrasound showed ileal thickening. Ileocolonoscopy revealed stenosis and aphtous ulcers in the terminal ileum, and biopsy confirmed active Crohn Disease (CD). He was treated with prednisolone (two months) and azathioprine, with good compliance and clinical improvement. Six months later, he is on his feet and restarted football practice.

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Case 2

Seventeen year-old-boy, with four days of abdominal pain, no other gastrointestinal symptoms. He mentioned chronic fatigue and poor appetite throughout the last nine months. Examination revealed a palpable mass in the RLQ. Blood tests showed anaemia and raised C-reactive protein. Ileocolonoscopy with biopsy was inconclusive. A video capsule endoscopy showed features of Crohn ileitis (skip lesions with inflamed mucosa and aphthous ulcers). The capsule was retained in a stricture causing recurrent pain episodes, leading to a segmental ileum resection. He was medicated with oral budesonide (three months) and azathioprine. Eight months after the diagnosis, he is asymptomatic and keeps regular daily activity.

The incidence of CD in pediatric ages, particularly after the age of ten, is increasing. Abdominal pain is the most frequently seen symptom. Adolescents appear to have higher risk of complications, namely those with stricturing phenotype, as in both the cases. In chronic diseases therapeutic compliance is vital for a better outcome. In adolescence, keeping a fulfilling social life and practicing sport is essential and must be reinforced.

PS.15 - LEARN HOW TO STUDY TO IMPROVE LEARNING

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Objectives

Study habits have come to deserve an important role in the approach of adolescents with learning difficulties (ALD). We present a study methods program “Learn how to study to improve learning”, developed in the Developmental Centre. The aims of this program were to:

1) Assess the study habits/methods of ALD; 2) raise awareness of the importance of knowing how to study; 3) develop good study skills; 4) increase awareness of physicians about non-pharmacological approach to ALD.

Methods

We applied the "Survey of study habits and attitudes" to assess study habits/methods. Attitudes towards the study were classified as very weak/weak, regular, good/very good.

Two study skills improvement sessions for ALD were developed. Qualitative effects on student´s learning were analysed. Statistical analysis was performed with SPSS 20.0 ®.

Results

We invited 45 ALD for the study skills sessions, from 2012 to 2014, of which 93.3% accepted to participate: 73.4% were males, with mean age of 12.0±1.3. Their intellectual quotient was average/high average in 57.1% of cases.

The attitudes towards studying were: 1) very weak/weak in attitude towards reading (51.1%), performance in the classroom (47.6%), study methods (45.2%) and study skills (64.3%); 2) regular in planning of the study (47.6%), concentration in study (61.9%), test preparation (57.1%) and attitude towards future (52.4%); 3) and it was good/very good in relation to study environment (42.9%). Most adolescents (97.6%) completed the program, of which 39.0% changed their study strategies and improved academic performance. Lack of interest or motivation in school was responsible for the non-adoption of study strategies in 42.1% of cases.

Conclusions

Almost all invited adolescents have participated, and more than a third adjusted their study methods with a positive impact on learning and on their school grades. These programs are essential in the multidisciplinary approach of the ALD.

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PS.16 - EVALUATION OF OBESITY AND INSULINE RESISTANCE AND INVESTIGATION OF THE RELATIONSHIP OF ANTIMULLERIAN HORMONE (AMH) AND INHIBIN-B LEVELS WITH CLINICAL, METABOLIC AND HORMONAL FINDINGS IN ADOLESCENT GIRLS DIAGNOSED AS POLYCYSTIC OVARY SYNDROME

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Introduction
Polycystic ovary syndrome (PCOS) is a chronic disease which presents with various metabolic problems in adolescents and adults presenting and etiopathogenesis and diagnostic criteria have not yet been fully clarified.

Objective
To investigate the obesity and glucose metabolism disorders in patients with PCOS; as well as the relationship between inhibin-B, antimüllerian hormone (AMH) levels and clinical, metabolic and hormonal findings of these patients.

Methods
Forty adolescent girls, who have the complaints of hirsutism and/or menstrual irregularities and virilisation symptoms and who were diagnosed as PCOS according to the Rotterdam criteria, were enrolled in the study. Blood samples were obtained for fasting glucose, insulin, LH, FSH, progesterone, prolactin, testosterone, cortisol, DHEA-S, SHBG, freeT4, TSH, 17-OH progesterone, androstenedione, AMH, inhibin-B and lipid levels. Oral glucose tolerance test (OGTT) was performed. Patients were divided into 2 subgroups according to body mass index (BMI) SDS (Group1: overweight /obese and Group2: normal).

Results
40 adolescent girls diagnosed with PCOS (16.6±1.3, 14-19years), 25(62%) were overweight/obese and 15(38%) were normal weight. One patient who were diagnosed as Type1 diabetes weren't be evaluated in terms of glucose metabolism. Fifteen overweight/obese, total of 17 patients (44%) had insulin resistance. Postprandial glucose intolerance (2/25 and 2/14) didn't differ between groups. There was no difference in the levels of AMH (19.0±14.0 and 14.6±10.3ng/mL), whereas inhibin-B levels in Group1 (53.1±33.1 and 100.5±69, 4pg/ml; p=0.005) was lower. There were positive correlations between level of androstenedione and BMI SDS (p=0.018), waist circumference SDS (p=0.005), Ferimann-Galleway scores (p=0.032) and HOMA-IR (p=0.009); and negative correlations between inhibin-B and BMI SDS (p=0.005), waist circumference SDS(p=0.003), HOMA-IR(p=0.02). Positive correlation was determined between androstenedione and AMH, regardless of the HOMA-IR and BMI-SDS (p=0.036).

Conclusion
Overweight/obesity and insulin resistance had been seen as a risk factor for PCOS and AMH and inhibin-B is thought to be beneficial for diagnosis, treatment and in the management of PCOS in our study.

PS.17 - DYSFUNCTIONAL UTERINE BLEEDING IN AN EMERGENCY CONTEXT

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Introduction
The frequency of dysfunctional uterine bleeding (DUB) may be as high as 75% in adolescence and can be the direct cause of a significant health care burden for women and their families.

Methods
We conducted a retrospective analysis concerning emergency episodes of DUB in female adolescents (aged 11 through 17), during the period 1 June 2008 to 31 December 2014. Cases of vaginal bleeding related to any organic lesion, iatrogenic and pregnancy or other related conditions were excluded.

Results
The study included 25 patients. Patient average age was 13.68 years (range 11-17 years). The average number of days of nonstop vaginal bleeding was 22 (range 5-90 days). The average age of menarche was 11.5 years (range 9-13 years) although in 5 cases the age of menarche was unknown. The association of dysmenorrhea and haemorrhage occurred in 8 patients. The minimum hemoglobin value was 4.9 g/dl, and

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the median was 11.4g/dl. Only 6 patients had microcytic hypochromic anaemia. Twenty-one patients underwent emergency pelvic ultrasound. In 4 cases there was the need for hospitalization due to severe bleeding. In 7 cases there was reference to the specific adolescent consultation and in 12 cases to the gynaecology/family planning consultation. An estrogen–progestogen combination was the most common therapy, in 14 patients. A progestogen alone was prescribed in 5 cases. In 9 patients iron therapy was prescribed and only two needed red blood cell transfusion.

Conclusions
The diagnosis of DUB is an exclusion diagnosis and its etiologies can be multifactorial. Because of that, referring the patient to specialist care (adolescent and gynaecology consultation) is important in order to identify an underlying bleeding disorder or an endocrine or systemic disease. Although the number of admissions due to DUB have been reduced, the authors consider important the formation of general pediatricians in this particular area.

PS.18 - HOW DO TEENAGERS SLEEP?

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Introduction
Sleep disorders are common in adolescence, although this is an under recognized problem. They have effects on cognitive development, behavior and physical health. An early diagnosis and referral are essential.

Objective
To characterize the adolescent population followed in a sleep disorders' clinic of a Portuguese hospital.

Methods
Retrospective study by review of the medical records of teenagers admitted in a seven-year period (2008-2014).

Results
A total of 209 teenagers (57.4% boys) were included. The median age at first visit was 12.7 (10-20.4) years. About a half (117;55,9%) had respiratory symptoms and 32(15.3%)referred difficulty in initiating/maintaining sleep. One hundred and forty-two teenagers (67.9%) had a family history of sleep disorders. Ninety-three (44.5%) patients had allergic disorders and 57 (27.3%) had developmental disorders. Median duration of nocturnal sleep on weekdays was 9(4.5-15) hours (10 hours on weekends), with median bedtime at 22(20-4) hours. Nocturnal awakenings occurred in 75(35.9%) teenagers. Twenty (9.6%) patients usually take a nap, 66(31.6%) had routines to fall asleep (TV in 48.5%), 55(26.3%) were dependent on light and 40(19,1%) needed a specific object to fall asleep. Thirty (14.4%) patients were not able to fall asleep alone. TV (127;60.8%), music (121;57.9%) or videogames (84;40.2%) were frequently present in bedrooms. The most frequent daytime symptoms were poor concentration (127;60.8%), headache (89;42.6%), daytime sleepiness (57;27.3%). Physical examination revealed: turbinate hypertrophy (32;15.3%), obesity (27;12.9%), tonsillar hypertrophy (25;12%); facial abnormalities (22;10.5%). A hundred and sixty (76.6%) patients underwent polysomnography. As follow-up 65(31.1%) were discharged.

Conclusion
Respiratory symptoms and insomnia were the most frequent complaints. Inadequate sleep habits were frequent, as well as a family history of sleep disorders, personal history of allergic disease and anatomical changes; these can contribute to sleep disorders. A high prevalence of daytime symptoms reflects the impact of poor sleep quality. A multidisciplinary approach is required.

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PS.19 - ACUTE INTOXICATIONS/SELF-POISONING IN ADOLESCENTS – RETROSPECTIVE ANALYSIS OF 2 YEARS

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Introduction
Acute intoxications, accidental or deliberate, are a common medical emergency. Alcohol abuse tends to be an emergent problem between teenagers but a significant number of poisonings are due to adolescent suicide attempts. In the top 20 countries with the highest suicide rates, six are European.

Objectives
Characterize the cases of acute intoxications among adolescents (10 to 18 years old), in a level 2 hospital.

Methods
Retrospective review of acute intoxications cases admitted to the short term hospitalization unit of Hospital Espírito Santo de Évora, over a 2 year period (2012-2014).

Results
A total of 77 admissions were included. Median age of 15,5 years old, with a predominance of girls (65%). The majority arrived during the night (61%) and were brought in by emergency services (51%).
From the voluntary poisonings (92,2%), the most common was alcohol intoxication (45%), followed by medication (39,4%) and inhalation of psychoactive drugs (17%).
The number of alcohol intoxication in girls almost matched the boys (♀47% vs ♂53%) and 18,8% occurred under the legal drinking age. Binge drinking was responsible for 40,6%, with 1,76 g/L being the average of ethanol blood level.
All suicide attempts happened at home, with a strong prevalence in girls (93%) and were due to self-poisoning with medication, most commonly psychotropic drugs and analgesics. Approximately 29% had previously suicidal thoughts or self-harm behaviors and 57% attended psychology/child psychiatry consultations.
Most of inhalants drugs were legal substances (69%), bought in smart shops, with under known effects and without antidotes.
Two cases were transferred to intensive care unit, without fatal events.

Conclusion
The high number of hospitalizations due to alcohol intoxication and suicide attempts represents a serious problem that needs early intervention and prevention strategies. The high rate of poisoning with legal substances shows the vulnerability of this age group to the risks of experimentation.

Poster Session with Discussion _Session #2 | June 26th [13:00-14:00] - Main Auditorium

Moderators_**Sílvia Freira | Abdul Rashid**

PS.20 - WHAT'S GOING IN THE MIND OF EGYPTIAN ADOLESCENTS

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Objectives
- To evaluate the Sexual and reproductive (SRH) knowledge of Egyptian adolescents.
- To identify the misinformation and misconceptions related to SRH prevalent among them.
- To explore their beliefs and concerns that need to be addressed.
- To define the impact of school-based health education initiatives on knowledge and attitudes.
- To examine the acceptability of SRH education in schools by students, teachers and parents.

Methods
The study aimed at evaluating the school-based health education initiative conducted by the Egyptian Family Health Society (EFHS) during the academic year 2011-2012. The project was implemented in 348 schools in 22 Governorates of Egypt and involved providing a series of 4 seminars to 18420 male and female students aged 14-16 years old. The seminars were provided by young trained male and female physicians. The study included a quantitative part examining the results of the pre-tests and pot-tests that

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had been conducted before and after the seminars. It also included a qualitative part in the form of focus group discussions (25), in-depth interviews (80) and examining the written questions (3650) received from students during the seminars.

Results
- Egyptian Adolescent students have markedly deficient SRH knowledge.
- There are a lot of misinformation and misconceptions prevalent among them.
- They have many questions and concerns related to SRH that need to be addressed.
- SRH education seminars resulted in remarkable upgrading of their information, correcting misinformation and promoting healthy attitudes.
- Students, teachers and parents accept and encourage SRH education in schools. They wish to see such initiative expand to cover more schools.
- Physicians were considered an acceptable provider of information as they encourage questions and are able to answer them.

Conclusion
Young people need, want and have the right to SRH information. For them knowledge is power and protection.

PS.21 - PELVIC INFLAMMATORY DISEASE (PID) IN ADOLESCENTS: A THREAT TO FEMALE FERTILITY
Paula Sajovic Sanzovo(1);Flávia Thomé Moreira(2); Giovana Chekin Portella(2); Silvia Maria Balieiro Nigro(2); Maria José Carvalho Sant'anna(2); Marco Aurélio Palazzi Sáfadi(3)
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Objective
Our aim is to illustrate, by presenting the case of a 16-year old Brazilian female, how stigmatized the sexually transmitted diseases (STD) still are, which often creates impediments to health care access.

Case report
NSP, 16 years of age, Christian; she was attended the Adolescent Medicine Clinic of Santa Casa of Sao Paulo. Upon arrival, the patient complained of incapacitating abdominal pain, for one month. She explained she had sought medical attention other 12 times, in other medical institutions, and had her chief complaint (CC) disregarded.
During anamnesis, the patient reported diffuse severe pain, in colic, irradiating to the right dorsal area, not associated to diarrhoea or menstrual period. She denied fever, vomiting, urinary and gastrointestinal symptoms and also denied any sexual activities.
The laboratory tests presented leukocemia and the abdominal Ultrasound identified a right anexial mass, lying adjacent to the ovary, highly vascularised. Among the differential diagnosis, an ovarian neoplasia was considered. After MRI scan and gynaecological evaluation, the medical staff decided for exploratory laparotomy. The lyses of multiple adhesions were made, as well as the drainage of bilateral tubo-ovarian abscesses (TOA).

Discussion
Concerning the medical attention she received previously, the complete disregard of her chief complaint (CC) contributed to the escalation of the condition. The self-consciousness and embarrassment felt among female teenagers, regarding their sexual intimacy, were brought to light. Unfortunately, this setting still ratifies the silence of female sexuality. Unsurprisingly, the patient denied having sexual activities until the hospital discharge, leading to the late diagnosis and jeopardizing her reproductive possibilities.

PS.22 - VOLUNTARY INTERRUPTION OF PREGNANCY IN ADOLESCENCE: ARE THERE PREDICTOR'S?
Carla Ferreira(1);Helena Ferreira(2);Carla Duarte(3);Angela Dias(4);Pedro Oliveira(3);Liliana Macedo(4)
(1) CHAA Guimarães (2) Helena Isabel Sampaio Oliveira Ferreira (3) Obstetrics-Gynaecology Department CHAA (4) Paediatric Department CHAA

Background
Teenage pregnancy is an emerging problem worldwide. In Portugal, despite a reduction in the number of teenage pregnancies in the last decade, in 2013 each day 8 adolescents become mothers. Since 2007, with legalization of the voluntary interruption of pregnancy (VIP), it became an option, to face unwanted pregnancy, chosen by 13786 adolescents until 2013. The aims of our study were to characterize teenage IVG and to identify socio-demographic and obstetric factors that could predict VIP.

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Methods
We performed a case control study that included adolescents under 18 years old who underwent VIP, in a secondary hospital, from July 2007 to June 2014. The control group was teenagers who took pregnancy to term, and had childbirth in the same hospital. IMB SPSS®20 was used for statistical analysis (sig p<0,05).

Results
From the 239 pregnant adolescents identified, 100 decided for VIP (42%). Their average age was 16.2 years (13 to 17). Most were portuguese (96%), unmarried (98%) and 9% lived in couple. In terms of teenager's obstetrical history, 3% had previous pregnancies, and none had a previous VIP. The majority of adolescents had no fixed income, 79% were students and 11% unemployed. Most fathers were unskilled workers (27%), students (27%) and 15% were unemployed. In our sample, being younger (OR:0.49;IC95%[0.3-0.7]), not living in couple (OR:18.3;IC95%[6.9-47.9]), having children (OR:5.9;IC95%[1.4-21.6]) and not having the 9th grade (OR:6.6;IC95%[2.8-15.2]) were predictive factors for VIP.

Conclusions
Almost half of the teenagers who got pregnant chose to interrupt pregnancy. As abortion has recognized physical and emotional consequences, particularly in this vulnerable period such as adolescence, identification of predictive factors for VIP practice allows emergence of education programs directed to these risk groups, preventing both unintended pregnancy and considering VIP as a contraceptive method.

PS.23 - SEXUAL, REPRODUCTIVE AND RELATIONAL CHARACTERISTICS OF ADOLESCENTS WHO ENGAGED IN INDUCED ABORTION ON REQUEST IN PORTUGAL: A HOMOGENEOUS GROUP?

Joana Pereira(1);Raquel Pires(1);Maria Cristina Canavarro(2)
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Objectives
To describe the sexual, reproductive and relational characteristics of adolescents engaging in induced abortion on request in Portugal as well as exploring differences between three age groups.

Methods
A nationally representative sample of adolescents (*n* = 224), aged 14-19 years old [14-15 years (*n* = 18); 16-17 years (*n* = 103); 18-19 years (*n* = 103)], engaging in induced abortion on request was recruited. Data were collected through self-report questionnaires.

Results
The mean age at menarche was 12 years old and the adolescents engaged in sexual intercourse for the first time, on average, 3 years later. They reported multiple sexual partners, had a gynaecological age about five years, and for most of them it was the first pregnancy. The majority of adolescents got pregnant using contraception, but did not identify the contraceptive failure. Those who did, reported condom rupture (*n* =37, 60.7%), forgetting to take the pill (*n* =17, 27.9%), and take antibiotics with the pill (*n* =3, 4.9%). At conception, the adolescents were involved in a long-term romantic relationship, with older partners, integrated in educational system, and had a high educational level. Significant age group differences have been found. The 14-15 year-old group reported an earlier age at menarche, age at first sexual intercourse, and fewer sexual partners, in relation to the remaining groups; and a lower gynaecological age, compared with 18-19 years-old group. The 18-19 years-old group reported more often had partners with a higher' educational level, in relation to the remaining groups.

Conclusion/discussion
Healthcare providers should recognize the heterogeneity of adolescents engaging in induced abortion on request in Portugal. Our results may allow us to better identify the needs of each adolescent, according to their developmental phase and develop age-appropriate interventions to prevent unplanned pregnancies.

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PS.24 - PREVALENCE OF CHLAMYDIA TRACHOMATIS IN THE FEMALE POPULATION OF A YOUTH FRIENDLY SERVICE

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Objectives

Evaluate the prevalence of *Chlamydia trachomatis* in the female population of a Youth Friendly Service (YFS), its demographic characteristics and associated risk factors.

Methods

A transversal study was conducted from October to December of 2014 in our YFS. Sexually active girls, with no vaginal bleeding at inclusion and no antibiotic treatment in the last two months were included. The identification of *C. Trachomatis* was performed in urine samples using the COBAS® 4800 system through polymerase-chain reaction (PCR). All the girls included were submitted to a questionnaire and informed consent was obtained.

Results

42 urine samples were analysed. The mean age of the participants was 21,1 years (16-25 years); 76,2% were caucasians and 23,8% were african girls. The mean age of first intercourse was 17,1 years (12-21 years) and the median number of sexual partners was two. Thirty-seven girls used any type of contraceptive birth control; only nine in forty-two women refer to use condom regularly. None of the girls reported previous pelvic inflammatory disease. The prevalence of *Chlamydia trachomatis* was 4,8% (n=2). Both girls were African and didn't refer any gynaecologic complaint or relevant medical history. They had more than three sexual partners and used barrier method irregularly.

Discussion

The prevalence rate of *Chlamydia trachomatis* in our study is similar to the literature (Centres for Disease Control and Prevention show a prevalence rate of 4,7% among sexually active females aged 14-24 years). According to these results, it should be advisable to screen all female under 25 years to *C. trachomatis,* considering all its implications in public health. More studies should be done in Portugal to determine *C. trachomatis* prevalence and cost-effectiveness of its screening, especially in young ages.

PS.25 - VOLUNTARY PREGNANCY INTERRUPTION IN ADOLESCENCE: FROM PORTUGUESE LEGALIZATION TO PRESENT

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Adolescence is a time of deep changes, marked by the need of autonomy and independence. Often it is associated with self-immaturity and risk behaviors. An undesirable pregnancy during this turbulent period may instil permanent scars.
The aim of this study was to evaluate the pregnant adolescent who opted for voluntary pregnancy interruption (VPI) in a level II hospital since the legalization of the procedure in April 2007 up to December 2014. This was a retrospective study conducted through clinical files review.

During this period, 147 full pregnancies and 56 VPI were registered in adolescents (<18 years).
All adolescents were from Portuguese nationality, with a median age of 17 at the time of the procedure and only 7.2 % under 15. The lowest number of cases registered was in 2007 (3.6 %) and the highest in 2009 (26.8 %). From those who underwent chemical interruption, only 5.4 % required curettage due to incomplete abortion. The average time of gestation for interruption was 6 weeks.
The average reflection time following the first VPI appointment was about 6 days, with 64.4 % taking more than the minimum required time. Only 30 % asked for psychological evaluation and none for social assessment. Following VPI, 21.4 % missed the re-evaluation appointment.
From the study group, 7.1 % have already had a previous full pregnancy and 5.4 % a previous VPI. Only one case had a previous clandestine abortion. Subsequent to VPI, the preferred contraceptive method was hormonal (oral).

In this study, most of the pregnant adolescent didn´t interrupt their pregnancy. Those who decided to do so, were in late adolescence. There were a group of adolescences who missed the re-evaluation appointment, which supports the need for multidisciplinary follow-up in order to minimize the bio-psycho-social repercussions of a pregnancy in this age group.

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PS.26 - ADOLESCENT PREGNANCY: CHILDREN OF ADOLESCENT MOTHERS

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Introduction

Teenage pregnancy is a social and public health problem due to its implications in the development and quality of adolescents' and their families' lives as well as society. This study aims at characterizing pregnancy conditions in adolescence, child-birth and follow-up of mother and newborn (NB) in a level A hospital, between January2010-December2014.

Methods

Retrospective study, with review and analysis of data gathered from the delivery room and hospital data of all pregnant adolescents, aged less or equal to 18 years by the time of parturition. Review of the NB processes and birth records.

Results

Of 7552 births performed, 174 (2.3%) were of adolescent mothers. Most of deliveries (48,3%) were eutocic,58,6% between 39-40 weeks of gestation. Birth weight was on average of 3182g, 8,6% with a low birth weight(LBW).

Regarding the monitoring of pregnancy, 29.9% started surveillance before the 3rd month of pregnancy and 7.5% after the 6th month. The majority of the infants (94.3%) were guided to the attending physician or the external pediatrics consultation.

At the time of this study, 18.4% had 2 or more children, 6.3% abortion history and 2.3% voluntary termination of pregnancy.

Twenty-one teenagers were adolescent mother's daughters as well. Pregnancy was planned in 4.7% and 21.9% had no support from the baby's father. In14.1% of cases the couple had no family support. There was also a high academic dropout rate identified, 75.8% of the girls had stopped their studies and 71.1% were unemployed at the child date of birth.

Conclusion/discussion

Portugal is the second country in Western Europe presenting more fertility in adolescence, but in the last decade a decrease of pregnancies was reported, as well as seen in our sample. LBW percentages recorded in our sample (8.6%),show a great similarity to the Portuguese general population(8.7% in 2013).

It is important to enhance the adequate surveillance of only 30% of cases, reflecting the uncertainty and the often hidden pregnancy, with more risks for mother and child.

PS.27 - OBSTETRIC OUTCOMES IN ADOLESCENT PREGNANCY

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Background

Pregnancy in adolescents has been a highly debated subject in several communities, including the European territory. Despite the decline of teen birth rate over the past years, this is still a problem of public health that requires investment in care.

Pregnancy and childbearing in adolescents is associated to poor educational achievement, social isolation and psychological stress with subsequent depression. Besides these negative health outcomes for the adolescent, the pregnancy by itself is affected, with a higher risk of preterm delivery, reduced birth weight, among others. Also, literature has shown a higher rate of instrumental vaginal delivery (IVD), including vacuum extraction and forceps, although with a lower rate of caesarean.

Objectives

We intend to review the type of delivery of pregnant teenagers and analyse whether the follow-up in a specific consultation for this population (where nutritional, psychological and social support is provided adding to obstetric care) affected the results.

Methods: we present a retrospective study of 270 deliveries of pregnant teenagers with 19 years old and less whose labour took place in Hospital Beatriz Ângelo, Loures, Portugal from 2012 until 2014, comparing those who had teenager-oriented obstetric surveillance (n=70) with those who did not (n=200).

Results

We verified a lower caesarean rate compared to general population as traditionally stated in literature as well as a higher, although slightly, IVD in the population not followed in Hospital Beatriz Ângelo. However, the population followed in the specific consultation showed lower rates of all types of assisted delivery.

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Conclusion
We highlight that pregnant teenagers are a group with specific characteristics and therefore justifying specific management

PS.28 - RELIGIOUSNESS AND SEXUAL BEHAVIOURS IN YOUTH
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Objectives
To evaluate the association between religiousness and sexual behaviors in a group of adolescents and youth (AY).

Methods
Analytical cross---sectional study. Application of a questionnaire adapted from the one developed by the World Health Organization to study adolescents' sexual health, applied to AY from a Portuguese city. Groups: group A – religious; group B – non religious. Variables: demographic data, commitment level of the relationship and sexual behaviors. Statistical analysis: SPSS 22® (α=0,05).

Results
We obtained 2.369 questionnaires, 78% from group A (93% catholic). Median age was 18 years (Females: 57% group A; 62% group B). In group A, 86% of had already had sexual intercourse, compared to 89% from group B (p=ns). Median age at first sexual (FS) intercourse (16 years) and median number of sexual partners (3) were the same for both groups, and condom use was reported in FS intercourse by 86% of group A and 82% of group B (p=ns). Being in love was considered important for 65% of group A and 58% of group B (p=ns). A boyfriend/girlfriend was the FS partner for 81% of group A and 70% of group B (p=0,004), and a prostitute in 2% of group A vs. 0% of group B (p=ns). Having a serious relation was considered serious by 70% of group A and 58% of group B (p=0,008). Homosexual attraction existed in 10% of group A and 19% of group B (p<0.001), whereas intimate homosexual contact occurred in 20% and 25%, respectively (p=0.014). Sexual transmitted infections were more frequent in group B (7% vs. 2%, p=0,001).

Conclusions
Religious AY seem to have a bigger commitment in their FS relation, although no difference was found in the age of FS intercourse, use of condom or number of sexual partners. Less conservative behaviors were more frequent in the non-religious.

PS.29 - ADOLESCENT GYNAECOLOGY: 5-YEAR PORTRAIT OF AN OUTPATIENT UNIT
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Introduction
The Gynaecology for adolescents represents a challenging area because it treats a population going through constant changes. The only way to warrant a satisfactory response to treatment from these patients is to establish a relationship based upon mutual trust and empathy.

Objectives
The aim was to determine which were the most frequent referrals to our unit, the requested complementary diagnostic exams and the treatments prescribed throughout the last five years.
Material and Methods: Retrospective study based upon the new patient files from January 2010 to December 2014. SPSS version 21 was used for the statistical analysis.

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Results
During the study period, 415 new patients were admitted to the outpatient unit. The mean age was 15.18. Adnexal pathology was the most frequent (17%), followed by contraception in special situations (15.7%), abnormal vaginal bleeding (12.5%), irregular cycles (10.36%) and dysmenorrhoea (10%). The amenorrhoea rate was 6%, including primary and secondary amenorrhoea. The complementary diagnostic exam performed more frequently was the pelvic ultrasound (101 exams), mostly for suspicion of adnexal pathology or post-operative assessment of adnexal surgery (53.5%). Specific treatment was offered to 148 patients in the first visit (35.7%), and the most frequent was estroprogestative pills (61.4%), followed by estroprogestative pills with cyproterone (30.4%). Ten patients were sent to surgery due to adnexal pathology, corresponding to 14% of the total patients with confirmed adnexal pathology.

Discussion and Conclusions
Even though there were multiple pathologies referred to this unit, most of them are transient and either do not require any specific treatment or have a good outcome with isolated estroprogestative treatments. When compared to the general population, the amenorrhea rate was superior, probably due to the specificity of this setting.

PS.30 - TESTICULAR PROSTHESIS AND IMPROVEMENT IN BODY IMAGE
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Introduction/objectives
Testicular absence is an important cause of psychological distress in adolescents. The improvement in body image is the only real indication for insertion of testicular prostheses. There are many causes for testicular absence such as testicular agenesis or atrophy, anorchia and orchiectomy by torsion, tumours or trauma. Surgery should be delayed until adolescence, when the prosthesis has the size of an adult testicle. The aim of this study was to characterize the causes of testicular absence and determine the percentage of adolescents who required testicular prosthesis implant.

Methods
Retrospective review based on the clinical files of patients with testicular absence, between January 2003 and December 2014 (11 years), in a secondary hospital. Our practice is to perform testicular implant at puberty.

Results
We studied 54 patients with testicular absence. The most common indication for testicular implant was testicle atrophy (n=29; 54%), anorchia (n=9; 17%), and orchiectomy by torsion (n=16; 30%). Testicular prosthesis was proposed to all adolescents above 13 years of age (n=23; 43%) and only one patient refused surgery. All other patients (n=31, 57%) are currently under the age of 13 and still waiting for surgery. The average age of implant was 13.5 years. No differences were observed in testicular prosthesis requests in patients who lost the testicle by atrophy or anorchia compared to those who had orchiectomy at older ages, due to testicle torsion. All patients were satisfied with the surgery results. There were no surgery or postoperative complications.

Discussion/Conclusion
The absence of a testicle has been shown to be a psychologically traumatic experience for adolescents. The majority of our patients requested testicular implants.
Testicular prosthesis implant can avoid mental disturbances and are important to reproductive health and self-acceptance.

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PS.31 - ADOLESCENCE AND VOLUNTARY INTERRUPTION OF PREGNANCY IN A SUBURBAN REGION OF LISBON

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Introduction and Objectives
Since 2007, the legalization of induced abortion occurred in Portugal. Despite sexual education programs, family planning consults and contraception methods widely available, voluntary interruption of pregnancy continues to occur frequently.
The aim of this study was to evaluate the social, demographic and obstetrical profile of women who did voluntary abortion in adolescence.

Methods
We performed a retrospective analysis of clinical data of all pregnant adolescents who performed voluntary interruption of pregnancy since 2007 to 2014 in a secondary health care hospital.

Results
458 adolescents were included in the study (in a universe of 3632 women), corresponding to 12.6% of induced abortions under 20 years and 0.55% under 15 years (lower age was 13 years). The most part were single (90%). 66% attend school, and, at least in 80%, education was lower than expected for their age. 30% had academic qualification less than or equal to basic education (6 years). In respect of the partners, 43% were adolescents too and 37% were employed.
89% were nulliparous, 92% had never made any abortion and 8% had at least 1. With regard to contraception, 50% did not use any method before abortion. After the voluntary termination of pregnancy, contraception was scheduled in 73% of adolescents, in which 23% opted for long-term contraception. 23% abandoned the query, not making possible contraceptive counselling. 52% were referred for family planning consultation in primary health centres, and 21% for hospital.

Conclusion
Our adolescent population is a vulnerable population with high abortion rate (above the national average). There is an urgent need for sex education programs in local schools to increase awareness and prevent unplanned pregnancies, and an active multidisciplinary work (school, primary health centres, hospitals).

PS.32 - PHYSICIANS' ASSESSMENT OF DEFICIENCIES AND NEED FOR TRAINING IN ADOLESCENT MEDICINE

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Objectives
The aim of this study was to assess physicians' insight of the range of their exercise, training, and practice in providing adolescent health care and identify the competencies they would like to study.

Methods
Cross-sectional, descriptive and analytic study was designed. The survey was send by e-mail to family medicine (FM) and pediatric (P) physicians. The results were processed using Excel and SPSS.

Results
A total of 113 physicians completed the survey (45 FM specialists, 28 FM residents, 31 P specialists and 9 P residents), 75% were female doctors and the mean time of years of practice was 17. Regarding training in adolescent medicine, 60% of the P and 24% of the FM physicians had some training, 78% of whom as post-graduation courses.
The P group had more training in adolescent medicine than FM group (p=0,007). Moreover, the physicians who assessed to be more prepared in interviewing adolescents were those that had specific training in Adolescent Medicine (p=0,035). The physicians who considered this age group has the easiest to manage are those who have more training in Adolescent Medicine (p=0,015).
Most practitioners (63% of FM and 55% of P) felt as having inadequate training in most of the adolescent preventive and clinical skills. The most pointed out barriers were insufficient training (60%) and establishment of adolescent-doctor relationship (38%).

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Physicians denoted the need for more training and experience with the adolescent interview (45%), behavior problems (43%), drugs, alcohol and tobacco abuse (42%), depression and suicide (39%), family conflicts (34%), relationship violence (34%), eating disorders (32%), sexuality (31%), psychosomatic disorders (31%), and learning difficulties (32%).

Conclusion
Our results suggest that significant variation occur in adolescent medicine ambulatory care training between physicians. Therefore, the importance of training in adolescent medicine should be addressed and efforts should be made to teach adolescent medicine.

PS.33 – YOUTH FRIENDLY HEALTH CARE: TESTING THE "YOU´RE WELCOME QUALITY CRITERIAS" IN TWO DANISH HOSPITALS

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Objective
Traditionally age limits of Danish paediatric departments have been defined as children age 0-15 years. Boundaries are now moving toward an age limited of 18 years. In Denmark no guidelines or standards for quality in youth-health care exists. Therefore, our aim was to test the "You're Welcome criteria" (1) in Danish clinical context, evaluating usability.

Method
The "You're Welcome criteria" were assessed by the authors, evaluating utility in Danish context and uncertainties of meaning. Hereafter the criteria were applied to four subsections of two Danish paediatric and adolescent departments, with outpatient clinics and inpatient wards. Each subsection was evaluated by staff connected to the section, together with one of the authors.

Results
All subsections scored "Starting Out", meaning that our organisations could not be accredited. The four sections met the mandatory criteria's in 1–3 of 9 fields and in 5-17 of 28 non-mandatory fields. In total the four sections scored "Meets You´re Welcome" or "Getting started" in 13-31 criteria and "Not yet started" in 4-15 criteria of the total 37 criteria. We found that 2-9 criteria were "Not applicable" to our context.

Conclusion
The testing of the "You're Welcome criteria" has been rewording, with positive feedback. None of the subsections lived up to accreditation standards, even though two of the sections have several years of experience treating adolescents with chronic conditions. The next step will be to evaluate whether the criteria apply to Danish settings, the wishes of the Danish adolescents and Danish legislations. The mandatory fields should be evaluated and revised, adapting to the needs of Danish adolescents. The "You're Welcome criteria" self-review tool-kit was user-friendly and allowed us to asses our departments in a uniform way, but must be adjusted to local context, language and policies.

(1) https://www.gov.uk/government/publications/self-review-tool-for-quality-criteria-for-young-people-friendly-health-services

PS.34 - ATTITUDES AND BELIEFS OF PEDIATRIC RESIDENTS REGARDING ADOLESCENT HEALTHCARE IN FRANCE

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French adolescent healthcare suffers from a lack of enthusiasm among pediatric residents.

Objectives
The aim of this study is to assess the beliefs and perceptions of fourth-year French pediatric residents regarding adolescents and adolescent medicine (AM).

Home

Methods
We conducted a national electronic survey among French pediatric residents in their last year of residency. An original 51-item, open-ended declarative questionnaire was sent. Included were questions regarding demographics, career expectations, perceptions and beliefs regarding adolescents and AM. Difficulties and barriers experienced in this field were investigated. Queries about residents' specific AM courses and about their educational needs were explored.

Results
The survey was conducted online for two months. There were 110 respondents, achieving a 40 % response rate. The majority of respondents perceived teens as interesting (72.9%), vulnerable (82.8 %) and time consuming (81 %). 77.3 % considered AM is a skill all pediatricians should acquire. The following issues were reported as major difficulties by residents: providing care for teens reluctant to seek healthcare (64,5 %), managing violent behavior among adolescents in the emergency ward (98,5 %) and managing adolescents who attempt suicide (79.6 %). 49 % of residents reported their residency program had a specific AM course, 73.4 % of them attended the lectures and 57.1 % found it useful.

Conclusion
Surprisingly, our findings reflect the fact that French pediatric residents have an overall positive image of adolescents and AM. These findings encourage us to come up with a better educational approach to AM in France in order to help them embrace the challenge of adolescent healthcare.

PS.35 - THE PRESENT STATE OF HIGHER SPECIALIST TRAINING IN ADOLESCENT AND YOUNG ADULT HEALTH IN MEDICAL SPECIALTIES IN THE UK

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Background
Health outcomes for adolescents and young adults are often worse than for other age groups, and young people are dissatisfied with their care. Design of healthcare services does not always take into account the specific developmental and health needs of this age group, and clinicians have not always had the training to deal with these issues. The present survey sought to determine the current state of training in adolescent and young adult health in medical specialties in the UK.

Methods
An online questionnaire was distributed to higher specialist trainees in adult medical specialties in the UK via trainee representative groups, specialist societies and Royal College of Physicians mailing lists.

Results
613 responses were received (39% male). All specialties and levels of higher specialist training were represented. Training in adolescent health was rated as minimal or non-existent by 70% of respondents. Training in transition was rated as minimal or non-existent by 73%. 52% reported that they had not received any formal training in adolescent health. 61% had never attended a dedicated young person's or transition clinic. The most significant barrier to delivering good adolescent healthcare was felt to be lack of training to deal with adolescent issues; 74% of respondents reported unmet training needs in this area. Number of clinics attended had a positive impact on perception of training, with only a quarter of trainees that had attended more than 10 dedicated clinics rating training as minimal or non-existent.

Conclusions
Higher specialist trainees in adult medical specialties in the UK do not feel adequately trained or prepared to meet the specific care needs of the adolescent and young adult age group. An urgent review of training is required in order to address this, and hopefully help in the drive to improve care for young people in the UK.

Home

PS.36 - CONFIDENTIALITY IN ADOLESCENT MEDICAL CARE: WHAT DO RELATIVES THINK OF IT?

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Objective

Our aim is to apprise how relatives of adolescents, who are attended at a tertiary hospital, perceive the secrecy of the medical consultation.

Methods

A structured interview was conducted with 100 adolescents' relatives. Such group was composed of parents, grandparents, uncles, aunts, brothers and sisters.
The adolescents were followed at the Adolescent Medical Clinic - Department of Pediatrics of Santa Casa de Sao Paulo Medical School, during the period of one year.

Results

The mean age of the interviewed relatives was 43.4 years. The group was formed of 88 women and 12 men.
The adolescents' average age was 14.3 years. The average of the medical follow-up time at our service was 7.5 months. There were 42 were males and 58 females.
In regard to the interviewed relatives, 78% were favourable to adolescents being attended alone. With respect to the following topics and their percentage of negative responses: contraception (63%), sex (63%), alcohol (86%), smoking (92%), drug use (98%), school difficulties (92%), virtual dating (89%), homosexuality (87%), sad thoughts (94%) and AIDS (96%), most of the relatives were against preserving the confidentiality.

Conclusion

Regarding the confidentiality in adolescent consultation, the relatives' opinion is divergent. Although most of them were favourable to confidential consultations, they still felt uncomfortable with secrecy in most of the covered topics.

PS.37 - ADOLESCENT HEALTH: FAMILY PHYSICIAN TRAINING - PORTUGUESE REALITY

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Introduction

In the 80's, Portuguese primary health care initiated a period of evolution in *General Family* Medicine (GFM), with multiple changes which defined the actual role of the Family physician (FF) in health care. There are few studies on the effect that FF's Surveillance and Intervention has on adolescents; The Portuguese Child and Youth Health Program recommends three surveillance appointments (at the age of 10, between 12-13 and 15-18 years) .The GFM residency has to train the future FF to develop skills in Adolescent Health, once this age group needs specific medical approach

Objectives

Describing a historical perspective of adolescent health education during Portuguese FF medical residency.

Methods

Literature review on various sources (Pubmed, TripDatabase, SciELO , among others) of the last ten years, published in English and Portuguese, using the keywords " Training" , " Adolescent Medicine " and " general practice".

Results

Medical General Practice career was established in 1982. The need for specialized medical adolescent training, between 1988 and 1996, were covered by a multidisciplinary team in 52 specific training courses. In 2009 the GFM residency was settled including a training plan which is structured in different stages and lasting four years; adolescent medicine is dealt in Pediatrics, Gynaecology and Obstetrics and Psychiatry. Furthermore Portuguese GFM Association develops continuing medical training, currently in 32nd edition,

where FF and internal specialty discuss various topics including adolescents' health (communication techniques, sexuality, chronic illness, addictions, Health Child and Youth Program and others).

Conclusion
In Portugal there are specifically targeted training objectives within GFM program training in adolescent health. Since FF holds a privileged position for continuity and proximity of contacts developed among adolescents, there is a growing perception that the training in this area is important.

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PS.38 - ASSESSMENT OF A NEW TEACHING-LEARNING PROGRAM OF ADOLESCENT MEDECINE FOR UNDERGRADUATE MEDICAL STUDENTS

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Introduction
A new teaching-learning undergraduate program of adolescent medicine was recently included in the medicine course at NOVA Medical School. A specific content was created mainly based on clinical and educational competences identified in the field with potential to provide qualified practical training.

Objective
To evaluate the performance of a structured teaching-learning program of adolescent medicine recently included in the curriculum of medical students.

Methods
The above-mentioned program is included in a semi-annual pediatric discipline. The practical training is provided in three specialized settings for adolescents - hospital, primary care and psychological care - using diverse teaching-learning methods. The results of teaching-learning activity concluded in the first semester and its satisfaction by the students were evaluated, respectively, through the assessment of students' learning using multiple choice final test based on questions of medium difficulty, and voluntary and anonymous evaluation of the teaching program by the students, using a questionnaire for rating the practical training as poor, insufficient, satisfactory, good, or excellent.

Results
From 117 students who applied for the discipline, 105 (89.8%) attended the final test and the mean (SD) classification was 70.7% (4.1). Ninety four (80.3%) students responded the questionnaire and the practical training was rated as sufficient by 13.8%, good by 47.9%, and excellent by 38.3%.

Conclusions
Both the assessed theoretical knowledge acquired by the students and the practical training rated by them were satisfactory. Data obtained will be useful to correct potential errors and review the program in the second semester. Comparison of results of both semesters will constitute a source for improvement of this teaching-learning program.

Poster Session with Discussion _Session #3 | June 26th [12:00-13:00] - Auditorium 58
Moderators_Pedro Dias Ferreira | Hugo Rodrigues

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PS.39 - CARE OF ADOLESCENTS SUFFERING SCHOOL PHOBIA: CONTRIBUTIONS FROM MULTIDISCIPLINARY WORK LED BY "TEENAGERS'HOME" SERVICE, AT AVICENNE HOSPITAL IN BOBIGNY, FRANCE

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(1) CASITA maison des adolescents (2) Hopital Avicenne Bobigny France

Introduction
In our modern society, the difficulties teens are facing up during school time are a pattern of frequent consultation. Among these disorders, school phobia coming out during adolescence shows a steadily increasing incidence in child psychiatric consultations. This increase and the difficulty to treat this disorder with only child psychiatric consultations led us to re-considerate our practices at Avicenne Hospital "Teenagers' home" service.

Methods
This study is a frontier research driven in 2014, by the use of eight situations from eleven to seventeen years, in the "Teenagers' home".
The method consisted in using the synergy from multidisciplinary work, specific of a "teenagers' home" team, and more particularly between child psychiatrist and school psychologist. Regular meetings were an opportunity to compare our respective theoretical approaches and share clinical data from our consultations.

Results
The experiment's results show the real interest of this coordinated approach combining psychiatric and psychological consultations with these adolescents and their family. It requested a constant adjustment of our respective function in this joint work. It led to identify common psychopathological hypotheses from different clinical situations by using the "life narrative" as a method of investigation but also as a therapeutic lever, distinguishing the schooling evolution narrative during the psychological consultations, and the family history narrative during the psychiatric consultations.

Conclusion
This experiment shows the values of a complementary work leading between two professions and particularly in these complicated situations. The stories of the adolescence's school history and the family history are complementary working tools, allowing access to the full historical profile of a child who became a student and then a teen student, enabling us to improve the situation understanding, initiating a therapeutic alliance and enhancing adolescent self-esteem. These results should lead to the establishment of further study in the course of 2015.

PS.40 - BODY DISSATISFACTION, SELF ESTEEM, PERFECTIONISM AND EATING BEHAVIORS IN A PORTUGUESE GIRLS SAMPLE

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Eating disorders (ED) are an increasing health problem among adolescents. Biological, socio-cultural, family and psychological factors as the trait Perfectionism interact in the development of ED.

Objective
The aim of this study was to investigate the relationship between disordered eating behaviours (DEB), self-esteem (SE), perfectionism (P) and body dissatisfaction (BD) in a Portuguese girls sample.

Method
575 Portuguese girls (mean age 15.77 years), high-school students, answered the Portuguese validated versions of self-reported questionnaires, including: the Contour Figures Rating Scale (CFRS), the Child and Adolescent Perfectionism Scale (CAPS), the Rosemberg Self Esteem Scale (SES) and the Children Eating Attitudes Test (ChEAT). SPSS 19.0 for Windows was used. Descriptive and inferential statistics were used. To analyse the relationship between the variables, One-way ANOVA, Pearson correlation and multiple regression were performed as appropriate. Mediation analyses were performed using Preacher and Hayes bootstrapping methodology.

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Results
Girls with high scores in the Total ChEAT and Fear of getting Fat (FGF), presented significantly higher levels of BD, Self-Oriented (SOP) and Socially Prescribed Perfectionism (SPP) and lower levels of SE (all p<.001). Girls with high scores in the Restrictive and Purgative Behaviours (RPB) had higher Body Mass Index (BMI) and pointed higher levels of SOP and SPP and lower levels of SE (all p<.005). Food Preoccupation was related with high levels of SPP and low self-esteem. The dimension Social Pressure to Eat (SPE) was related with BD, higher levels of the Total CAPS and lower SE. P partially mediated the relation between BD and DEB. However, the strength of these associations differed depending on the specific P dimension (SOP and SPP).

Discussion
Our findings suggest that dysfunctional Eating Behaviours are strongly related with body dissatisfaction, low self-esteem and perfectionism in girls, which suggest the importance of addressing these concerns with adolescent's girls.

PS.41 - VOLUNTARY INTOXICATION AMONG ADOLESCENTS IN THE PAEDIATRIC DEPARTMENT OF A DISTRICT HOSPITAL

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(1) Hospital de Santarém (2) Hospital de Santarém (Portugal)

Introduction
Voluntary medication and alcohol intake has been an increasingly situation in Paediatrics, particularly among adolescents, since the extension of Paediatrics up to 17 years old. This study aims to characterize the adolescent population hospitalized following voluntary intoxication.

Methods
Retrospective and descriptive study of hospitalizations by voluntary intoxication at our hospital between 2010 and 2014. Data about demographics, type of drug, reason for ingestion, family and personal history and referral was collected through consultation of the clinical processes.

Results
During the study period, 22 adolescents were hospitalized following voluntary intake of medication or alcohol, with a female predominance (p=0.004) and a median age of 14 years old. Alcohol intoxication accounted for 3 cases and medication intake for 19, where benzodiazepines were the most common (10/19, 52.6%). In 36% of cases, the ingestion was motivated by family conflicts. Nine cases (41%) had personal history of psychiatric care and self-injurious behaviours; 5 (56%) of those had previous history of medication intake (p=0.74). Fifteen cases (68%) had family history of psychiatric disorder or presented some characteristics of dysfunctional family; 8 (53%) of them had antecedents of behavioral disturbances and 3 (20%) of them had multiple episodes of drug intake (p=0.387). None of the cases had complications.

Discussion
Female predominance is consistent with the literature, as well as the type of drug. Although there were no complications, it is important the number of cases with previous dysfunctional family environment and/or personal history of psychiatric care and self-injurious behaviours. This emphasizes the need of screening for psychopathology, emotional and family conflicts in order to prevent this kind of situation.

PS.42 - SYSTEMATIC REVIEW OF MENTAL HEALTH OUTCOMES IN YOUNG PEOPLE FOLLOWING SEXUAL ASSAULT

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(1) University College London (2) Imperial College London (3) King's College Hospital NHS Foundation Trust (4) UCL Institute of Child Health

Objectives
Sexual assault peaks in mid-to late adolescence but its sequelae among this age group are not well understood. This systematic review aimed to describe mental health outcomes following sexual assault in young people.

Methods
Two reviewers searched Medline, Embase, CINAHL, OpenGrey and PsycINFO databases independently, screening publications from 1990 to 30th October 2013. Inclusion criteria: longitudinal studies, systematic reviews and meta-analyses in English with ≥50% participants aged 10-24 years; baseline mental health

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assessment conducted prior to or <8 weeks post-assault with follow-up ≥3 months later, and within three years of index assault. Study selection, data extraction and quality assessment were performed independently, with any differences resolved by a third person. Quality assessment used the Newcastle-Ottawa Scale.

Results
3,758 titles and abstracts, and 494 full-text papers were screened after excluding duplicates. Five cohort studies met inclusion criteria (sample size 64-155; mean age 13-26 years; duration of follow-up 3-12 months post-assault).
Three studies examined rates of Post-Traumatic Stress Disorder (PTSD), reporting rates of 88%-94% within a month of assault, 47%-71% by 3 months and 10.5%-65% by 12 months post-assault. Only one study measured rates of Depressive Disorder, reporting rates of 35% 6 months post-assault.
Longitudinal studies evaluating post-traumatic (n=3), depressive (n=2) or anxiety symptom scores (n=1) all reported reduced symptoms over 6-12 months post-assault.

Discussion
Psychopathology is common following sexual assault in young people. Most studies observed reduced rates of mental health disorders and reduced symptom scores over time, but there is a paucity of longitudinal research available. Review limitations include small sample sizes, and heterogeneity of study populations, measures used and follow-up schedules of included studies. Larger, good quality studies are needed to characterise the nature and course of mental health difficulties experienced by adolescent sexual assault victims, in order to allow for better targeting of resources for these individuals.

PS.43 - TRANSFERRING ADOLESCENTS TO PSYCHIATRY UNITS - EXPERIENCE OF AN EMERGENCY DEPARTMENT

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Introduction and objectives
The centralization of pediatric mental health services in Portugal makes it necessary to transfer some psychiatric patients from non-specialized centres. The aim of this study is to describe the frequency and characteristics of patients transferred from a Portuguese pediatric emergency department (ED) to a Psychiatry unit over a 5 year period (2010-2014).

Methods
Data for all episodes of transfers to psychiatric units from January 1, 2010, to December 31, 2014, were retrospectively analysed.

Results
We identified 33 cases of transfers to Psychiatric units in the mentioned period, corresponding to 2.7% of the total transfers to other hospitals. The number of transfers per year ranged between 0-4 until 2012, with a significant rise in 2013-2014, with 16 and 11 cases, respectively.
Most of the transferred patients were female (72.7%), with ages between 11-17 years. The main causes of admission to the ED were suicidal behaviors/self-harm (42,4%) and behavioral changes (27,3%). In 60.6% of cases a diagnosis of a depressive disorder was admitted. The most commonly described symptoms were suicidal ideation (60,6%) and aggressive behavior (42,4%). 63,6% had previous history of psychiatric disorders and 54,5% were taking psychoactive drugs prior to admission. In 36.4% of cases there was a record of family conflicts.

Conclusions
There has been a significant rise in the number of patients transferred for psychiatric disorders in the last years. More data is necessary to evaluate and improve the planning of pediatric mental health services in Portugal.

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PS.44 - VOLUNTARY DRUG-POISONING IN ADOLESCENTS ADMITTED TO THE PEDIATRIC OBSERVATION UNIT OF A TERTIARY HOSPITAL

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Background

Voluntary drug intoxication is a major medical and social problem in developed countries and the most common way of attempting suicide. The rate of incidence has increased among adolescents. Short-stay emergency department Observation Units are an alternative to hospitalization.

Objectives

The aim of this work was to review all cases of voluntary poisoning admitted into the Pediatric Observation Unit of Hospital de Santa Maria (HSM-PedOU) between January 1, 2014 and December 31, 2014. Moreover, we studied the incidence rate and the distribution in terms of seasonality, sex, age, type of substance taken and outcomes.

Methods

Study design was based on retrospective medical record review and included patients aged 10 to 18 admitted in HSM-PedOU during a 12-month period. Data were collected from admission records and analysed on Microsoft Excel®.

Results

Out of the 1878 patients admitted during 2014, 492(25.1%) were adolescents with a median age of 14(56,7% males). From this group 35(7.1%) where admitted for voluntary intake of: medication 22(62.8%), alcohol 11(34,3%) or illicit drugs 2(2.9%). Out of voluntary drug-poisoning patients 78.9% were females and 21.1% males and September was the higher incidence month. Drugs more frequently taken, alone or in combination, were antidepressives, sedatives and analgesics. A high-prevalence of previously diagnosed psychiatric condition was also observed among this population.

Conclusions

Admitted patients in HSM-PedOU were in their early teens and took drugs mainly found at home or prescribed by their physicians. Many required appropriate treatment but the outcome was favourable for all patients with no death occurring. Most were discharged in less than 24 hours and all were referred to follow-up by Psychiatry or Child psychiatry. Self-poisoning remains a crucial problem during adolescence. Health professionals should be trained in order to provide appropriate physical mental health care to better support them and meet their family's needs.

PS.45 - PROBLEMATIC INTERNET USE - FROM THEORY TO PRACTICE

Sofia Paulino(1);Marta Croca(2);Ivone Patrão(3);João Gonçalves(2);Bernardo Moura(2);Sergio Carmenates(2);Luis Madeira(2);Rita Barandas(2);João Reis(2)

(1) Serviço Psiquiatria (2) Centro Hospitalar Lisboa Norte - Hospital Santa Maria (3) ISPA-IU

Objective

To review the published literature on Problematic Internet Use (PIU) in adolescents and young adults with the aim of defining the problem and the most effective psychotherapeutic and pharmacological interventions.

Methods

multiple database search (*Ebsco, Web Of Knowledge, Pubmed*, *Radialyc*), from 2010 onwards, using the keywords "Internet addiction", "adolescence", "interventions" and "problematic Internet use". From 645 studies, we have selected 186 according to certain criteria such as language (English/Spanish/Portuguese) or scientific relevance and adequacy.

Results

PIU can be conceptualized as an inability to control one's use of the Internet. This construct has been developed over the last decade and which is still under review for inclusion in the final psychiatric taxonomy.

Although pathological gambling is currently the only confirmed behavioral addition, Internet Gaming Disorder emerges for the first time in the DSM-5 appendix as an entity under study. PIU is not only positively correlated with psychopathology and psychiatric disorders but also has severe consequences in

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several bio-psychological areas of life such as loss of occupational and social functioning, reduced physical activity, increased body mass index, insomnia, interrupted sleep, and decreased total sleep time, changes in circadian rhythm, social isolation and disruption of interpersonal relationships.

Discussion
PIU may be an important comorbidity with major impact on the treatment of psychiatric disorders. Cognitive-behavioral therapy with a multidisciplinary team is the most effective approach in these cases. However it is essential to raise awareness of this entity and of the associated interventions.

PS.46 - ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN ADOLESCENTS – CO MORBIDITIES AND PHARMACOLOGICAL BENEFITS
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Introduction
Attention-deficit/hyperactivity disorder (ADHD) is characterized by developmentally inappropriate levels of inattention, impulsivity and hyperactivity. Originally considered primarily a disorder of childhood, ADHD is now known to continue through adolescence and adulthood with increasing prevalence and range of co morbidities.

Objective
We aimed to determine the prevalence of co morbidities in adolescents diagnosed with ADHD after 10 years of age, and evaluate the impact of methylphenidate in its prevalence.
Materials and methods: The sample included 47 adolescents (32 boys) diagnosed with ADHD according to DSM-V and followed in Portuguese tertiary hospital between 2012 and 2014. The main co morbidities analysed were psychiatric co morbid diagnosis and school performance.

Results
The median age of ADHD diagnosis was 12,4 years. 70% of the cases were found to have at least one psychiatric co morbid diagnosis, the most frequently diagnosed being oppositional defiant disorder (48,9%) followed by disruptive behavior (38,3%) and anxiety disorders (14,9%). 78,8% had a bad school performance with negative evaluations and 36,2% had already a scholar retention.
The sample included a higher number of males but there were no significant differences between genders in the studied variables.
Pharmacological treatment was associated with a significant improvement of behavior problems (oppositional defiant disorder was reduced in 82,6%, disruptive behavior in 88,9% and anxiety disorders in 42,9%) and school performance (74,5% with recognized attention profile improvement and 70% of these with significant repercussion on final evaluations).

Conclusion
Adolescents with ADHD are frequently diagnosed with behavioral co morbidities and academic history of retentions and bad performance. At this age, ADHD symptoms may be masked by some behavior problems. In the studied sample medication with methylphenidate improved behavior profile and academic performance. This highlights the importance of an early diagnosis for an effective intervention and avoidance of negative consequences to the adolescent.

PS.47 - SLEEP DISTURBANCES AND ADOLESCENT DEPRESSION – A CLOSE RELATIONSHIP
Joana Ferreira(1);Catarina Esteves Ferreira(1);Bruno Torres(2);Oscar de Barros(3);Luísa Veiga(1)
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Objectives
Both sleep disturbances (SD) and depression are common problems in adolescence. It has been estimated that 20% of adolescents will experience a depressive episode by the age of 18 and, similarly, up to 25% report symptoms of SD. This rate increases substantially among adolescents suffering depression, with up to 73% also experiencing a comorbid sleep problem. In this review, we attempt to assess the relationship between sleep disturbances and adolescent depression, its neurobiological bases, as well as its influence in prognostic and course of treatment.

Methods
Searches were undertaken in PubMed, EMBASE and B-On, using search terms such as 'adolescent sleep AND depression' and 'adolescent depression AND sleep'.

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Results
Research has identified the onset of puberty as a marker for the development of both depressive symptoms and sleep problems. Pubertal onset is associated with a delay in the timing of the circadian system. In depression, sleep is characterized by a reduction of slow wave sleep and a disinhibition of REM sleep, with a shortening of REM latency, a prolongation of the first REM period and increased REM density.
Current findings in literature show a significant association between depression and SD in adolescent. Adolescents with depression report disturbed sleep, which is objectively confirmed by significantly more wakefulness in bed and lighter sleep relative to non-clinical adolescents. Also, longitudinal and treatment studies suggest that SD act as a precursor to the development of depression, since increased wakefulness in bed may serve to reinforce ruminative thinking styles and hence perpetuate further SD.

Conclusions
Research suggests a close link between SD and depressive state in adolescence. Based on the current findings, maintaining a good sleep in adolescents seems important in preventing depression development. Also, treating youth SD simultaneously with depression treatment may improve both sleep and mood outcomes.

PS.48 - MULTIDISCIPLINARY APPROACH TO ADOLESCENTS WITH AN EATINGDISORDER - A PORTUGUESE HOSPITAL EXPERIENCE
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Objectives
Feeding and Eating disorders (FED) in adolescents are a challenge. In our hospital, since the beginning of 2013, the adolescents with FED are observed and guided with a multidisciplinary approach, on an ambulatory basis, within the Child and Adolescent Psychiatry and Adolescent Medicine consultations.
This work intends to portray a case series of adolescents with FED followed at consultation between January 2013 and January 2015.

Methods
Analysis of clinical files of all the cases diagnosed with a FED and followed within the referred consultations through that period of time.

Results
73 adolescents with a FED were observed and followed, between January 2013 and January 2015, 15.1% males and 84.9% females, with an average age of 15.1 years.
There has been an increasing trend in the number of FED referred to consultation, also with younger ages.
Anorexia Nervosa- Restrictive type was the most frequent diagnosis (50.7% cases), followed by Unspecified Feeding or Eating Disorder (28.8%) and Binge Eating Disorder (8.2%).
During the follow up period in consultation, after 6 and 12 months of multidisciplinary intervention, the group of the adolescents who had presented initially with a weight loss had some recovery of the BMI in 86% and 81% of cases, with an average increase of 1.8 kg/m^2 and 2.4 kg/m^2 respectively.
In this group, females presented with amenorrhea, on average, of about 9 months duration. There was a need of hospitalisation in only 6 cases.
Co-morbid psychopathology was found in 37.1% of the adolescents, being the depressive disorders (50% of the cases) the most frequent diagnosis.

Conclusions
These good results, evidenced by the progression of the BMI at 6 and 12 months, by the short period of time with amenorrhea and for the low number of hospitalization, clearly suggests the benefit of the given accompaniment within our hospital.

PS.49 - MULTI-FAMILIAR GROUPS IN A SCHOLAR CONTEXT. HOW CAN WE DO IT AND WHAT ARE THE BENEFITS OF IT?
Francisco Valente Gonçalves(1);Sandra Machado(2);Inês Faria(2)
(1) University of Leicester (2) Agrupamento de Escolas D. João V

The present paper is based on the presentation of a pilot project which can be applied in schools where we can find populations that have a higher risk in developing mental ills and social problems within youths and their families. It will explore how to think and create a psychotherapeutic intervention with multi-familiar groups which are going to be integrated within the work of a multidisciplinary team where often

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we can find valences as psychology, psychiatry, social work and social mediation. The reality the authors of this paper took to elaborate the present one was based in part of the psychosocial intervention that is currently conducted in *Agrupamento de Escolas D. João V* located at Damaia, Amadora's Council. The population in this school have some preponderance to develop mental health problems as the team observed in the past. In 2014 the team responded to problems such as obsessive compulsive traits, schizophrenic traits, addictions, deficit in parental skills, sexualized behaviours, among other kind of problems related with the organisation of the students' family and social network. Looking forward to give an adequate answer to this kind of problems the main objectives in this paper pass through the dissemination of a project like this one in order to share it with other professionals who could be able to develop and create such a similar project in their workplaces. It is also a paper which aims to defend perspectives which are currently used in context as hospitals from authors as Garcia Baddaraco and Pichon-Rivière.

PS.50 - PSYCHOPATHOLOGY IN KLINEFELTER SYNDROME - A CASE REPORT

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Objective

To review the published literature on neuropsychiatric symptoms in Klinefelter Syndrome.
Methods: case report and pubmed search using "Klinefelter Syndrome", "neuropsychiatric symptoms" as key words. Non-systematic review.

Results

Klinefelter syndrome results from a genetic disorder in which there is at least trisomy X chromosome in a standard human male karyotype (47, XXY). It is the most common sex chromosomal aneuploidy. Some psychiatric disorders may be overrepresented in this population, such as psychosis, autism and attention deficit hyperactivity disorder.

Case report

Miguel S. is a 16 year-old male with a diagnosis of Klinefelter Syndrome, under treatment with testosterone 250mg per month, who has a history of hallucinatory voices since the age of 5. When he was 13 years old he started describing affective symptoms such as low mood, social isolation, loss of interests and ideas of self-harm, with no increase of the intensity of the hallucinatory voices. He was medicated with risperidone without impact in psychotic symptoms. Recently there was an increase in the intensity of the hallucinatory voices, which were the commanding type ordering the patient to commit sociopath behaviors.

Conclusion / discussion

Klinefelter syndrome is associated with a broad range of neuropsychiatric symptoms. An X chromosome-related factor could be implicated in these disorders. Clinicians should be aware of an increased risk of psychiatric problems when treating this population.

PS.51 - ADOLESCENT POPULATION WITH MENTAL DISORDERS IN A PEDIATRIC EMERGENCY DEPARTMENT

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Introduction

The “Urgência Pediátrica do Porto (UPP)” attends all the children and adolescents emergency cases from the metropolitan area of Oporto, a city in northern Portugal. The purpose of this study was to describe the population of adolescents admitted to the UPP which needed a pedopsychiatric emergency evaluation in a two years period of time (2012-2013).

Material and methods

Retrospective study based on the analysis of the informatic clinical process (jONE®, SClínico®) of the above mentioned patients. The International Classification of Diseases (ICD-10) was used to categorize the different disorders. The statistical analysis was made on Excel®.

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Results
There were 411 patients referred for pedopsychiatric evaluation. 66% of who were female, with an average age of 15,5 years. In 27,7% of patients there was a previous attendance to the emergency department for similar complaints. 63,5% of patients had already known psychiatric disease and 47,6% have been in psychiatric consultation. 117 patients (28.4%) had history of mood (affective) disorders and 13.8% history of major depressive disorder. In 49,3% of patients were detected risk factors for psychiatric dysfunction, the most prevalent was family problems and the second one was school problems.
From the group of patients studied, 40% had a previous psychiatric prescription and 52% of these were considered polymedicated. The majority of psychiatric drugs prescribed were anxiolytics (19.9%) and antipsychotics (18,7%). There was a new diagnosis of mood (affective) disorders in 182 patients (44.2%), being the most prevalent one the major depressive disorder.

Discussion
There is an increasing amount of mental disorders in pediatric population. The pediatricians should be aware of the importance of known risk factors and the first signs of mental disorders. An early referral to psychological and pedopsychiatry assessment could avoid dangerous situations for our patients.

PS.52 - HIGHLIGHTING THE IMPORTANCE OF FAMILY APPROACH IN THE MANAGEMENT OF ADHD IN ADOLESCENCE.
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Attention-deficit and hyperactivity disorder (ADHD) is a condition with a high prevalence (around 2-5%) and impact on child and adolescent functioning. Its causes are still not widely known, but it is recognized that genetic factors make a major contribution, with an estimated heritability around 75%.

In this work, the authors intend to describe the clinical case of a 12 years old adolescent who presented at a child and psychiatry consultation reporting poor school performance, blurting out answers in class, interrupting others and difficulties in abiding by the rules at home.
After further assessment of signs and symptoms and differential diagnosis exclusion, the diagnosis of attention-deficit and hyperactivity disorder was established. Instructions were given to start psychopharmacological treatment, along with psychoeducation and behavioural management directions.

Despite clinical improvement in symptoms regarding school setting, those regarding home setting had not shown significant improvement and the mother expressed difficulties in engaging the girl's father in the behavioural management. The father was asked to present at a future consultation, and it was identified marked inattention and hyperkinesia in the father too.

It was suggested that the father seek for medical orientation too, and after correct management of the father symptoms, improvement has been noticed regarding his engagement on the daughter's behavioural management and, therefore, in her symptoms.
This clinical case highlights the importance of considering the heritability of ADHD in the adequate management of this situations, and the improvement that can be achieved if all the family members with the condition are correctly assessed.

PS.53 - MORTALITY RATE OF TEENAGE MOTHER´S CHILDREN IN COMPARISON TO MORTALITY RATE OF ELDERLY MOTHER´S CHILDREN: WHO IS AT GREATER RISK?
Priscila Marcondes Biancalana(1);Carmen Solange Badaro Marques(2);Renato Gasperini(2);Marco Aurelio Safadi(2)
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Objectives
Analyse and compare the death causes of children between 28 and 365 days of life, sons of adolescents as of those above 35 years old, particularly related to external mortality causes.

Methodology
Late child mortality data were collected on SUS (Brazilian Public Health System) department between the years 2005 and 2010 in Sao Paulo, totalizing 4390 deaths that were related to its basic cause and maternal age, especially in teenage mothers.

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Results
Considering the studied period the late child mortality found was 41,9 deaths per 10.000 born alive children; wherein 11,6% of them were children of teenage mothers, 40,1% of them children of mothers between 20 and 34 years old and 9,2% of mothers between 35 and 44 years old. The rest of them belongs to deaths in which the mother's age was ignored. Regarding to external mortality causes, infectious, parasitic and respiratory diseases, the study showed that children of adolescent mothers are more exposed when compared to the other age groups. In the other hand, digestive diseases and malformations prevailed in sons of mothers above 35 years old. Other death causes were not statistically significant among this age groups.

Discussion
The pediatrician has a fundamental role on the children´s wellness and health promotion, being one of its main functions the parents orientation and the evaluation of risk situations to which they are exposed. Despite the reduction of children mortality in the last 30 years, data from 2004 IBGE (Brazilian Institute of Geography and Statistics) show numbers around 26,6 deaths per 1000 for children born alive within one year old. Therefore, educational policies should be adopted in order to aware young people and prevention actions should be encouraged with the objective of reducing child mortality, especially in the evitable ones.

PS.54 - ADOLESCENCE SMOKING BEHAVIOURS: TOBACCO, E-CIGARETTES AND CANNABINOIDS - WHICH REALITY?

Carla Ferreira(1);Diana Bordalo(2);Claudia Melo(3);Filipe Oliveira(3);Fernanda Carvalho(3);Paula Fonseca(2)
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Background
Accordingly to the Health Behavior in School-aged Children 22.2% of Portuguese adolescents reported tobacco experimentation and 7.9% had tried cannabinoids. The aim of this study was to characterize cigarette, e-cigarette and cannabinoids use by adolescents and identify bio psychosocial factors associated with smoking habits.

Methods
We conducted a school-based survey, by anonymous self-report questionnaire application, in high school students. The main outcomes assessed were cigarette, e-cigarette and cannabinoids use, plus adolescent's bio psychosocial characterization. IMB SPSS®20 was used for statistical analysis (p<0,05).

Results
The 360 students inquired had a mean age of 16.4±1.2y and 51% were male. Ten percent had asthma and 13% reported early pubertal timing. Experimentation of tobacco, e-cigarette and cannabinoids were 58%, 35% and 24%, respectively. Most experimented tobacco between 13 to 14y, and e-cigarette/cannabinoids between 15 to 16y. Experimentation of tobacco, e-cigarette and cannabinoids were more frequent in boys (p<0,05), and older(p<0,05). Currently 24% are tobacco users (17% occasional, 7% daily), 7% e-cigarette users (6% occasionally, 1% daily) and 13% cannabinoids users (12% occasionally,1% daily). From daily tobacco users, 17% scored between medium to very high in Fagerström test for nicotine dependency. Boys are the main consumers of e-cigarette and cannabinoids (p<0,05) and no gender difference was found in tobacco use. Tobacco, e-cigarette and cannabinoids smokers (daily and occasional) are more likely to feel adventurous and at ease making new relationships (p<0,05). There was no association between tobacco use and parent's tobacco use, sport practice, group activities and an early pubertal timing. Daily tobacco smokers were the main group experiencing e-cigarette and cannabinoids (p<0.005).

Conclusions
The high prevalence of smoking habits between adolescents should be a matter of concern. The better knowledge on both social-demographic and behavior characteristics of smoker groups will allow us to target interventions in order to prevent the adolescents to start smoking and to facilitate their smoking cessation.

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PS.55 - TEENAGERS AT RISK

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Objectives

This study aims to investigate the prevalence and characteristics of child maltreatment related hospital admissions among adolescents, as well as individual risk factors.

Methods

A retrospective cross sectional analysis of clinical information of all adolescents aged 12 to 18 years admitted to a secondary hospital with the diagnosis of physical abuse or neglect, between 2010 and 2014.

Results

There were 27 admissions for child maltreatment (N=27) between 2010 and 2014 (6,6% of 408 admissions in this period), 21 for physical abuse (78%) and 6 for neglect (22%), with no significant variation between the 4 years. The victims were predominantly female (63%), with a median age of 14 years old. The duration of hospitalization varied from 2 to 22 days, with median time of 6 days. As individual risk factors: drugs misuse (22%), mental disorder (22%), and family violence (29,6%). In hospital discharge: 30% went to an institution; 70% were discharge home. The follow up of this adolescents was made: 66,6% in the psychology consult and 37% in the psychiatry consult.

Conclusion

Despite a growing recognition of child/adolescent maltreatment as a public health problem, it is still common in our population, either by physical abuse or by neglect. Knowing that adolescence is a unique period in development and teenagers are particularly vulnerable to the negative effects of exposure to adverse experiences, it is very important to identify and report suspected mistreatment and identify risk factors. Hospital admission is frequently used for protection until legal/social decision is made, although it has high social costs and may add risk to health. Alternatives should be created by Multidisciplinary interventions and preventive programs.

PS.56 - OBESITY IN ADOLESCENTS: BIRTH WEIGHT AND FAMILY WEIGHT

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Introduction

Both small for gestational age (SGA) and large for gestational age (LGA) have been described as risk factors for paediatric obesity. Objectives: Estimate the prevalence of SGA, LGA and family history of obesity (FO) among adolescents followed at a Pediatric Obesity Clinic (POC) and evaluate their association with the Body Mass Index (BMI).

Methods

Retrospective analytical study of clinical data of all adolescents aged 10-18 years followed at a POC by July 2011. Data concerning FO, gestational age (GA), birth weight (BW) and current BMI collected at the first appointment were considered. Classification of BW according to *Lubchenco Curve*, 1987, BMI according to CDC charts for age and sex. Odds ratio (OR) determined by risk analysis. Statistical analysis using IBM®SPSS®19.0.

Results

Two hundred and fifty adolescents were included (48% male, 92.8% caucasian) with a mean age of 13.7 years (± 1.7) and a mean Body Mass Index (BMI) of 31.2 (± 5.0). GA varied between 27 and 43 weeks (6% preterm). The distribution of BW according to GA was: 1.6% SGA, 80% appropriate for gestational age and 18.4% LGA. There was no statistically significant difference between BW/GA and BMI in any of the groups. It was found a significant association between obesity and family history of obesity (OR 3.8).

Discussion/conclusion

The prevalence of SGA in this sample was very low and no association between *Lubchenco* category and BMI was found. Similarly to what has been found in other studies, FO was a critical factor for adolescent obesity. Inclusion of the family in the therapeutic programs is deemed.

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PS.57–EIGHT YEARS OF ALCOHOL INTOXICATIONS IN ADOLESCENTS ANDTREATMENT IN PEDIATRIC DEPARTMENTS IN DUTCH HOSPITALS.

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(1) Reinier de Graaf Gasthuis Delft (2) JORIS J. VAN HOOF, PhD2 (3) FROUKTJE DE KLERK, MSc1

Aim

Alcohol intoxication in children and adolescents is a severe health concern in current pediatrics. In this longitudinal study we monitored intake and treatment of 3,227 adolescents in Departments of Pediatrics in Dutch hospitals over the years 2007 to 2014.

Methods

From 2007 till 2014 we collected data on all adolescents (inclusion criteria: aged younger than 18 and with a positive BAC), treated by a pediatrician in a hospital. Within the Dutch Pediatric Surveillance System (NSCK), pediatricians report adolescents and fill in a questionnaire, making use of a patient interview.

Results

In total 3,227 adolescents were treated, mainly (88%) related to severe alcohol intoxication; main age was 15.4 years, and 51% were boys. BAC level is 1.9 on average, and reduced consciousness last almost three hours. Almost 11% of the adolescents with alcohol intoxication had simultaneous drug usage.

Conclusions

Alcohol intoxication treatment remains an issue of importance. This dataset enables us to conduct longitudinal and interesting analyses on alcohol intoxication characteristics in youngsters, medical treatment, and events leading up to the intoxication.

Poster Session with Discussion _Session #4 | June 26th [13:00-14:00] - Auditorium 58

Moderators_Elisabete Santos | António Palmeira

PS.58 - BONE DENSITOMETRY IN TEENAGER PATIENTS

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Objective

To evaluate clinical settings that lead to the request of bone densitometry (BD) in teenagers of a pediatric outpatient service, its findings and management.

Methods

Descriptive study, with retrospective data collection, concerning all teenagers with a request for BD that attended pediatric outpatient service, between 2007 and 2015. Bone mineral density (BMD) was graded as low for age when z-score was -2SD below that expected, and osteoporosis was diagnosed when both BMD low for age and clinically significant fracture were present.

Results

Thirty one cases were identified, with a mean age of 16,1 years old (y) (12-18y) and 58,1% female. The most common diagnosis was feeding and eating disorders (FED, n=20, of which n=18 of anorexia nervosa), followed by inflammatory bowel disease (IBD, n=10 of which n=8 of Crohn's disease). In this study, 29% (n=9) of cases had normal scores for BMD; 58,1% (n=18) were below than expected but more than -2SD and 12,9% (n=4) had BMD low for age. There were similar findings in both settings, with 15 cases (71,4%) in FED and 7 cases (70%) in IBD with BMD low for age. Fourteen of the studied cases (45,2%) had a follow-up exam, 11 of them (78,6%) one year later. Treatment was started in 15 patients (oral calcium and vitamin D), from which 13 (86,7%) had changes in BD and in 4 (26,7%) z-score was -2SD below expected. Follow-up in these last 4 cases showed that 1 (25%) FED improved, 2 (50%) IBD had worst results and 1 (25%) IBD hadn´t yet a follow-up BD.

Conclusion

Bone densitometry, in selected settings as FED and IBD, seems to be a valuable method to assess bone loss in teenagers. Results were inconclusive as to the effects of oral calcium and vitamin D supplementation.

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PS.59 - MACROPROLACTINOMA: A RARE DISEASE IN PEDIATRIC AGE. CASE REPORT

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Introduction

Prolactinoma is a prolactin secreting tumour and the most frequent pituitary adenoma. It is extremely rare in pediatric age with a prevalence of 0,1 to 4,1 per 100 000 children although it represents 50% of all pituitary adenomas and 2% of all intracranial tumours. Macroprolactinomas (>10mm) are predominant in males and the most prevalent symptoms are headache and impaired vision. During pubertal age, hypogonadotrophic hypogonadism leads to delayed puberty as a result of hyperprolactinemia and/or mass effect. The diagnosis requires both imagiologic evidence (MRI) and laboratory tests documenting the presence of sustained hyperprolactinemia. Normalization of prolactin levels in response to drug therapy confirms the diagnosis. Due to excellent response to drug therapy with dopaminergic agonists this is the therapy of choice.

Case report

We report the clinical case of a sixteen year old adolescent with a macroprolactinoma presenting with a long history (two years) of non-pulsatile fronto-parietal headache with phono and photophobia. Physical examination showed a sad and quiet adolescent, with persistent headache. Pubertal delay (Tanner stage 3) was present along with gynecomastia and neurological examination was unremarkable except for visual fields impairment. Diagnosis was established by MRI showing a selar and supra-selar mass of 37mm, hyperprolactinemia of 2460,9ng/mL (reference values: 2,1 to 17,7ng/mL) and a marked decrease in prolactin value after two weeks of therapy (162,6ng/mL). Along with the response to drug therapy there was a significant relief of the headache.

Commentary

This case reports to a rare condition in itself, even rarer due to the patient's age and gender. Although presenting with mild classical symptoms of mass effect, consequences could have been potentially severe. Nevertheless, the good response to drug therapy is predictive of a good prognosis.

PS.60 - OUR ADOLESCENTS: PERCEPTIONS, RISKY BEHAVIORS AND FAMILY ENVIRONMENTS

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Introduction

For being a turning point adolescence is a period of greater vulnerability to risk behaviors and depressive symptoms. This study aims to evaluate the influence of family and peer group in the adoption of risk behaviors and symptoms of depression in a population of Portuguese adolescents.

Methods

Descriptive observational study, through a questionnaire, conducted in the academic year 2012/13.

Results

It were included 195 adolescents with equitable distribution by gender, average age of 15.73 ± 1.66. 20% of adolescents reported depressive symptoms. More than half (n = 112, 57.4%) admits adopt at least one regular risk behavior. We analysed this subgroup: it as an equitable distribution by gender, average age 16.09 ± 1.717. 58% admit late night out (14%, 4 or more times/week), 24% smoke, 10% have ethanoic habits and 21% admit experience with other abuse drugs (7% regularly). 52.7% of this adolescents consider social networks safe and 20% give personal information.

Discussion

More than half of teenagers has at least one regular risk behavior. Contrary to what we expected, the most vulnerable are the older ones, at the range of 16-18 years in comparison to the range of 14-16 year of the global simple. Despite the greater percentage of adolescents with detachment feelings about their families in this subgroup, this difference is not statistically significant. About depression symptoms, there are more frequent than in the sample, particularly in female adolescents, and the pressure of boy/girlfriend is more evident. Based on these results we are able to develop targeted intervention strategies to the risk factors identified, as family, peer group and early intervention in depression symptoms.

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PS.61 - ALCOHOL INTOXICATION AND DRUG ABUSE IN ADOLESCENTS ADMITTED TO THE PEDIATRIC EMERGENCY DEPARTMENT

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Introduction
Alcohol intoxication and drug abuse (including illicit drug abuse) both present a serious and still growing problem for pediatric emergency services, especially in adolescents.

Methods
We performed a retrospective review of medical records of all emergency alcohol-related and drug abuse admissions over a 6-year period from January 2009 to December 2014 in a level III Hospital. Medical records from 78 patients were included with the following parameters evaluated: gender, age, family and personal history, outpatient treatment, recurrence, substances involved, symptoms, complementary tests for diagnosis, treatment, complications and follow-up.

Results
A total of 78 patients admitted for acute alcohol intoxication and drug abuse were included, with no sex preponderance and mean age 14.97 years. Recurrent cases amounted to 19 (24.3%) patients. We identified family and personal risk factors in 22 (28.2%) and 28 (35.9%) adolescents respectively. Alcohol consumption was confirmed in 47 (60.2%) cases and in 15 (19.2%) adolescents more than one abuse substance was identified. In 27 (34.6%) cases was made referentiation to a specialty consultation (child and adolescent psychiatry and/or adolescents).

Conclusions
Alcohol was the main substance involved. Its use is primarily in the context of parties and other gatherings, in interpersonal conflict situations or in the context of psychiatric disorders and psychosocial risk situations. It is important to establish a focused intervention, addressed to settings with the greatest risk. We consider worrying the number of recurrence cases. This aspect underscores the importance of the follow-up of these situations, through specialty consultation.

PS.62 - "SEIZING THE OCCASION" AND THE ADDED VALUE OF THE SCHOOL NURSE. A STUDY OF WALK-IN VISITS AT SECONDARY SCHOOLS IN GENEVA, SWITZERLAND

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(1) SSEJ- DIP (2) Service de Santé de l'Enfance et de la Jeunesse

Objectives
Adolescents consult health professionals mainly for somatic complaints, but have difficulties in seeking help for psychological problems. Schools play an important role in detecting health issues in adolescents. In Geneva (Switzerland), school nurses are present part-time in public schools, offering consultations without appointment. When the nurse is absent, pupils are received by administrative personnel delivering basic care. Our objectives were to record the reasons for spontaneous visits to the school nurse in 12 to 15-year old adolescents, to describe the management by the school nurse, and to compare it to the care delivered by administrative personnel.

Methods
Data from four secondary schools in Geneva were analysed. The reasons for spontaneous consultations and their management were recorded by school nurses and administrative personnel, during varying time periods between 2005 and 2010. Four school nurses additionally provided detailed descriptions of the management of spontaneous visits during one month.

Results
Spontaneous visits to the school nurse varied from 280 to over 900 per academic year. Headaches and abdominal pain accounted for two thirds of all visits. Pupils received by administrative personnel were mostly sent home (87%), whereas two thirds of pupils stayed at school when seen by the nurse. The nurses' detailed descriptions showed that in addition to the acute care, they offered follow-up visits and evaluated the psychosocial situation.

Discussion
Adolescents at secondary schools in Geneva mainly consult for somatic complaints, confirming previous findings. Care by the school nurse decreases the amount of days missed. Nurses also evaluate health

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issues in further detail and may thus contribute to improve management of adolescents' health concerns and increase access to preventive services. We suggest points for reflection on how these services can be further developed in line with the principles of Youth Friendly Health Services.

PS.63 - REASONS FOR SPONTANEOUS VISITS TO THE SCHOOL NURSE IN A POPULATION OF YOUNG MIGRANTS IN SWITZERLAND: STRESSING THE IMPORTANCE OF LOW-THRESHOLD ACCESS TO CARE.

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Objectives

Young migrants are a vulnerable population. Cultural and migration factors increase the risk of ill-health and complicate the access to health services. Schools can facilitate the access to adequate care. Our study was conducted in one public school in Geneva (Switzerland), providing education to young migrants over the age of 15 years, who have free access to the school nurse's services. We describe the primary complaints for spontaneous visits to the school nurse, placing them in the context of the school nurses' role in addressing the health needs of young migrants.

Methods

The population consisted of 450 students over 15 years old, enrolled at one public school in Geneva ("Service de l'accueil du postobligatoire"). Students' spontaneous visits to the nurse's clinic and their primary complaints were recorded between September 2013 and June 2014. The complaints were grouped into categories and described using frequencies.

Results

A total of 231 visits were recorded, and the primary complaint was available for 212 of them (92%). Somatic complaints were the most frequent (76%), whereas mental health issues were the initial complaint in only 4% of consultations. Headaches were the most frequent reason for consultation (19%), followed by osteoarticular complaints (12%) and skin problems (including small wounds, 11%). Other reasons included social problems, help for taking medical appointments, and follow-up visits.

Conclusions

The young migrants in our population mainly consult for somatic complaints, as previously described in the literature. They usually present with minor medical problems, not needing urgent care. Nevertheless, these visits are opportunities to address further issues, such as somatic and mental health and psychosocial problems, frequent in this population. This stresses the role of the school nurse as a low-threshold point of access to the health system and as an aid to orientation towards appropriate care.

PS.64 - PULMONARY THROMBOEMBOLISM IN AN ADOLESCENT

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Introduction

Pulmonary thromboembolism (PE) is rare in pediatrics. It results from one or more emboli causing a blockage in the pulmonary circulation. More than 90% of cases of thromboembolic events are related to deep venous thrombosis (DVT), mainly in the thighs, legs or pelvis. In 95% of cases, DVT has one or more underlying, hereditary and/or acquired cause, which should be investigated.

Clinical case

A healthy, 16-year-old adolescent presented with a sudden onset of pleuritic pain in the right costal margin and progressively worsening dyspnoea. On day 5 he began to experience pain in his right lower limb and neck, along with impaired cervical mobility. The next day he presented with swelling in his right lower limb and claudication and called upon the Emergency Department. His mother and maternal aunt had previously suffered from DVT, without any aetiological diagnosis. Upon physical examination he complained of pain and presented with fever (axillary temperature 38.5ºC), tachypnoea and pronounced swelling of his entire right lower limb. Analyses showed increased levels of D-dimer (33444ng/ml), fibrinogen (684mg/dl) and C-reactive protein (22 mg/dl).The Doppler ultrasound and CT angiogram of the right lower limb revealed DVT of the femoral vein, and the CT pulmonary angiogram revealed PE of the basal segments of the right lower lobe. He was started on subcutaneous enoxaparin and later oral warfarin, with progressive improvement of swelling, dyspnoea and pain. Thrombophilia is being studied.

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Conclusion
PE is a rare condition which has a non-specific clinical presentation, making early diagnosis difficult, particularly when the usual risk factors are not present. In this case, the diagnosis was only suspected when the swelling of the right lower limb appeared. Considering the patient's age and family history and the lack of an immediate cause, an hereditary thrombophilia is the most likely cause of thromboembolism.

PS.65 - FAT EMBOLISM SYNDROME – CASE REPORT

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Fat embolism syndrome is rare in children and usually occurs after long bone fractures especially in closed ones. Clinical manifestations include respiratory failure, neurological disorders and petechial rash. The diagnosis is clinical, existing major and minor criteria. Treatment is supportive. Mortality in sub-acute presentations is 20%, however in fulminant is 100%.
A 15 year-old obese adolescent male, submitted to surgical treatment (intramedullary pinning) of femur fracture after bicycle accident, under prophylactic subcutaneous enoxaparin. Twelve hours after surgery presented fever, and 24 hours later sudden dyspnoea and thoracic pain, with rapidly progressive oxygen requirement. Thoracic angio-CT scan excluded pulmonary embolism but showed changes consistent with pulmonary hypertension. With the suspicion of fat embolism, he was transferred to a Paediatric Intensive Care Unit. Fat droplets were found in urine, but excluded in eye fundoscopy. The lung ultrasound showed a diffuse alveolar-interstitial syndrome consistent with bilateral pulmonary oedema. Furosemide infusion was started and red blood cell transfusion was performed (Hb 7.1g/dL). Echocardiogram: good biventricular function, no signs of elevated pulmonary artery pressure. No neurological impairment occurred. After clinical and imagiological improvement, he was retransferred to our Paediatric Unit for monitoring and ongoing care. He completed 10 days of Ceftriaxone and Clindamycin; furosemide was suspended and lisinopril was started. Enoxaparin was maintained for one month.
With this case report, we alert paediatricians to this rare, non-preventable and severe condition, with high mortality rate.

PS.66 - E-cigarette in adolescence: should it be a concern?

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(1) CHAA Guimarães (2) Paediatric Department CHMA (3) Paediatric Department

Background
Smoking among teenagers is an issue that affects countries worldwide. Nowadays, electronic cigarette (e-cigarette) is a new emerging phenomenon and little is known about its acceptance among young people. The aim of our study was to characterize e-cigarette consume and determine bio psychosocial factors associated with its use.

Methods
We conducted a school-based survey by application of an anonymous self-report questionnaire in high school students. The main outcomes were assessed e-cigarette use, other consumptions and adolescent's bio psychosocial characteristics. IMB SPSS®20 was used for statistical analysis (sig p<0,05).

Results
The 360 students inquired had a mean age of 16,4±1.2y and 51% were male. The majority knows e-cigarettes (98%), 55% refers that it has nicotine and 33% ignore nicotine content, 7% think that e-cigarette use is not harmful to health and 24% don't know its consequences. E-cigarette experimentation was reported by 35% of adolescents most with 16-17y. In the past 8% were smokers and currently 1% uses e-cigarette daily and 6% occasionally. Almost 50% had peers who smoke e-cigarette. The adolescents who experimented e-cigarette were mainly boys (p<0.001), attending professional education (p<0.001), having friends that smoke e-cigarette (p<0.05), had tried tobacco (p<0.000) and cannabinoids (p<0.001), and being an actual tobacco (p<0.001) and cannabinoids smoker (p<0.001). The factors associated in the multivariate model with e-cigarette experimentation were being male (OR:3.2;IC95%[1.6-6.4]), having an early pubertal timing (OR:3.1;IC95%[1.1-8.9]), feeling adventurous (OR:6,6;IC95%[2.0-21.4]), being tobacco smoker (OR:6.3;IC95%[2.8-14.1]) and being cannabinoids smoker (OR:4,5;IC95%[1.3-15.2]) were predictive factors for e-cigarette experimentation.

Conclusions
About one-third of teens have tried e-cigarettes. It is unclear whether e-cigarettes are just a novelty that young people try only once or whether they have potential to compete in the marketplace with conventional cigarettes. Further studies are important to better understanding addiction in adolescence and to develop prevention strategies to meet their specific needs.

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PS.67 - CHRONIC SOMATOFORM DISORDERS IN ADOLESCENTS IMPROVED THANKS TO A "BODY-MIND" APPROACH (A NON-PHARMACOLOGICAL METHOD).
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Context
Chronic somatoform disorders occur frequently in adolescents. This presents a public health issue insofar as these disorders prevent adolescents from attending school regularly at a crucial time in their lives. It also may lead to increased medical spending in the form of emergency visits to hospitals and unnecessary hospitalisations.
In order to give these adolescents a mean of becoming active participants in their own health, we offered them training in a non-pharmacological method: a "body-mind" approach that involves guided breath. This training is already well known to enhance relaxation and to diminish the non-somatic pain and anxiety.

Objective
Our objective was to evaluate this "body-mind" approach with Children's Somatization Inventory Revised Form (CSI-24) which validity was already demonstrated. CSI scores describe the subjective severity of somatic symptoms regardless of etiology. The adolescents had to fill this questionnaire before and after the training sessions. A trained professional showed them how to relax through guided breath, and proposed them 4 training sessions at their convenience.

Design and setting
We conduct a year-long prospective study in the Adolescent Medicine Unit of Armand-Trousseau University hospital in Paris (December 2013- December 2014)

Participants
Participants included adolescents with chronic somatoform disorders (medically unexplained symptoms). Twenty-six adolescents were identified as eligible, and nine (13 to 18 years) participated.

Main outcome measures
The CSI-24 (Walker LS 2009) contains 24 items about different functional somatic symptoms and responses range from 0 to 4 (depending on the severity of the symptom).

Results
The mean of CSI-24 scores decreased significantly between the beginning and the end of the 4 training sessions (Mean score: 28±7.5 versus 21.2±9.1 (p:0.009)).

Conclusion
Severity of somatic symptoms decreased after 4 training sessions of the "body-mind" approach in adolescents. This approach seems to be effective for adolescent somatoform disorders.

PS.68 - WHEN A MIGRAINE IS NOT JUST A MIGRAINE
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Introduction
Headaches are a common complaint among adolescents. Whenever recurrent, they are an important source of anxiety for parents and a frequent reason for consultation. Migraine in particular, for the sudden onset, intense pain in fronto/temporal regions and associated nausea, interferes with daily activities, often leading to school absences. In the vast majority of cases they do not convey any

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malignancy. Still, the first step in their approach must be the screening of any serious underlying organic disorder, followed by the identification of potential external factors.

Case history
Fifteen-year-old teenage girl, referred to the adolescence consultation for repeated headache episodes associated with dizziness, starting 6 months before. The previously healthy young girl described a migraine with aura. Nausea and blurred vision of the right eye, lasting approximately 5min, preceded a right hemicranial pulsatile headache, which yielded only partially to analgesia. The physical and neurological examinations were unremarkable. Her family history, however, revealed that her father had died of sudden death and her grandfather and great grandmother of ischemic strokes/ruptured aneurysms (*sic*). The standard blood tests were unremarkable. The angio-MRI showed a right vertebral artery hypoplasia (VAH). The patient was referred to the neuro and vascular surgery consultations.

Discussion / Conclusion
The VAH is a uncommon anatomical variant (2-6%), where an artery lumen of 2-3mm is most frequently found on the right (88%). How it is transmitted is still unclear, but the most widely accepted hypothesis concerns an X-linked allele (with a partially recessive effect). Its incidence is increased in patients with migraine with aura (about 28%), but the mechanism that triggers the crises is not yet well know. The best method for its detection is a cervical angio-MRI. Its importance arises not only from the role played in migraines, but also to the increased risk of a stroke.

PS.69 - DEATHS CAUSES OF CHILDREN OF ADOLESCENT MOTHERS IN SÃO PAULO
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Objectives
Analyse death causes of children between 28 and 365 days of life sons of adolescent mothers in the city of São Paulo between years of 2005 and 2010.

Methodology
Late child mortality data were collected on SUS (Brazilian Public Health System) between the years 2005 and 2010 in Sao Paulo, totalizing 4390 deaths that were related to its basic cause and maternal age, especially in teenage mothers.

Results
Considering the studied period the late child mortality found was 41,9 deaths per 10.000 born alive children; wherein 11,6% were children of teenage mothers, 40,1% children of mothers between 20 and 34 years old and 9,2% of mothers between 35 and 44 years old. In relation to external mortality causes, we realized that 24,7% of deaths were from children of mothers until 19 years old, the same way that other causes of mortality: infectious (20,8%), respiratory (23,47%), digestive (12,9%), neoplasia (26,7%), hematologic (18,5%), endocrinal (12,5%), neurologic (17,7%), circulatory (21,8%), perinatal period (17,3%) and malformations (12,7%).

Discussion
Adolescence pregnancy has a huge impact on teenage lives having as a consequence the increase on maternal deaths, prematurity and complications of unwanted pregnancy. In the same way that mothers can present pregnancy risks, their babies also may have problems. Among them new-born can present high rates of low weight and prematurity. After this period, baby still presents high risk of dying and getting sick, due to the young mother´s inexperience and socioeconomically precarious conditions.
In the present study, we verified that many of the children who died between 28 and 365 days are sons of teenage mothers, corresponding to almost 1⁄3 of external death causes. Therefore, educational policies should be adopted in order to aware young people and prevention actions should be encouraged with the objective of reducing child mortality, especially the evitable ones.

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PS.70 - SYDENHAM'S CHOREA 300 YEARS ON-STILL A CHALLENGING DIAGNOSIS IN CHILDREN AND ADOLESCENTS.

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Introduction

Sydenham's chorea (SC) is an autoimmune movement disorder occurring in both childhood and more commonly in adolescence. SC is the commonest cause of childhood chorea, characterised by chorea, hypotonia and neuropsychiatric symptoms (usually emotional lability). It is one of the major Jones diagnostic criteria of rheumatic fever caused by group A streptococcus bacterium (GAS). An observed rise in diagnosed cases of SC presenting to our pediatric neurology department prompted us to examine the pattern of presentation and incidence of childhood SC in Ireland.

Methods

A retrospective observational study was performed including Irish children aged less than 14 years, diagnosed with SC between July 2006 and July 2014. Cases were ascertained through review of neurology clinical records in the 4 regional paediatric neurology referral centres. Detailed review of each patient's case was performed by the authors using a questionnaire (proforma).

Results

Nineteen cases of SC were diagnosed in Ireland over the ensuing 8 year period, giving an estimated childhood incidence of 0.23/100,000 children under 14 years. There were 14 females and median age at presentation was 10 years (range 7-14). Fourteen patients (73%) presented with hemi-chorea. A tentative diagnosis of "chorea" was made by physicians in only 5 cases,
All had functional impairment with fourteen had behavioural and mood change. 16 had serological evidence of previous GAS infection. Chorea was treated in 18 cases (valproate 13, steroids 5. There were three recurrences.

Conclusion

Our observation demonstrates that SC is often not recognised by paediatricians and general practioners, and that uncertainty exists about the optimum mode of treatment (both anti-chorea and penicillin prophylaxis for patients with isolated chorea). Further surveillance studies examining the trends in incidence, host-factors, clinical manifestations, chorea-specific treatments and rheumatic fever preventative strategies in children and adolescents with Sydenham's chorea are required.

PS.71 - BEHIND THE CHEST PAIN…

Helena Ferreira(1);Liliana Macedo(2);Carla Meireles(2);Olga Azevedo(3)
(1) Helena Isabel Sampaio Oliveira Ferreira (2) Paediatric Department CHAA (3) Cardiology Department CHAA

Anabolic steroids have been used by adolescents to improve athletic performance. Serious adverse effects have been identified, being imperious the awareness for this reality.
A 17-years-old boy was admitted to the pediatric emergency department because of intense and progressive chest pain that has been lasting for 2 hours, without irradiation. He also referred palpitations and sweating since the beginning of the pain. Other cardiovascular symptoms were denied. There was no recent infectious disease. No traumatic incident was identified. His personal and family history were unremarkable. When asked about illicit drugs consumption, the adolescent assumed tobacco and cannabis smoke. He also admitted the use of anabolic steroids and protein supplement for 1 year, when he started intense isometric exercise.
His blood pressure was above 95th percentile and his heart rate was 120 beats per minute. No other significant findings were identified on the examination. The electrocardiogram revealed left ventricular hypertrophy, right bundle branch block and inverted T wave in leads II, III, aVF, V5 and V6. Echocardiogram and cardiac magnetic resonance imaging confirmed concentric left ventricular hypertrophy. Because symptoms were suggestive of acute coronary syndrome anti-ischemic therapy was initiated. Few hours later the patient became asymptomatic and the myocardial necrosis markers become negative, which excluded myocardial infarction, justifying the suspension of anti-ischemic therapy. No complications were identified during the hospitalization. He was discharged with indication to discontinue anabolic steroids use, isometric exercise and illicit drugs consumption. Three months later, the echocardiogram and electrocardiogram confirmed the ventricular mass normalization.

Home

We report a case of a teenager with left ventricular hypertrophy as a complication of anabolic steroids use. Health care providers need to educate adolescents about the potential deleterious effects of these agents so that voluntary use can be avoided.

PS.72 - PULMONARY CAVITIES - THE DIAGNOSTIC`S CHALLENGE

Francisca Martins(1);Ariana Teles(1);Virgínia Sampaio(1);Sérgio Mendanha(1);Helena Ramalho(1);Hugo Rodrigues(1);Idalina Maciel(1)
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Objectives

A pulmonary cavity is a gas-filled area of the lung in the centre of a nodule or area of consolidation. Cavities are present in a wide variety of infectious and non-infectious processes. Pulmonary pseudocysts are uncommon cavitary lesions developed as a consequence of ipsilateral blunt thoracic trauma and are more frequent in children and young adults.

Case report

A 16-year-old female, equestrian practitioner went to the emergency room because of right chest trauma after two horse kicks. She denied any symptoms other than pain. Physical examination showed two bruises and severe pain on palpation of right costal grid and sternum, with no apparent fractures on radiographs. Thoracic CT demonstrated two cavities, one in the lower lobe of the right lung with air-fluid level and 70 mm diameter and other in the medial segment of the middle lobe with 15 mm diameter. White blood cell count revealed leukocytosis with neutrophilia; Mantoux test, Mycoplasma and HIV serology were negative; immunoglobulin A, G and M and complement C3 and C4 were normal, blood culture and aerobic, anaerobic and fungal cultures of broncho alveolar lavage were negative. She completed empirical treatment with ampicillin and clindamycin for 10 days. Thoracic pain improved gradually and she remained asymptomatic and was discharged to adolescent's consultation for reassessment.

Conclusion

The differential diagnosis of pulmonary cavities includes a wide variety of diseases. The authors emphasize the importance to consider pulmonary pseudocysts when cavities are disordered in the context of a high energy trauma in patients without comorbidities and no prior systemic symptoms. In this case, the temporal relationship with chest trauma and the fact that the whole study was normal corroborated the diagnosis of traumatic pulmonary pseudocysts, a rare condition found in less than 3% of cases.

PS.73 - RAMSAY HUNT SYNDROME: CASE REPORT

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The Ramsay Hunt Syndrome, caused by a reactivation of the varicella-zoster virus, is a rare cause of peripheral facial palsy in the pediatric patients. There are hardly any cases described in the literature, thus it requires clinical suspicion for the diagnosis and early treatment.
We report the case of a 16 year-old male, admitted to the emergency service (ES) with: headache, right earache and signs of peripheral facial palsy. He was discharged with deflazacort. Four days later, returns to the ES by persistent complaints, associated with right blurred vision, gait imbalance and vesicular lesions in the right ear with decreased ipsilateral hearing acuity. Based on clinical findings, Ramsay Hunt syndrome was considered. However, given the persistent headache and in order to discard central nervous system involvement, it was performed a lumbar puncture. It revealed pleocytosis (223 cells/uL; 87% lymphocytes), as well as the varicella-zoster virus DNA in the cerebrospinal fluid. In brain magnetic resonance imaging, after gadolinium administration, it was identified abnormal uptake of the right VII ° cranial nerve, reinforcing the diagnosis. The patient was treated with acyclovir (14-day) and prednisone, with progressive clinical improvement.
With this case report, we emphasize the importance of recognizing this syndrome in patients with facial palsy, since the early antiviral treatment significantly improves the prognosis.

Home

PS.74 - THE IMPACT OF LOVE AND BOXING IN A TEEN "HEARTACHE"

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Background

In adults, when an acute cardiac pain is associated with elevated cardiac biomarkers and abnormal electrocardiogram (ECG), an acute coronary syndrome (ACS) has to be considered. Myocardial infarction is very rare in teens with no cardiac risk factors. In this age group, muscular pain and psychogenic origin are much more frequent causes for thoracic pain than cardiac disease.

Case report

A 16-year-old gypsy male presented in pediatric emergency room(ER) with sudden onset of sharp substernal chest pain. He had had discussions with his recent wife and was very anxious. Chest-X-ray was normal, and he was discharged with rest and analgesic recommendation. The pain disappeared spontaneously.

Eight months later he returned to the ER with the same intensive pain, with sudden onset, described as a constant pressure over the left chest radiating to the shoulder. He referred that he had practiced boxing and carried heavy objects in last days. He also mentioned he had fever and odynophagia for three days. Drug consumption was denied. At physical observation, he had a heart rate of 98 bpm and a tonsillitis, with no further changes. Cardiac enzymes were markedly elevated troponin 7ug/L, CK 324UI/L, myoglobin 205ug/L and NTproBNP 1190pg/mL and ECG showed a ST elevation in lead II. The echocardiogram revealed no evidence of cardiac disease. He started antibiotics and ibuprofen. The pain disappeared and he was discharged with rest recommendation. In outpatient follow-up, normalization of the ECG and cardiac enzymes was verified.

Discussion

The immature myocardial of teens is more vulnerable to the insult (like intensive exercise) and tends to respond with the release of cardiac biomarkers. So in a case like this, we should perform a thorough history and physical examination, taking into account that chest pain with elevated cardiac markers and abnormal ECG in an adolescent are not synonyms of SCA.

PS.75 - HIRSUTISM AS A CAUSE OF MEDICAL REFERRAL TO AN AMBULATORY UNIT OF PEDIATRIC ENDOCRINOLOGY

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Introduction

Hirsutism is the presence of excess growth of terminal hair in an androgen-dependent distribution in women. It can affect 10% of adolescents and it is an important cause of anxiety.

Aims and Methods

This study was carried out to assess the prevalence, etiology and treatment of hirsutism in the population referred to our Pediatric Endocrinology Unit, from 2010 to 2014. We retrospectively reviewed the medical records of patients with suspected hirsutism, excluding those with incomplete data.

Results

The annual number of referrals gradually increased during the study period. Complete data of 50 patients (from a total of 52, comprising 3% of all referrals), were analysed. Fifteen patients (30.0%) had hypertrichosis and no hirsutism. There were 35 cases (70.0%) of confirmed hirsutism, the mean age of presentation was 10.4 years (6-14). The mean Ferriman-Gallwey score at admission was 15,7 (8-24). In these patients, associated signs of hyperandrogenism included: acne (54.3%), obesity (45.7%), menstrual irregularities (42.9%) and acanthosis nigricans (14.3%). Family history of hirsutism was present in 13 patients (37.1%). The identified causes of hirsutism included: nonclassic adrenal hyperplasia (5.7%), adrenal (17.2%) and ovarian (31.4%) hyperandrogenism and polycystic ovary syndrome (20%). There were 7 cases of idiophatic hirsutism (20%); two patients are still on investigation. Cosmetic measures were recommended to all and oral contraceptives with anti-androgenic properties were used in 85.7% patients, with subjective improvement of self-image and well-being in 66.7%.

Conclusions
There was a progressive increase in referral to our pediatric endocrinology consultation for hirsutism, probably due to a greater awareness of the attending physicians and families to this condition and its psychological impact on adolescents. Although, in 26.5% hirsutism was not confirmed. We found an organic cause in 25,7% cases reinforcing the need to consider endocrine causes of hirsutism, in order to improve its management and prognosis.

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PS.76 - ACUTE ALCOHOL INTOXICATION IN ADOLESCENTS: WHICH REALITY?
Helena Ferreira(1);Carla Ferreira(2);Liliana Macedo(3),
(1) Helena Isabel Sampaio Oliveira Ferreira (2) CHAA Guimarães (3) Paediatric Department CHAA

Alcohol is the leading substance abuse among adolescents, with non-negligible consequences. This work aims to characterize the acute alcohol intoxication (AAI) in adolescents who were admitted in the pediatric emergency department (PED) of a secondary care hospital.
Retrospective analysis of adolescents admitted in the PED with the diagnosis of AAI, between January of 2009 and December of 2013. IMB SPSS®20 was used for statistical analysis. *P* values below of 0.05 were regarded as statistical significant.
One hundred and five adolescents were admitted in PED due to an AAI. The incidence was higher in males (77,1%) and older adolescents, with an average age of 15,4±1.3 years. The majority of IAA occurred on weekdays (54,3%) and at night (61,9%). The main context of AAI was with friends (60%) and mostly with distilled drinks. The blood alcohol level average was 1,69±0.55 g/L (range from 0,16 to 2,94). Consumption of other drugs was found in 9 adolescents (8,6%). Hospitalization rate was 5.7%. AAI during day predominated in weekdays, while at night occurred mostly at weekend (p
In this study AAI predominated in males, during weekdays and at night-time. There were differences depending of gender and age, which can be justified by different cultural rules. It is essential to develop preventive measures in order to decrease AAI.

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POSTER WITH INFORMAL DISCUSSION (PID)

The authors are advised to be near their Posters during Coffee-Breaksfor informal discussion.

Poster with Informal Discussion | June 25 th - 26th- Foyer, Level 0

PID.1 - THE PERCEIVED BODY IMAGE BY ADOLESCENTS

Sofia Reis(1);Maria Inês Marques(1);Maria José Cálix(1);Maria Inês Santos(2);Ligia Peralta(3)
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Objectives

Satisfaction with body image (SBI) plays an important role in youth self-esteem. The search for ideal image (II) may lead to risk behaviours. The authors aimed to analyse the SBI in obese and non-obese adolescents.

Methodology

A cross-sectional and analytical study was performed, using a convenience sample of non-obese (recruited in schools) and obese (recruited in a pediatric obesity consultation) adolescents. SBI was assessed with a nine-point scale – the *Stunkard Silhouettes* scale – were higher scores indicated larger body size. Adolescents chose the silhouette they considered to fit their actual image (AI) and the one they wished to have (II). SBI was calculated by subtracting II to AI, where 0: satisfied, and ≠0: unsatisfied (>0 – considered themselves overweight;

Results

The sample consisted of 278 adolescents, 20.5% obese and 79.5% non-obese. The mean age was 15.2 ± 1.9 [10-18] years; 50.2% females. In 63.1% of obese and 80.6% of non-obese the silhouettes number 3 or 4 were identified as the II.
Older adolescents were more pleased with their BI (p 14 years were pleased with their BI. Overall, 54.9% of adolescents aged ≤14 years were dissatisfied with their BI for overweight (p <0,001).

Conclusion

Unsatisfaction with BI was highly frequent in this sample of adolescents. These findings raise the awareness on self-image and self-esteem issues which can lead to eating and humour disorders.

PID.2 - JUVENILE IDIOPATHIC ARTHRITIS – THE PURPOSE OF A CLINICAL CASE

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Introduction

Juvenile Idiopathic Arthritis (JIA) is the most frequent group of rheumatic diseases in children and adolescents. It is characterized by arthritis of one or more joints for, at least, six weeks. The diagnosis is clinical, but often the clinical manifestations appear sequentially, making differential diagnosis more challenging.

Case description

We present the case of a 12 year old patient with no major comorbidities and a history of migraine with aura associated to right hemianopsia with one year of evolution. Three months after the first medical visit she suffered fall with trauma of the right limb and hip, followed by the appearance of pain and paresthesia of the right upper limb.

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Symptoms worsened over the following 3 months, with extension of complaints to the opposite upper limb, including night awakening and appearance of new complaints such as notion of decreased muscle strength, diffuse edema and excessive sweating of the hands. Namely Neurological pathology was excluded namely demyelinating disease, neoplastic disease and autoimmune diseases. Given the suspected algoneurodystrophy we started anti-inflammatory and later gabapentin. Despite the established therapy, there was worsening of complaints and onset of arthritis of the wrists, right knee and 3 metacarpal phalange, 6 proximal interphalange and 1distal interphalange. With the definitive diagnosis of JIA polyarticular rheumatoid factor (RF) negative, we started treatment with oral methotrexate, with progressive clinical improvement.

Conclusion
In this case report we demonstrate that JIA is essentially a clinical diagnosis and may take different forms of initial presentation. Performing a detailed clinical history and regular monitoring was crucial for early diagnosis and appropriate treatment.

PID.3 - ADOLESCENT'S AND PARENT'S PERSPECTIVES OF LIVING WITH TYPE 1 DIABETES: A QUALITATIVE APPROACH USING VISUAL STORYTELLING

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Background
Adolescence can be a difficult developmental stage, which is more challenging when having type 1 diabetes (T1D). Adolescents with T1D often experience deteriorating metabolic control and emotional distress. Parents play an important role in the adolescents' ability to self-manage diabetes, however parents often report frustrations. Visual storytelling is a qualitative approach where interviews are based on participant's photos. Visual storytelling is known to start reflections and lead to in-depth descriptions of life experiences. No research is yet available using visual storytelling to elucidate both adolescents and parents perspectives living with T1D.

Objectives
To explore and describe the experiences of adolescents and their parents living with T1D and to identify the adolescents' needs for support to manage diabetes.

Methods
A purposive sample of 9 adolescents (age 15-19) with type 1 diabetes and their parents (7 mothers, 6 fathers) participated. Participants differed in the length of time since diagnosis (2-10 years) and in ethnic backgrounds. Data were generated through individual semi-structured interviews based on the participants own photos. Data were analysed using thematic analysis.

Results
The analyses suggested four major themes: Striving for safety, striving for normality, striving for independency and worrying about the future. The themes were consistent among the adolescents and their parents. The parties had similar strategies when managing and living with diabetes, however they did not share their feelings. Visual storytelling supported storytelling, revealed thoughts and feelings and promoted reflections.

Conclusion/discussion
Adolescents with T1D and their parents used similar strategies and experienced the same worries about life with diabetes. The four major themes: Striving for safety, normality and independency and worrying about the future, must be addressed in future practice as well as in intervention research programs to assist adolescents in self-managing diabetes. Visual storytelling is a valuable tool to explore and express sensitive topics.

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PID.4 - FOOT DROP AND WEIGHT LOSS - WHICH DIAGNOSIS?

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Case report

A 14 year-old girl presented to the emergency department with one month history of sudden onset of difficulty with walking due to left foot drop. There was no history of previous trauma or unusual activities involving the lower extremities or other associated symptoms. However, comprehensive and detailed anamnesis revealed a history of weight loss (more than 10Kg in two months) secondary to voluntary food restriction associated with body image distortion. At physical examination, diffuse alopecia and a BMI of 19.0 kg/m2 were noted. The neurological examination revealed complete left foot drop with ipsilateral weakness of dorsiflexion. Cutaneous sensation was impaired over the dorsal and lateral aspects of the foot. Tendon reflexes were present and symmetric. The patient started vitamin supplement (B1, B6, B12) and physical rehabilitation, and was referred to adolescent medicine outpatient clinic for further assessment and guidance. The electromyography revealed peroneal nerve compression at the fibular head suggesting neuropraxia in the context of hereditary neuropathy with liability to pressure-sensitive palsies (HNPP). The blood tests, including ionogram, thyroid function, folate and vitamin B12 and B1, erytrochyte sedimentation rate were normal. An important improvement was noted.

Discussion

We herein report a case of peripheral neuropathy in which an eating disorder was present prior to the symptoms onset. The loss of subcutaneous tissue or metabolic deficiencies could cause injury associated with compressive peroneal nerve but may also be the cause of a first triggering event of a mononeuropathy in a patient with HNPP, asymptomatic until then. HNPP is a rare disease, which treatment is supportive. The appropriate clinical history was essential to the early diagnosis as both diseases need an adequate management in order to reduce the risks associated.

PID.5 - PARTIAL TRISOMY 20 MOSAICISM - A SUBTLE PHENOTYPE

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Objective

To raise awareness about the subtleties of partial trisomy 20 mosaicism manifestations.

Case report

Partial trisomy 20 mosaicism is a condition where an extra copy of part of chromosome 20 exists in some cells. It is one of the most common mosaicisms detected on prenatal diagnostic testing and its clinical significance is unclear. There is not a specific consistent phenotype, but there are recurrent clinical findings (hypotonia, learning disabilities and skin pigmentation, renal and ocular changes) that can be assumed as normal pediatric variants.

We describe a case of a 12 year old female, born by vaginal delivery at 40 weeks, without prenatal diagnosis. At birth she presented both arms and legs with hypotonia, bilateral convergent strabismus, lumbar equimosis and left renal agenesis. She had no familiar history of pigmentation alteration. Later it was noticed she had dorsal scoliosis and vertebral fusion of the first ribs. As time passed, congenital equimosis got progressively tenuous and transformed into hyperpigmented lines along blaschko lines. She falls in the Wechsler Intelligence Scales' average low range and has attention deficit disorder, getting individualized pedagogic support at school. Her peripheryc blood karyotype was normal but her skin cells presented mosaicism with two cellular lines (47XX, +20/46XX).

Conclusions

This case is suggestive of partial trisomy 20 mosaicism, and the skin biopsy karyotype confirmed our suspicions. Our goal is to raise awareness about the subtleties of the manifestations. Lack of consistency on the phenotype is still a challenge and the rarity of this entity justifies the case presentation.

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PID.6 - OVERWEIGHT AND OBESITY PREVALENCE AMONG ADOLESCENTS IN THE METROPOLITAN REGION OF SÃO PAULO, BRAZIL

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Objective

The aim of this study was to identify the prevalence of overweight and obesity in adolescents in elementary education at Sao Caetano do Sul, São Paulo, Brazil.

Methods

A cross-sectional descriptive study, 3075 children (1505 girls and 1570 boys) aged 10-14 (12.01 ± 1.21) in the city of São Caetano do Sul, Sao Paulo, Brazil. The variables measured were total body mass (BM), total height (H), calculated value of body mass index (BMI) using the formula BMI = BM (kg) / H2 (m). Each subject was classified according to the Z-score of BMI by AnthroPlus software from the World Health Organization (WHO).

Results

The prevalence of overweight and obesity was 21.69% of 16.90% (38.59% non euthrofics). In girls stratified by age showed that the prevalence of overweight and obesity respectively, to 10 years 22.5% and 16%, to 11 years 21.5% and 16.1%, to 12 years 26.5% and 12.9%, to 13 years 21.6% and 9.5%, to 14 years, 20.6% and 6.4%. Among overweight and obesity boys present, respectively: 10 years 23% and 19%, 11% and 22.2 19.2%, 12 years 18.4% and 17.8%, 13 21.3 % and 12.7%, 14 years, 18.2% and 11%. DISCUSSION: The results obtained in developed countries corroborate this study. In Brazil, the socio-economic heterogeneity leads to some statistical discrepancies between different regions. This survey ranked obesity and overweight by standard deviation of reference (Zscore, WHO), still little used in national and international literature. CONCLUSION: It can be inferred that were founded high prevalence rates of overweight and obesity in specific Brazilian population of this study. The traditional assessment of BMI does not take into account the maturational stage of adolescent and may incur untrusted ratings.

PID.7 - MESIAL TEMPORAL SCLEROSIS - CASE REPORT

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Objectives

Mesial temporal sclerosis (MTS) is the most common underlying cause of temporal lobe epilepsy. Although considered an adult's disease and an infrequent etiology of temporal lobe epilepsy in adolescents, the advances in neuroimaging increased its diagnosis at an increasingly younger age.

Case report

A 16 year-old male, with history of febrile seizures during childhood and family history of migraine (mother), was sent to adolescent consultation because of two episodes of intermittent left frontotemporal pulsatile headache, lasting for more than an hour, which were associated with nausea and vomiting and started in the previous month. The pain worsened with effort (climbing stairs) and improved with rest. His mother also reported frequent and brief episodes of sudden interruption of activity with staring eyes and no reactions followed by spontaneous recovery of his normal activities. Since the beginning of these complains his school performance deteriorated. Physical and neurological examination didn't reveal any changes and the headache was considered a migraine. Because of the hyporeactivity episodes he performed an electroencephalogram, which showed signs of focal slowing and small amplitude spikes activity in the left center-temporal region that eventually supported a structural lesion combined with focal epileptic inter-ictal activity. The encephalic magnetic resonance imaging demonstrated asymmetry of sign and volume of the hippocampus, the left presenting slightly lower volume, an aspect that may indicate left mesial temporal sclerosis. Given the interference of these crises with his school performance, he was oriented to neuropediatric and psychological consultation.

Conclusion

MTS can have important implications in cognitive abilities of adolescents. According to the side of the lesion, there may be attention, memory and language impairment, which may cause significant problems

in school performance, as reported in this case. The multidisciplinary approach is crucial to minimize its consequences and the impact in the normal development of the adolescent.

PID.8 - TREATMENT OF SEVERE OVERWEIGHT IN A SHARED-CARED MODEL

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Background

Obesity in adolescence is a severe condition that threatens somatic and psychosocial well-being in short- and long-term perspectives. Treatment of obesity in adolescence has proven difficult.
In our obesity clinic we are using a chronic care model that has shown positive results, with significant reduction in BMI SDS. However, experience from our clinic has shown that many families need a closer contact to their local environment (eg sport facilities, school etc.) as well as psychological and social support during treatment for severe obesity. Therefore we have established a shared-care project involving school-nurses in eight municipalities in our region.

Objectives

To establish an interdisciplinary, cross-sector family-centered treatment-model based on well-documented methods, involving the hospital and local municipalities.

Methods

Adolescents up to 15 years with severe overweight (BMI >99% percentile) are included. The first visit takes place in the hospital, including a somatic evaluation, blood-tests and an individually tailored treatment plan.
Follow-up visits take place every 10th week in the local municipalities, performed by school-nurses, who are under supervision by a specialized nurse from the hospitals obesity team. When appropriate, the adolescent and his/her family can be supported by a social educator and/or a psychologist.
Once a year the patients are seen in the hospital.

Results

Our preliminary experiences show that shared-care in treating severe overweight is feasible. Families and adolescents appreciate that follow-up visits takes place in their local environment. A substantial need for social support has been identified; eg. helping young people finding appropriate sports, on-site advice during meal-planning etc. . Psychological problems include negative self-perception, social withdrawal and behavior problems.
The chronic care model ensures a systematic approach in screening and advising young people, where all parts of the obesity team use the same principles.

Conclusion/discussion

Shared-care in treating severe overweight is a promising model.

PID.9 - REFRACTORY SPONTANEOUS PNEUMOTHORAX IN A TEENAGE BOY

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Spontaneous pneumothorax is a rare condition in pediatric age, with a peak incidence at late adolescence. It may be idiopathic or associated with underlying lung disease. Several risk factors are known like tall stature, thin body habitus and smoking.
The management of pneumothorax particularly in pediatrics, is not standardized but thoracic drainage (TD) is usually the option for large pneumothorax and resolution is expected in few days.

A 17 year-old non-smoker boy, with history of neonatal cardiac surgery (transposition of the great arteries), percutaneous occlusion of patent ductus arteriosus and uncontrolled asthma, was admitted with sudden onset dyspnea and thoracic pain. At physical examination: marfanoid habitus, chest deformity with sternotomy scar, pectus excavatum and hypoplasic left hemithorax, tachypnea and absence of breath sounds on left hemithorax. Thoracic radiographs showed large left side pneumothorax. A tube thoracostomy was inserted and started passive TD. As pneumothorax persisted, active TD was started on the third day and, only on the eleventh day a satisfactory clinical and radiological improvement was achieved. However, immediately after chest tube clamping, a large and symptomatic left pneumothorax

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reappeared. A fistula was suspected and the patient was transferred to a tertiary hospital's Cardiothoracic Surgery service on the 15th day. He was submitted to thoracotomic lobectomy of the left upper lobe and a broncopleural fistula was confirmed and treated, histological examination revealed bullous emphysema. In this adolescence uncontrolled asthma and marfanoid habitus probably contributed to the pneumothorax. Some authors suggest that chest deformities as pectus excavatum may also be a predictor for pneumothorax.
Unsuccessful evolution with TD in 48 hours is unusual and should raise the suspicion of complications like broncopleural fistula.
In this case, the delay in the diagnosis extended the hospitalization, physical and emotional pain in an adolescent and family already suffered for the past medical events.

PID.10 - BEHÇET DISEASE, DIFFICULTS FROM DIAGNOSES TO TREATMENT

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Introduction

Behçet disease (BD) is a multi-systemic vasculitis with a wide spectrum of clinical manifestations, which etiology remains unknown. Diagnosis in pediatric age is especially difficult because of its rarity and lack of specific diagnostic criteria. A high index of suspicion is needed as it may take several years for full symptomatology to develop.

Case Report

A 12-year-old caucasian girl was admitted in pediatric office presenting acute monoarthritis and erythema nodosum. She was the single daughter of a couple of busy teachers. She had been having recurrent fever episodes since the neonatal period. During her first year of life extensive infectious, nutritional, immunodeficiency and autoimmune workup was performed, without conclusive results. At 2-years-old she began developing monthly episodes of recurrent oral aphtosis and genital aphthae (every six months). Adenoamigdalectomy was performed at the age of 3 but, as symptomatology persisted, parents gave up of medical assistance.
Examination revealed painful erythematous nodules and tibiotarsic monoarthritis. Initial work-up revealed raised inflammatory markers, mild proteinuria and positive human leukocyte antigen typing for B51 (HLA-B51). The diagnosis of a probable BD was established. Uveitis was excluded. The adolescent and her family were informed about the diagnosis and treatment with colchicine was recommended.
Unfortunately the adolescent missed all the appointments throughout the following year. She showed up only once in pediatric office asking for a medical certificate, but although symptomatology persisted she refused therapeutics, and again missed blood tests or further workup. Social services have, meanwhile, been activated.

Conclusion

Delay in BD diagnosis, as in this case, is common. In BD a good therapeutic compliance is essential for a better outcome. Proteinuria can already represent renal comitment which worses the prognosis. In the case reported, a busy family in denial of the disease, even increases the problem of a non-compliant adolescent.

PID.11 - METABOLIC CONDITION IN VERY LOW-BIRTH-WEIGHT ADOLESCENT: CONTRIBUTING RISK FACTORS TO A PRECOCIOUS AND SEVERE OUTCOME

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Objective

To describe the risk factors that contributed to a very low-birth-weight, small-for-gestational-age, moderately preterm newborn, developing Metabolic Syndrome and Type-2 Diabetes.

Case report

LVSP, 13-year old female, suffered intrauterine growth restriction (birthweight:1370g) due to gestational hypertension and poorly followed prenatal care. As intercurrences, had neonatal jaundice, neonatal respiratory distress syndrome and partial G6PD deficiency.

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The patient's always been exposed to feeding mistakes, leading to oscillations from overweight to obesity throughout her life. Since her 5th month, she received thickened whole milk with cornstarch and sugar. By 15months, was overweight (z=2.02). At 3, presented Acanthosis Nigricans and severe obesity (z=4.42).
At 12, was diagnosed with Type-2 Diabetes, after the following results: GTT120': 316mg/dL, fasting glycaemia: 125mg/dL, insulin: 213µU/mL. Metformin (500mg) was introduced.
Adolescent Medicine Case Management:
Our first assessment detected an early-stage teenager, apathetic, no menarche so far, insulin resistant, severely obese (z=3.07).
An intervention was designed to improve treatment effectiveness. It comprised brief periods between follow-ups, referral to a nutritionist and patient-doctor pacts regarding lifestyle changes. Metformin (500mg) was replaced by Glucophage-XR®(1000mg/day).

Follow-up:
As we assured monthly visits, aimed in lifestyle and feeding changes and increased to Glucophage-XR®(2000mg/day), the patient had a substantial clinical improvement: 3kg weight loss, HOMA-IR: from 16 to 9, HbA1c: 4.5mmol/ml, fasting glycaemia: 69mg/dL and HDL: from 33 to 40mg/dL. Furthermore, an enhancement in her self-steam and self-care was noticed.

Discussion
The family's understanding of health had a considerable role in escalating the patient's condition, since obesity was interpreted as healthy. The mother perceived her overprotection and overfeeding as a way of cherishing her ever-fragile high-risk baby.

Conclusion
Feeding mistakes, throughout her nursing years, led to weight catch-up much faster than recommended. This setting was followed by poor adherence to healthy habits, such as nutritious eating and exercise routine, which led to a severe metabolic condition precociously, at 12.

PID.12 - AN ADOLESCENT WITH TWO CHRONIC DISEASES: A REAL CHALLENGE

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Introduction
Chronic diseases have a psychological and social impact on the patient and family. Factors such as mental health problems in a parent are associated with poorer disease control and increased hospitalizations. Family-focused teamwork improves the care of the adolescent with chronic disease.

Case report
Eleven-year-old male adolescent, diagnosed with asthma and type 1 diabetes mellitus, followed in our Pediatric consultation by a multidisciplinary team. The patient has had multiple asthma exacerbations and a poor glycemic control, with several emergency department visits and hospital admissions. The patient's mother suffers from psychotic disorder and has severe conflicts with the grandmother, the main caregiver. Due to this complex social environment, the patient is currently at risk of institutionalization, given that his life has been put in danger regarding the absence of an adequate diabetes control. The patient has had low educational achievements and already rebuked one year. Moreover, he hides his diseases from his peer group, often skips medication and reports having low self-esteem.

Discussion
This case has been a real challenge for a multidisciplinary team of specialists. We think that the disruption of the patient's family has been a determinant factor resulting in the poor control of his metabolic disease, manifested by a high HbA1c and multiple hospital admissions due to severe ketoacidosis. Furthermore, adolescence singularities, such as the desire for independence, and the importance of peer relationships, body image and risk-taking, surely took a role. Education and training were directed towards increased autonomy and self-management for the patient. We valued a family-focused teamwork and trained school personnel for diabetes management.

Conclusion
This clinical report emphasizes the importance of observing the adolescent patient in his multiple dimensions (physical, emotional, social and familiar), in order to achieve a good control of chronic diseases that require complex and multidisciplinary approaches.

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PID.13 - ALPHA-1 ANTITRYPSIN DEFICIENCY

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Objectives

The Alpha-1 antitrypsin (AAT) is an inhibitor protease (Pi) that is produced in hepatocytes. AAT deficiency is a clinically under-recognized disorder affecting the lung, the liver, and rarely the skin. It is characterized by autosomal co-dominant transmission. There are several allelic variants, categorized in different groups. The phenotype Pi*ZZ is the most clinically significant mutation.

Case report

A fifteen-year-old girl with ATT deficiency diagnosed when she was two years old. Previously healthy with no relevant familiar or neonatal problems. During an hospitalization, because of uncontrollable vomiting, the objective examination showed mild hepatomegaly, which was confirmed by an abdominal ultrasound and whose analytical study revealed increased value of transaminases. After symptomatic resolution she was discharged with indication for clinical and analytical reassessment. As she presenting persistence of hepatic cytolysis did an etiologic study which showed a deficit of ATT, also did phenotyping which confirmed the diagnosis, phenotype Pi*ZZ. Education had been made for a preventive effective treatment of lung/liver injury. She was maintained in annual surveillance in consultation, with good evolution of stature and weight, asymptomatic, with a good evidence in respiratory and liver function, and also abdominal ultrasound. The family screening was performed with a Pi*MZ mother a Pi*SZ father.

Conclusions/Discussion

Early diagnosis and preventive treatment of AAT deficiency are essential since the natural history of this genetic disorder is affected by potentially modifiable environmental factors. The presence of hepatic cytolysis of unknown etiology, should make us suspect from this disease, leading us to the determination of serum levels of AAT and phenotyping. As an under-diagnosed entity, the authors aim to call one's attention to its existence, to the need of family tracing and prophylaxis of liver and lung damage.

PID.14 - JUVENILE SYSTEMIC LUPUS ERYTHEMATOSUS IN A LITTLE COMPLIANT ADOLESCENT

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Systemic lupus erythematosus (SLE) is a multisystemic chronic autoimmune disease affecting 50-100/100.000 persons. Onset during childhood and adolescence, juvenile SLE (jSLE), represents 15 to 20% of cases. Diagnostic and therapeutic improvement provided a better prognosis with actual 10-year-survival expectancy exceeding 90%. With life-long expectancy, cardiovascular disease has become a major cause of morbid-mortality.

Case report

A 16-year-old girl presented by the age of twelve nonspecific symptoms such as fever, fatigue, anorexia, weight loss, alopecia, arthralgias and malar rash. Relevant findings on physical examination included depressive mood, obesity (BMI 30) with acanthosis, striaes and malar rash. Laboratory revealed coombs positive anemia, leukopenia, lymphopenia; increased erythrocyte sedimentation rate; minimal proteinuria and hypocomplementemia; ANA and anti-dsDNA positivity; antiphospholipid antibodies (aPL) weekly positive and raised insulin-resistance. The diagnosis of jSLE was established, and patient and mother were informed about the disease, risk factors and prognosis. She was advised to correct diet and exercise in order to lose weight. She started regular clinical attendance by a multidisciplinary team with rheumatology pediatrics, nutrition and psychology and treatment with azathioprine, prednisone (gradually tapered), hydroxychloroquine, NSAIDs, omeprazole, vitamin D and calcium. Because of the obesity and positive aPL acetylsalicylic acid was recommended. Disease activity was only partially controlled, with two flares probably related to viral infections. During these 4 years, there was always poor treatment, medical attendance and nutritional adherence with binge-eating and progressive BMI increase. There is a huge difficulty in assessing if the regular complaints such as headache and fatigue are related to the disease or if they are psycho-somatic. Chronic diseases in adolescence are a challenge in the acceptance of the disease and compliance, requiring a multidisciplinary team. In this case, conjugation of several factors as SLE with positive aPL, obesity, insulin-resistance and sedentary lifestyle put this adolescent in high risk of precocious cardiovascular disease.

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PID.15 - TYPE 1 DIABETES MELLITUS IN ADOLESCENT – PSYCHOLOGICAL AND FAMILY ISSUES

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The management of type 1 diabetes mellitus, one of the most common chronic diseases in childhood, must take into account the age and developmental maturity of the child. Adolescence naturally is a time of increasing independence and self-assertiveness, but also of risk taking. Therefore, determining the appropriate extent of adult involvement can be challenging. Family interactions that are characterized by conflict tend to disrupt adherence and inevitably cause a decline in child health, especially when a child reaches adolescence.
A 14- year- old girl with type 1 diabetes, with a 8- months history of Type 1 Diabetes Mellitus poorly controlled with last HbA1C level 15,3%. Her regimen treatment was basal -bolus insulin intensive, came apparent that it was not regularly administered and she was admitted to the pediatric emergency department with diabetes ketoacidosis (DKA) with a pH 6,95, bicarbonate concentration of 3,5 mEq/L. Home blood glucose measurements and insulin injections were not performed for a month. Psychological evaluation showed depressive behavior, lack of trust, insecurity and familiar context characterized by conflict, with absent father, lack of mother involvement with the diabetes and stress. Continued monitoring by a multidisciplinary team with a social worker and a psychologist provided a diabetes re-education and self-management training, emotional support with family focused care, which included establishing a responsibility-sharing plan in order to increase family involvement, Primary health care daily visits, school tutor to monitor glucose control and insulin intake, psychological follow up and social service accompaniment.
Findings from the literature suggest that comprehensive management of diabetes which addresses psychosocial and family issues can improve glycemic control even in the high-risk adolescent, as demonstrated in this case report. Therefore, psychological screening of newly diagnosed patients with type 1 diabetes may help identifying families at risk for poor adherence and poor diabetes control using family-based interventions.

PID.16 - MULTIDISCIPLINARY INTERVENTION IN TYPE 1 DIABETES MELLITUS: BEYOND A CONSULTATION OFFICE!

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During adolescence, chronic disease poses particular challenges both to the adolescent and to his/her family and health care professionals. Diabetes mellitus type 1 is a paradigm of this situation. Like as our hospital's reference population, the adolescents with diabetes mellitus belong to dysfunctional families with financial needs, or might even be institutionalized, and show little motivation towards health care.
The authors present the multidisciplinary initiatives undertaken by the pediatric diabetes team in order to improve disease control and patient's quality of life. We put emphasis on training for teachers and caregivers; annual meetings for the diabetic adolescents and their families and health care professionals; conversational maps; poster and leaflet campaigns; diabetes workshops and exhibitions; a 24/7 telephone helpline; unscheduled reviews by the health care professionals; and the celebration of world diabetes day.
We may conclude that, through these initiatives, patients grow to consider health professionals as significant persons and, although most young people do not achieve the desired metabolic control, they do not miss their appointments. Moreover, in recognition of our teamwork, we receive adolescents from other units to be followed-up in our hospital, at the request of their caregivers.

PID.17 - TEENAGERS AND CHRONIC ILLNESS: THE ROLE OF THE PRIMARY CARE DOCTOR - CASE REPORT

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Introduction
Adolescence includes a period of accelerated physical growth, the development of secondary sexual characteristics, and cognitive and psychosocial development. As a result, the management of teens with a chronic illness must go beyond the strictly medical; it should include addressing issues such as development, family and social support. Primary care has a privileged position to perform a broad, holistic approach mandatory in caring for chronically ill teens.

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Case report
GT, a 17-year-old teenager, of a nuclear family, in phase IV of Duvall's cycle. At age 14, he presented to his family physician with polydipsia and weight loss, which led to a diagnosis of type 1 diabetes mellitus. Non-acceptance to the disease with refusal of medication and alteration of lifestyle, contributed to poor metabolic control and diabetic ketoacidosis; his school performance was also deteriorated and his behavior become erratic with marked aggressiveness. Thus, he was referred to child psychiatry and endocrinology and a multidisciplinary team was gathered, with the family physician is in the center of it, facilitating communication between the other members. Currently, GT presents a proper control of his disease, with good therapeutic adherence, and does well both in school and with friends.

Comment
The adolescence is characterized by major bio-psychosocial changes that require special attention and follow up from primary care. The appearance of a chronic illness during this period has a major impact on many aspects of the teen's life and his family, implying adjustment and rehabilitation to this new reality. The family physician, must not only address aspects related to the disease, but also develop skills to deal with all the issues of adolescence considering the support of a multidisciplinary team when necessary.

PID.18 - PREGNANCY AND ADOLESCENCE: WHICH SOCIAL REALITY? WHAT FURTHER CONTRACEPTIVE OPTIONS?

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Introduction
Sexual and reproductive health in adolescence is influenced by psychosocial factors related to personal issues, family environment and community support. Studies suggest that there is a strong relationship between social deprivation and teenage pregnancy, particularly related to fragmented families, lack of emotional and social support, low self-esteem, economic need or little education. Education for responsible sexuality is important in general and it´s even more relevant after pregnancy situations, so it is essential to clarify teenagers about the available contraceptive methods.

Objectives
The objectives consist in defining the most common social diagnoses of pregnant adolescents and evaluate their preference about contraception after pregnancy.

Method
A retrospective observational study was conducted, with 45 pregnant adolescents followed in Obstetric Early Intervention Unit (UIP) in Bissaya Barreto Maternity during the year 2013, in order to identify their social diagnosis and contraceptive methods chosen after pregnancy.

Results
The average age of adolescents was 16.5 years old. It was found that 67% were in family dysfunction situations, 12% with family rejection, 24% had integration difficulties, 22% had economic need, 20% had problematic school contexts, 8% were abuse victims, 4% were followed in child psychiatry, and 1% had experienced marital domestic violence. Of the 45 adolescents, 20% were institutionalized, 60% of which had a long history of institutionalization (some of them in active runaway situation). Regarding contraceptive method choice, 60% opted for subcutaneous implant, 7% for combined hormonal contraceptive and 3% for intrauterine device, with roughly 29% of adolescents with no hospital registration of the chosen method.

Conclusions
There is a relationship between deficient social support contexts and teenage pregnancy, with family dysfunction occupying an important role at this level. Relative to contraceptive method choice in puerperal adolescents, there is a preference for reversible long-time methods.

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PID.19 - HOMOSEXUAL ADOLESCENT: AN OVERVIEW OF THE MEDICAL CARE

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Objectives
To review definitions and approaches when providing health care to gay, lesbian and bisexual youth.

Case report
A 15 year old male comes to an appointment and complains of "feeling tired". He seems nervous and he confesses he recently had unprotected sexual intercourse with another man.

Methods
A search for randomized controlled trials, meta-analysis, systematic reviews and guidelines published in the last ten years, with the MeSH terms “homosexuality”, “adolescent” and “delivery of health care” in English and Portuguese was conducted in PubMed, Cochrane Library, EMBASE, Trip Database, National Guideline Clearinghouse, Dynamed, UpToDate and NICE.

Results
The search returned a total of 1843 publications, of which 19 were selected. For all teens, an office environment that feels safe and welcoming is of key importance. Teens should be given an explanation about confidentiality and the opportunity to discuss issues of sexual attraction and orientation, mental health, substance and alcohol use, safe sex, school, family and friends. History-taking should avoid making the assumption of heterosexuality, with questions asked in a no gendered way. Many clinicians use the well-known HEADDSSS interview but they should be aware of the particular risks to health and development in homosexual youth, including those resulting from homophobia or sexual behaviours. Stigmatization, parental rejection and struggles with self-esteem often put sexual minority youth at risk for mental health issues, such as depression, suicide, substance abuse and bullying.

Conclusion
Comprehensive health care aimed at promoting normal development, social and emotional well-being, and physical health should be available to the homosexual adolescent, keeping in mind their specific needs. Although the majority of homosexual adolescents have normal mental health, as a group they experience unique stressors and developmental challenges. Health care providers should stay informed about resources in their communities for gay and lesbian adolescents and their parents.

PID.20 - RISKY BEHAVIORS IN A STUDENT'S POPULATION FROM VILA NOVA DE GAIA

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Introduction
Adolescence is a period full of transformations, among them physical, psychological, cognitive and emotional, where autonomy from parental control is demanded. The adolescent confronts the task of self-discovery and self-definition, which may frequently result in the adoption of sexual exploration and experimentation that often constitute risky behaviors. These may translate into health decline, not only during adolescence but also into adulthood, as these behaviors may perpetuate themselves over time.

Objectives
To evaluate the proportion of risky behaviors in students attending the 8th scholar year in four schools from the city of Vila Nova de Gaia, and to identify risk factors related to its practice.

Methods
A questionnaire was given to a convenience sample from students attending the 8th scholar year from the selected schools during the scholar year of 2011-2012.

Results
From the 375 students included in our study, 20,3% have already experimented with tobacco and 23,7% of these smoke regularly. Regarding alcohol intake, 43,2% have experimented and 8% have become intoxicated in the past. The consumption of other drugs was associated with the tobacco consumption, at 3,7% prevalence. Sexual activity was initiated by 9,9% and 8,5% of the sample acknowledged using a condom. Factors like parental divorce, the presence of an older sibling with academic failure, academic failure of self, and self-integration in school attended showed statistically significant differences for

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consumption behaviors and sexual initiation. Misconceptions regarding the risks of tobacco and alcohol abuse were the strongest predictors of their experimentation and consumption.

Conclusion
The profile of the student with greater vulnerability to risky behaviors include the factors mentioned above. As personal opinion and understanding are important predictors for consumption, the implementation of intervention programs by the schools, involving the parents, may contribute to decrease the proportion of these behaviors.

PID.21 - SURVIVE CANCER OR FUTURE MOTHERHOOD? BOTH ARE POSSIBLE: AN EWING SARCOME CASE IN AN EIGHT YEARS OLD GIRL

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Background
The Ewing's sarcoma, with a peak incidence between 10 and 20 years old, is an aggressive tumour, although over the last three decades there has been a prognostic improvement due to multidisciplinary treatment progress, with currently long-term survival of non-metastatic tumours hanging around 70-80%. Ewing's sarcoma treatment generally consists in a surgical approach followed by chemo and radiotherapy cycles, which result in a potential reduction in future reproductive performance. This happens due to dose-dependent chemotherapy and radiation gonadal toxicity or by direct injury of the pelvis bone structure, which can result in an ovarian follicular reserve decrease, uterine dysfunction resulting from fibrosis, endometrial or vascularization damage, and increased risk of miscarriage, placental pathology, preterm delivery, low birth weight or neonatal death. There for, it´s obvious the importance of a tight gynaecological and obstetric monitoring of cancer survivors.

Case report
We describe a case of a 31 years old woman who had a lumbar Ewing's Sarcoma (L1-L4) diagnosed by the age of 8, submitted to extended tumorectomy, chemo and local radiotherapy without ovarian protection, being then monitoring in childhood and adolescence gynecology consultation. By the age of 27, and after a five year period of infertility, she recurred to infertility consultation, being then referred to an assisted reproductive unit. She was submitted to two IVF reproductive cycles (2011 and 2012) with no success. In February 2014, the patient spontaneously conceived, and after an uneventful pregnancy she delivered at 38 weeks and six days, a healthy male child by caesarean section, without puerperal or neonatal complications.

PID.22 - VOLUNTARY INTERRUPTION OF PREGNANCY IN ADOLESCENTS

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Introduction
The topic of adolescent pregnancy arises in pediatric practice during discussions of sexual activity/contraception and during diagnostic evaluations for problems such as menstrual irregularities, gastrointestinal complaints, or pelvic mass. Adolescents may seek information regarding pregnancy directly from their healthcare provider. Human sexuality is a broad concept that embodies interaction among anatomy, hormones, and physiology, psychology, interpersonal relationships, and sociocultural influences. Approaching sexuality as a paradigm of intersecting factors between gender and sex can help providers begin to appreciate the complexities of the developing adolescent sexuality.

Objectives
The aim of this study was to analyse the incidence of voluntary interruption of pregnancy in adolescents.

Material and Methods
Retrospective observational study of voluntary interruption of pregnancy in adolescents (teenage years between 10 and 19), between January 2008 and December 2013, in “Setúbal Hospital Centre”.

Results
The study included 426 adolescent women who did voluntary interruption of pregnancy with a mean age of 17.81 years; 1 case with 12 years old (0.23%), 4 cases with 13 years old (0.94%), 13 cases with 14 years old (3%), 21 cases with 15 years old (5%), 43 cases with 16 years old (10%), 89 cases with 17 years old (21%), 115 cases with 18 years old (27%) and 145 cases with 19 years old (34%). Regarding to the

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distribution of cases over time: 64 cases in 2008, 68 cases in 2009, 82 cases in 2010, 66 cases in 2011, 86 cases in 2012 and 60 cases in 2013.

Conclusion
Voluntary interruption of pregnancy in adolescents is a real problem in our society. This study demonstrates that there was no significant decrease in the number of cases of voluntary interruption of pregnancy over time, and we must bet on contraception and health education in this age group.

PID 23 - WHY DO I LOOK LIKE A MAN?
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Introduction
Congenital adrenal hyperplasia, non-classical form, is the most common autosomal recessive genetic disease, with hereditary character. The mutation in the CYP21 gene with partial deficit of 21a-hydroxylase enzyme is its cause. There is a high clinical polymorphism in both sexes, which reflects the degree of enzymatic deficit. It is characterized by signs and symptoms of mild to moderate hyperandrogenism, in late childhood or peri-pubertal period.

Case report
Teen with 13 years old, female, sent to Adolescents Consultation by hirsutism, acne and menstrual irregularities. Previously healthy, without perinatal history, or other, worthy of note. Family history of infertility in paternal cousins and aunts. Physical examination showed acne lesions on the face, back and chest, increased muscle mass and dark and thick hair in the body, both with standard androgen distribution. Ferriman-Gallwey index of 21. Pubertal Tanner M3, P5. Discrete clitoromegaly. The analytical evaluation showed high levels of total testosterone, free testosterone, and 17-hydroxyprogesterone. By clinical and analytical evidences, the teenager was referred to the Pediatric Endocrinology consultation, having genetically confirmed diagnosis of congenital adrenal hyperplasia, non-classical form.

Conclusion
This case illustrates a good example of a genetic disease, often misdiagnosed and devalued, which may have high psychological impact on adolescents, causing high degree of anxiety and social dysfunction especially if associated with menstrual irregularities and subfertility. A multidisciplinary and timely coordination could prevent late complications, including in the offspring.

PID.24 - PRETERM LABOUR AND LOW BIRTH WEIGHT IN ADOLESCENTS IN SAO MIGUEL ISLAND
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Objective
Adolescent pregnancy is associated to adverse physical, psychological, social and health outcomes. Compared with adult mothers, adolescent mothers have higher instances of pre- and post-natal complications and preterm births, and their infants are at greater risk of low birth weight, infant mortality, hospitalizations, and emergency room visits. Adolescent mothers are also at risk of poverty, dependence on social services, lower levels of educational attainment, and poor parenting skills.
The objective of this study was to evaluate in our hospital the prevalence of preterm labour and low birth weight the adolescent group during 2014.

Methods
A retrospective study was conducted during 12 months to evaluate the prevalence of preterm labour and low birth weight in the adolescents (delivery age until 19 years old).
Results: During 2014, 1452 deliveries occurred in Hospital Divino Espírito Santo of Ponta Delgada. One hundred and three births were from pregnant teenagers and corresponded to 7% of total deliveries.
Preterm delivery in this group was observed in 8 cases, corresponding to 7,8%. Delivery before 32 weeks of gestational age was documented in 1 case and 7 cases were observed between 32 - 36^{+6} weeks.
Low birth weight was registered in 10 cases, corresponding to 9,7%. Eight newborns weighed less than 2500g, 1 less than 1500g and 1 less than 1000g.

Conclusions
We concluded with this study that the prevalence of preterm labour (7,8% vs 7%) and low birth weight (9,7% vs 8,9%) in adolescents group from São Miguel Island is similar to Portugal mainland.

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PID.25 - MAYER-ROKITANSKY-KÜSTER-HAUSER (MRKH) SYNDROME: CLINICAL CASE

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Introduction

The Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is characterized by congenital aplasia/hypoplasia of the uterus and the upper part (2/3) of the vagina in women showing normal development of secondary sexual characteristics, normal ovarian function and a normal 46, XX karyotype. Associated malformations are present in more than one third of the cases.

Description of case

We present the case of a 13 year old girl observed in the Emergency Department (ED) with recurrent abdominal pain. As relevant past medical history she had an ectopic pelvic kidney surgically removed at the age of 5 years old.

From 11 years of age onwards, she presented recurrent pelvic pain with no characteristic frequency. In one of these episodes she was seen in the ED and a pelvic ultrasonography was performed, which revealed uterine symmetric hypoplasia (longitudinal diameter of 30 mm) with morphologically normal ovaries.

The patient was a phenotypically normal female teenager who started puberty at the age of 10 and is presently in B4P4 Tanner stage, with primary amenorrhea. External examination revealed normal secondary female sexual characteristics (pubic hair and breast development at Tanner stage 4) and normal external genitalia.

Further investigation of hormone levels revealed that estrogen, progesterone, FSH e LH levels were consistent with normal ovarian function, and testosterone levels were also normal.

Discussion

The combination of the past medical history, clinical symptoms and consequent analytical/sonographic investigation resulted in the diagnosis of MRKH.

The relevance of this case is to highlight the importance of further investigation in the presence of suggestive pathological findings so that appropriate guidance may be provided to patients and their families regarding future reproductive choice.

PID.26 - PRE AND POST-GRADUATE TRAINING IN ADOLESCENT HEALTH – WHERE ARE WE AT?

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Objectives

To assess the training and knowledge of health professionals in adolescent health and to identify their training needs.

Methods

We conducted a cross-sectional study, through a questionnaire applied to health professionals enrolled in a course of Adolescent Medicine (September - October 2014). Professionals' previous training and current training needs in adolescent health were assessed with a seven-point Likert scale where higher scores indicated greater agreement.

Results

We obtained a sample of 119 participants with a mean age of 41 years and female majority (91.6%). Nearly half (47.9%) were nurses, 27.7% family physicians, 11.8% pediatricians and 12.6% other health professionals.

Nurses considered to have more training in adolescent health than physicians during pre-graduate years (3.5 ± 1.1 vs. 2.5 ± 1.2; p <0.001) and felt more prepared to deal with adolescents upon graduation (3.3 ± 1.0 vs 2.7 ± 1.2; p = 0.02).

Among 20 essential issues in adolescent care, most were considered a primary health care responsibility by the majority of the respondents (>90%) except for: monitoring psycho-affective and social development (89.7%), contraception prescription (88.9%) or emergency contraception prescription (78.6%), and promotion of the reference adult (83.6%).

Participants scored above scale's mid-point concerning the need to receive additional training in adolescent health (5.88 ± 0.85); they considered to have more limited knowledge on: psychosomatic complaints (80.5%), school behaviour (54.2%), family problems (52.5%) and adolescent interview (47.5%). Respondents were keen to obtain additional training in most areas (p <0.01), including those where they considered to have no limitations.

Home

Conclusions
Health professionals reported significant gaps in adolescents' health training and knowledge. They demonstrated a strong desire to receive further education in this area, even if they considered to have no limitations.

PID.27 - TRAINING IN ADOLESCENT HEALTH – WHAT CHANGES?
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Objectives
To assess health professionals' attitudes towards adolescent care and to evaluate changes in their attitudes after receiving training in adolescent health.

Methods
We performed a pilot study with pre and post-training evaluation in a sample of health professionals enrolled in a course of Adolescent Medicine, between September and October 2014. The evaluation of attitudes towards adolescent care was performed with a ten-item questionnaire. Each item asked health professionals to indicate their agreement on a seven-point Likert scale, where 1 = "strongly disagree" and 7 = "strongly agree". The questions were grouped in pairs, each measuring a distinct dimension: adequacy, legitimacy, motivation, satisfaction and self-esteem. .

Results
One hundred and nineteen health professionals completed the pre and post-course questionnaire. They were on average 41 years old with female predominance (91.6%). The majority were nurses (47.9%), followed by family physicians (27.7%) and paediatricians (11.8%); the remaining represented other health professions (12.6%). The preferred age group was newborns/infants (41.8%), followed by children (30.3%) and adolescents (27.9%). Prior to training the respondents had relatively neutral feelings in their adequacy (4.3 ± 1.0) and legitimacy (4.2 ± 1.1) concerning adolescent care. Scores on satisfaction (5.3 ± 0.9), self-esteem (4.9 ± 1.0) and motivation (5.8 ± 0.8) were above scales' average.
Apart from legitimacy, the professionals who chose teenagers as their preferred age group obtained higher scores in all dimensions than those who chose this age group as least favourite ($p = 0.05$).
When comparing pre and post-training attitudes we observed significant improvements in all attitudes dimensions' ($p < 0.01$), except for legitimacy ($p = 0.41$).

Conclusions
Although most health professionals didn't elect the adolescents as the preferred age group, it appears training plays a key role in improving their attitudes towards adolescent care.

PID.28 - PRE AND POST-GRADUATE TRAINING IN ADOLESCENT HEALTH: PRIMARY CARE REALITY
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Introduction
Adolescence is a developing and singular step. At the primary care level, the Family Physician (FP) should create an effective doctor- adolescent relationship to stimulate accessibility and continuously provide long-term care, promoting health and wellness. In Portugal, the Directorate-General for Health recommends medical checks at FP during critical periods of life. Through National Plan of Child and Youth Health, It has been structured which parameters and what patient's needs should be accessed in each of those medical appointments. However, regarding the complexity of this intervention, the "ambulation" of adolescents between primary health care and hospitals, and vice-versa, is very frequent.
Adolescents feel misunderstood, leading to distrust on health services and ultimately to life-threatening situations. It is mandatory to discuss and revise our limitations as health professionals. Will the Portuguese FP have the required clinical education, training and relational maturity to give the best medical advice to adolescent people?

Aim
This work intends to be a reflection about the present pre and post-graduate training at adolescent health among the portuguese FP.

Home

Discussion
In the pre-graduate training, only Faculty of Medicine of University of Lisbon offers an optional subject in adolescent health. In the remaining Medical Schools, this issue integrates the curriculum of Pediatrics, often given secondary importance.
As far as post-graduate training is concerned, in the Family Medicine and General Practice education program, there are no specific objectives targeted for this subject. Despite being roughly framed as a competence to develop in Pediatric internship, usually it is not addressed by many trainees.

Conclusion
It is important to do a major debate about this topic and define specific training goals to improve FP skills, so they can effectively accomplish their role in the support and guidance of adolescents at a crucial stage of their lives.

PID.29 - LEISURE AND SUBSTANCE USE AMONG ADOLESCENTS: A SYSTEMATIC REVIEW
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Introduction
There is a consensus on leisure as an extraordinary phenomenon to everyday life, it often correlating with risk behaviors. Objective: the aim is to systematically verify whether the performance of leisure skills of adolescents and young people, are related to the reduction in the use of psychoactive substances. Method: systematic Review from the main query databases in health, followed by presentation of the articles according to the PRISMA method. The criteria for review and inclusion were presented by the structure PICOS.

Results
We retrieved 555 articles, but only 6 articles met the criteria for systematic analysis of the data. There is no conclusive evidence regarding the impact of the development of leisure on patterns of abuse substance. Conclusion: studies suggest intrinsic motivation and boredom as risk factors for substance abuse. Recognizes the need for studies with more refined methods and common design among themselves in order to provide a satisfactory body of evidence to support approaches focused on leisure of adolescents at risk of abuse substances.

PID.30 - PERCEPTION OF FREEDOM IN LEISURE: A COMPARATIVE STUDY AMONG ADOLESCENT USERS AND NONUSERS OF PSYCHOTROPIC SUBSTANCES
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Leisure as attitude includes the perception of competence, control, need, depth and involvement in leisure experiences.

Objectives
To verify that substance use among adolescents 14-18 years is related to perceptions of freedom in leisure.

Methods
186 adolescents was selected for convenience. Instruments: Questionnaire Data Sociodemographic and Leisure (QSDL); The Leisure Diagnostic Battery, version B (PLL); Drug Use Screening Inventory (DUSI). To analyse the effect we used the ANOVA test, comparison of means, independent t test. The main independent variables were type of substance used, frequency and quantity of use, level of significance $p \leq .05$.

Results
165 reviews were analysed. The frequency of use of ecstasy and marijuana in the last month were related to higher rates of PLL. The number of substances used in the last month had no significant effect.

Conclusions
The study suggests specific components of leisure related to the frequency of substance use, such as perceived control and need at leisure. Although not statistically significant, there was a trend to increased perception of freedom as the increased use of substances.

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PID.31 - ASSOCIATION BETWEEN LEISURE PROFILE AND THE USE OF PSYCHOTROPIC SUBSTANCES: PILOT STUDY TOWARDS BRAZILIAN ADOLESCENTS FROM SÃO PAULO

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The increasing abuse of drugs among adolescents has become an urgent topic of understanding between sectors of society, caused by the impact on health.

Objective
To describe the profile of leisure activities and test possible associations between categories of activities and the use of psychotropic substances.

Methods
It used a semi structured questionnaire about leisure activities of 186 adolescents in the last three months and the "Drug Use Screening Inventory" to frequency of use of psychotropic substances. The responses were categorized according to the nature of the activity - with emphasis on spectator (ALE), motor action (ALM), social interaction (ALS) and virtuality (ALV). Chi- Square Test of Interdependence ($p \leq 0.5$) was used to determine association.

Results
46.62 % practiced ALM, 30.06 % practiced ALS, 20.24 % ALV, 19.63% ALE.

Conclusion
Adolescents most frequently performed physical activities, having smaller ALE. Also highlighted the importance of virtual leisure as well as possible barriers to broader participation in leisure. There was no significant correlation between the nature of the activity.

PID.32 - BEHAVIORAL RISK FACTORS FOR YOUTH MENTAL HEALTH

Olimpia Maria Damian Varva - *V.Babes University of Medicine and Pharmacy*

Contributing factors or environment determinants, as named **risk factors** (**RF**), may have negative influence or impact on the human life, correlative actions, habitually acting as a combination of factors and changing behaviors to cause mental health problems. The RFs cover to various topics and broad categories: socio-economic, cultural, psychological, genetic, biological, physical, chemical, demographic, summarizing as, bio-medical RF (abnormal blood constituents, individual, cognitive level, genetics) and risky behaviors or behavioral risk factors (BRF). Mental affectations are associated with several health and social outcomes that constitute also, risk factors (RF)/ risky behaviors for the youth mental health, as part of their overall health: higher alcohol, tobacco, illicit substances use, adolescent pregnancy, school dropout and delinquent behaviors.
BRF that contribute to unintentional aggressively traumatic brain injuries, pregnancy, sexually transmitted diseases and within an unhealthy diet, to the leading cause of morbidity, death or disability among the youth of recent years, are interdependently: tobacco smoking, alcohol, addictive behavior, sex, violence. RFs consisting of the most causes of years lost to disability (YLD) based on prevalence data quantifying the burden of morbidity, are: depressive disorders, iron deficiency anaemia, asthma, back and neck pain, anxiety disorders. Risky behaviors consisting of the leading causes of death among adolescents in 2012 road injury, suicide and interpersonal violence in different contexts. Bio-medical RF, as a leading cause of death among adolescents in 2012: HIV, lower respiratory infections.
Enhancing social skills, problem-solving skills, self-confidence and knowledge acquirement in the period of adolescence, may prevent mental health problems, such as: anxiety, depression, eating disorders and other risky behaviors including those related to sexual behavior, substance abuse, violent behavior. Health professionals need to have scientific competencies appropriately to young people, to detect mental health problems early, to providing personalized treatments or combination-therapy including counselling, cognitive-behavioral therapy, where necessary, psychotropic medication.

Home

PID.33 - PSYCHIATRIC EMERGENCIES IN CHILDREN AND ADOLESCENTS: A PROSPECTIVE STUDY

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Introduction
Children and Adolescents may need special care in terms of Psychiatric Emergency (PE) due to different symptomatology and disorders presented. This population is more vulnerable to social and mental health structure, and when deficient, the exceeding demand is absorbed by the Psychiatric Emergency Department (PED)

Objectives
To determine the social and demographic profile of Children and Adolescents to whom the PED attended, as well as the factors associated to admission to the service "Centro de Atenção Integrada à Saúde Mental" (CAISM), a psychiatric hospital in São Paulo.

Methods
We analyzed profiles from 158 children and adolescents, from 0 to 18 years of age who received attention during the year of 2007, resulting in 183 consultations.

Results
There was a prevalence of adolescent (84,8%), female (57,6%), and students (56,3%), the mean age was 14,2 years. The most frequent disorders were related to cognitive impairment (19,6%) followed by depressive disorders (19%), substance abuse and social relations disorders (15,8%).
There was also a correlation between admission and being on psychiatric treatment (p=0,468) and admission and previous history of psychiatric admission (p=0,031).

Discussion
Some of the data found is supported by other studies in terms of age and sex prevalence. Although there were differences in disorders and visit reason prevalence in other studies, these differences may be explained due to the structure of the hospital, since our study was conducted in a PE while others were conducted in Pediatric Emergency Services.

Conclusion
Since Children and Adolescent PE have some diagnostic and treatment peculiarities, it is important to train mental health professionals to this specific population in both pediatric and psychiatric emergency situations.

PID.34 - ADOLESCENT WITH ANOREXIA NERVOSA: A CASE REPORT FROM BRAZIL

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Objective
To describe a case of a teenager with Anorexia Nervosa, admitted at a tertiary hospital in Brazil

Case Report
K., 13 year-old female, referred dyspepsia and fullness on hospital admission. At the time, she pointed out that, after an episode of vomiting, she used to fear eating large amounts of food. She weighed, at admission, 50 kg (110 lbs.), had a Tanner B3 P3, but had no development impairment. After two months, she was diagnosed with low body weight (Z score < -2) and Tanner B4 P4.
At that time, she used to come for medical consultations every week. The medical staff started to suspect of Anorexia Nervosa and decided to admit the patient. At admission, she presented difficulty to eat with other people, complained of nausea, counted how many spoonsful she ate and had some rituals, such as jumping on the bed a few times before sleeping.
On the second day of her admission, the psychiatrist prescribed 20 mg of fluoxetine once daily and 2.5 mg of haloperidol once daily, in order to treat her depressed mood and food-related obsessions.
After a week in the hospital, due to low food intake and further food refusal, enteric nutrition was started. The attending adolescent physician, psychiatrist and dietitian developed a treatment plan, focusing on scheduled feedings under the dietitian's supervision, which was to be achieved through a nasogastric tube.

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After a two-week hospitalization, the patient was referred to the Eating Disorder Ward of a psychiatric facility. She gained 3 pounds since hospitalization and accepting oral diet more easily.

Conclusion
Despite the short period of hospitalization, the lack of a special unit for eating disorders and the brief period of psychotherapy, our patient showed significant health improvement as a result of the medical and psychiatric care she received.

PID.35 - SUICIDE ATTEMPT DURING SLEEP: A CASE REPORT WITH SOMNAMBULISM AND DOSSOSIATIVE IDENTITY DISORDER

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Introduction
Somnambulism which occurs in the non-REM period of sleep, is a type of parasomnia commonly seen in children rather than adults. It may be an early indicator of predisposition to psychotic experiences and risky behaviors may occur during the attack but suicide attempt is not described in these patients.

Case
Fourteen years nine months old girl who had taken a large amount of medications (20 pills of isoniazid) had admitted to the Pediatric Emergency Unit of Istanbul Faculty of Medicine. According to the patient's stated she was not aware of having the pills and did not remember anything about this event. In detailed history, when she was three years old, her father had observed her talking during sleep and says something like 'kill me, I want to die'. After that year her sleep talking and sleepwalking episodes had been observed in intervals by her parents. Two years ago a pathological consequences of PPD test, performed due to swelling in the neck, was detected and she had received isoniazid medication for tuberculosis prophylaxis for 6 months. In the family history, some of her relatives had the complaint of somnambulism. She had a good general condition, conscious, cooperative and system examination was normal. Her biochemical tests and electroencephalography were normal. An alternate personality, dissociative amnesia and fugue were diagnosed with the psychiatric evaluation of child psychiatrist. In detailed history, it is detected that the patient had been abused physically and emotionally and had lived in a risky environment for sexual abuse during early childhood. The patient was diagnosed as dissociative identity disorder (DID) and treatment were initiated.

Conclusion
DID, which may present with different clinical signs in adolescents, is closely related to adverse childhood experiences, especially abuse. The presence of abuse/neglect and suspected cases require a multidisciplinary approach.

PID.36 - ADOLESCENTS: SELF-HARM AND SUICIDE

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Self-harm and suicide are major public health problems in adolescents, with rates of self-harm being high in the teenage years and suicide being the second most common cause of death in young people worldwide.
Although international variation exists, findings from many community-based studies show that around 10% of adolescents report having self-harmed, of whom some will report some extent of suicidal intent underpinning their self-harm. Only a small proportion of individuals who self-harm present to hospitals, meaning that this behavior is largely hidden (at least from clinical services) at the community level.
Self-harm (and suicide) in adolescents are the end products of a complex interplay between genetic, biological, psychiatric, psychological, social, and cultural factors.
Prevention of self-harm and suicide needs both universal measures aimed at young people in general and targeted initiatives focused on high-risk groups. There is little evidence of effectiveness of either psychosocial or pharmacological treatment, with particular controversy surrounding the usefulness of antidepressants.

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PID.37 - PSEUDOLOGIA FANTASTICA

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Objective

Case report and review of the literature on *Pseudologia Fantastica* in adolescents and young adults

Methods

Pubmed search using "pseudologia fantastica", "pathological liar", "false confessions" and "inventive paranoia" as key words. Presentation of clinical case within the theme.

Results

people with *Pseudologia Fantastica* lie incessantly, whether faced with punishment or not, and may create a whole new identity by raising a mesh of fantastic lies that generate short lived pleasure followed by the humiliation of being treated as a liar. It's usually encountered in forensic practice in people accused of fraud, of making false accusations or false confessions. Their lies frequently aimed at attracting notice and inflating their own importance.

Case report

João A. is a 25 year-old male with an history of psychiatric follow-up since he was 15 due to polymorphic symptomatology, heavily medicated and still unresolved. He had created a whole professional, social and affective world of fantastic lies in which he sometimes believed and which seemed plausible to the doctors that followed him.

Conclusion/discussion

Diagnosing these patients at an early stage is important and helps avoiding legal consequences.

PID.38 - PSYCHOGENIC POLYDIPSIA - FROM THE DISEASE TO THE HABIT // FROM THE HABIT TO THE DISEASE?

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Introduction

Psychogenic polydipsia is a symptom characterized by excessive water consumption without a true feeling of thirst by the organism. The origin of this impulse can be a psychiatric disturbance within the scope of obsessive-compulsive disorder. In 20% of cases, it may be associated with schizophrenia.

Case Report

Female adolescent, 17 years old, admitted because of polydipsia with water ingestion of 5-7 litres daily, without night-time awakenings, appetite or weight changes. The physical examination revealed no abnormalities. During hospitalization the patient performed the following auxiliary diagnostic tests: complete blood count, ionogram, blood glucose, renal function and type II urine, all without changes; water restriction test and urine osmolarity of 24h, also with normal results. These tests led to the exclusion of Diabetes Mellitus (DM) and Diabetes insipidus (DI) as the causes of polydipsia. During those days, the water consumption improved to 2-3 litres daily and the patient was discharged to adolescence consultation. She maintained some episodes of compulsive thirst, associated with anxiety complaints and self-harm episodes. The patient assumed to have recurrent death thoughts and, because of that, she started treatment with *fluvoxamine* (initially 50mg/day and then 100mg/day) and *diazepam* (5 mg in SOS). She was also oriented to Child Psychiatry and Psychology consultations. Presently she maintains this treatment, with good clinical response, being asymptomatic for 5 months.

Discussion

When a patient presents with complaints of an increased daily water intake, it is important to exclude organic causes, such as DM and DI. Only with such exclusion we can make a diagnosis of psychogenic polydipsia, just as happened in this case. The tight follow-up also allowed the detection of other obsessive thoughts and behaviors, so that the pharmacological and multidisciplinary intervention became crucial, with very good results.

Home

PID.39 - WHEN PERSISTENT HYPERTENSION HAS A RARE ENDOCRINE ORIGIN

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Introduction

Pheochromocytoma is a rare tumour in pediatric age, with an estimated prevalence of 1:100.000. Approximately 85 to 95% are unique tumour located in the adrenal medulla, malignant in 47% of cases. Clinical manifestations result from overproduction of catecholamine from chromaffin cells. Is a rare cause of hypertension (1%) but is present in most children (80%) and may be accompanied by headache, sweating and other signs and symptoms resulting from the over activity of the sympathetic nervous system.

Case report

Adolescents with 12 and 17 years old, male, admitted to the Inpatient Pediatrics, from the Emergency Room, for sustained hypertension. Both previously healthy, without perinatal history, or others, worthy of record. The results of the renal and adrenal ultrasound, computed tomography renal angiography, measurements of catecholamine and their metabolites have shown, in both patients, pheochromocytoma in left adrenal gland. A complete resection of the tumour was performed in a Central Hospital, after pharmacological preparation with a-blockers for clinical management. Pathological examination confirmed the diagnosis of the tumour, with benign characteristics in both patients. Postoperatively developed favourably, with normalization of blood pressure values, allowing the suspension of antihypertensive medication. Given the high likelihood of recurrence, they are maintained in a follow-up hospital visits.

Conclusion

These clinical cases demonstrate the need for a high clinical suspicion and knowledge of the clinical spectrum to establish the diagnosis of pheochromocytoma. When performed in a timely manner, may imply a less aggressive surgical treatment, lower morbidity and impact on the patients' quality of life. The high likelihood of recurrence, even in the form of metastatic disease, implies a prolonged monitoring, even years after the initial clinical presentation, surgical removal and apparent cure.

PID.40 - DEEP VENOUS THROMBOSIS IN ADOLESCENCE

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Objectives

Deep venous thrombosis is a rare condition in pediatric age, however it is an important cause of morbidity and mortality. Children under 1 year and adolescents are the higher risk population. Most children and adolescents with deep vein thrombosis have multiple risk factors that can be acquired and/or inherited.

Case Report

Female adolescent, 17-year-old, caucasian, violinist, previously healthy and medicated with oral contraceptive. Hospitalized for clinical oedema, pain and purplish right upper limb. Ultrasound with doppler flow detected "duplicity of the subclavian and axillary right veins and thrombosis target of one of these veins from the proximal portion of the subclavian vein to the distal portion the axillary vein without significant changes to the corresponding second vein". Laboratory tests, including complete blood count, coagulation study and prothrombotic study revealed no changes. The adolescent showed rapid clinical improvement with antithrombotic medical therapy.

Conclusion / discussion

Deep venous thrombosis in pediatric age usually has an underlying cause, so before this diagnosis it is important to conduct an etiologic study. In the clinical case described several predisposing factors for the occurrence of deep vein thrombosis can be considered. The use of oral contraceptives is an important and recognized risk factor for deep vein thrombosis in adolescence. The patient had a duplication of the subclavian and axillary right veins. In addition to the previously mentioned factors, the adolescent was a violinist in a vocational music school and performs daily classes, which determines intense and repeated activity of the right upper limb. Thus, in this clinical case the association of several factors increased the risk of deep venous thrombosis.

Home

PID.41 - CHARACTERISTICS OF ADOLESCENTS SENT TO THE YOUTH CENTER – APARECE BY STATE-SUPPORTED ENTITIES (2013/2015)

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Introduction

APARECE follows adolescents between age 11 and 24 and also receives these patients after referral by state-supported entities (SSE). It is important to know the biopsychosocial context of risk behaviors and delinquency of adolescents referred and the variables involved in order to allow the future study of the stage of life in which the increased susceptibility to unhealthy choices or risk began.

Objective

Characterize the population sent to APARECE by SSE.

Methods

Descriptive, observational, and retrospective study – consultation of written processes (2013-2015); processing of data in Microsoft Excel®.

Results

41 adolescents: 21 female, 39 Portuguese; group aged 15 - 17 years (18) and 11-14 (17) predominated; 24 had mothers with monitored pregnancies, 11 with toxic consumption during pregnancy and 9 were born to teenage mothers. In 11 perinatal care was not normal and only 8 had good quality child care during the 1st year of life; 24 had family instability from age 2 to 9. Personal background: chronic illness (19), psychopathology (17) surgery (8) legal problem (7). Family background: chronic illness (21), toxic consumption (16), psychopathology (11), legal problem (11). Years of education with approval: nine (10), six, seven and eight (4 each). 15 used condoms irregularly, 6 always and 8 did not initiate sex life. 24 had first toxic consumption with less than 15 years; 14 smoked, 10 drank alcohol and 12 consumed drugs. Motive of referral: psychopathology (22) legal problems (17), family problems (11), school problems and toxic consumption (10 each).

Conclusions

This study allows the recognition of the biopsychosocial context of this group, launching the base for a research project in this area. Its limitations concern unfinished medical records, due to irregular adolescent visits, and the 2 year period, an aspect that can be improved in a future study regarding that APARECE has records since 1999.

PID.42 - A RARE ETIOLOGY OF HIP PAIN

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Introduction

Iliopsoas abscess (IPA) is a rare etiology of hip pain. Primary IPA is more common in immunocompromised patients and occurs due to haematogenous or lymphatic spread from occult sites of infection. Secondary IPA arises from spreading of inflammatory adjacent processes, particularly those of intestinal origin.

Case Report

A 15-year-old boy presented at the emergency room after 10 days of bicycle fall. Two days after the fall, he started with increasing right sided posterior hip pain associated with fever, sweats, malaise and weight loss. On admission, he presents with severe hip and lumbar column pain and he could not walk because of almost total incapacity of moving the right leg. The prone position was the only one that relieved the pain. There were no inflammatory signs in joints. The leukocyte count was 12.1x109/L, erythrocyte sedimentation rate 50mm/h and C-reactive protein 13.8mg/dL. Magnetic resonance imaging (MRI) of the hips and lumbar column revealed an abscess of 2,4x1,8cm in the right iliopsoas with adjacent pelvic bone osteomyelitis. Empiric intravenous antibiotics, flucloxacillin plus clindamycin, was started with apyrexia after one day. Blood culture revealed Staphylococcus Aureus and antibiotherapy was adjusted (clindamycin was stopped). There was no need of aspiration. On the third week post-admission he started walking without complaints and was discharged to complete outpatient antibiotic course up to six weeks and do physiotherapy.

Home

Conclusion
In children, psoas abscesses are usually primary and Staphylococcus Aureus is the most frequently cultured. Osteomyelitis can result from psoas infection spread or be the cause of secondary abscess. Patients often present with insidious onset of non-specific features, which may lead to delay in diagnosis, with consequent complications. The diagnosis is based on clinical suspicion and confirmed by radiological findings (particularly MRI). IPA should always be considered in differential diagnosis of lower back/hip/leg pain along with walking difficulty.

PID.43 - ADOLESCENTS IN THE OBSERVATION ROOM FOR THE LAST FIVE YEARS
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Objective
The authors purpose was to evaluate the evolution of the number of patients with short term hospitalisation (less than 24 hours), as well as their background, main causes for admission and their destination after discharge through the years of 2010 to 2015.

Methods
Review and analysis of the admission charts and clinical files of the patients who were short term hospitalised, with Paediatric evaluation, between January and December of 2014. Patients who had to undergo surgery were excluded. Various variables such as gender, age, number of hospitalisations, rural or urban background, main reason of admission and later, their destination.

Results
During the studied time period were hospitalised in the Paediatric's Observation Room 1267 adolescents between the ages of 10 and 18, with an average between 231 and 266 per year. Results shown an equal distribution in gender, with ages varying between 12.8 and 14.5 years, verifying a larger number of hospitalisations by adolescents with 14 years of age or more. Gastrointestinal symptoms led to the biggest number of hospitalisations, as Psychological complaints showed an increase in number. Intoxications, most of them voluntary, led up to 7 to 10% of the hospitalisations, and half of them being by alcohol intake.

Conclusions
Throughout the years, the number of short term hospitalisations by patients between the ages of 10 and 18 years of age, has remained stable, however, with an increase in admissions in the middle years of the adolescent time period.
According to the authors empirical notion, it was verified an increase of psychological complaints that led to observation, but most of these patients were discharged, perhaps suggesting that the medical staff underestimated these events.

PID.44 - THE EVALUATION OF A SUN EDUCATION PROGRAMME FOR SUN PROTECTION
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Introduction
In the last decades, several countries have designed and launched campaigns and interventions regarding solar radiation-related damages. Such programs take place in a coordinated manner starting from preschool children to older ages, and are adjusted to the needs of the target population

Aim
The aim of the present study was to assess an intervention program aimed at higher knowledge and healthier attitudes regarding sun protection.

Materials and Methods
The present cross-sectional study aimed at evaluating the effectiveness of a sun protection intervention. The sample consisted of 4,133 students aged 8-12 years from a single Greek province. The evaluation of the intervention was made by asking the students to complete the questionnaire before and after the intervention took place. The SPSS 17.0 software was used for the statistical analysis

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Results:
In most items, knowledge levels after the intervention were found to be higher than those before (2.8±0.9 vs 3.3±0.9), while knowledge about sun protection factors seems to have had the highest improvement (27.1% vs 56.6%). However, student attitudes did not appear to improve, with the exception of applying sunscreen with a higher SPF (29.7% vs 54.8%). Girls seemed to have healthier attitudes compared to boys, but gender played no role with regard to knowledge levels. Also, place of residence did not play any role regarding knowledge levels, although those living in semi-urban areas seemed to have more unhealthy attitudes. Logistic regression by correlating knowledge and attitudes established that higher knowledge levels are usually accompanied by healthier attitudes, albeit marginally.

Conclusions
The assessment of the intervention showed that it lead to a knowledge increase and a minor attitude improvement regarding sun protection. Behaviour modification theories insist that systematically increasing and updating knowledge is a basic factor for attitude change or improvement.

PID.45 - ORTHOSTATIC PROTEINURIA IN ADOLESCENCE
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Objectives
The Nutcracker Syndrome is characterized by left renal vein compression in its passage between the abdominal aorta and the superior mesenteric artery. This phenomenon can cause left renal vein hypertension and be manifested by haematuria, orthostatic proteinuria, abdominal pain and pelvic congestion syndrome. The diagnosis requires a high level of clinical suspicion and is based on clinical, analytical and imaging study, remaining a diagnosis of exclusion.

Case report
Female adolescent, 15 years old, referenced to the consultation to proteinuria study. No relief family or personal history. History of recurrent episodes of abdominal pain and left lumbar pain that worsened with physical activity. Physical examination was unremarkable. Laboratory evaluation revealed an orthostatic proteinuria whose investigation led to the diagnosis of Nutcracker Syndrome.

Conclusion/discussion
Orthostatic proteinuria occurs predominantly in females and adolescence. It is important to know the syndrome for suspicion and further study. The therapeutic approach is usually conservative as there may be spontaneous remission of symptoms, but is necessary to maintain clinical surveillance.

PID.46 - IS THIS JUST ONE MORE HEADACHE?
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Introduction
Headaches are a frequent paediatric symptom. Differential diagnosis is difficult, more so on the adolescence where the several biopsychosocial transformations can be mistaken with organic symptomatology.

Case Report
Female adolescent, 17 years old, healthy, reported to the emergency department by the Family Doctor (FD) due to complaints of headache, excessive daytime somnolence, adynamy and asthenia with a month of evolution. A progressive worsening of the complaints was referred, particularly of the intensity of the headache, that was predominantly frontal, and with only partial relieve with analgesics. She also referred two alimentary vomits on the previous day, weight gain (more than 10 kg in one month), decrease in academic performance and polydipsia. Neurologic or vision alterations and other complaints were denied. A solo interview with the adolescent was performed, and eventual psychosocial problems were excluded. The summary neurological examination was normal. Due to the case of intense headache, associated with vomiting, somnolence and asthenia, a head computed tomography (CT) was performed, and revealed: "large intra and mainly suprasellar expansive lesion (…), with the most likely diagnostic hypothesis of craniopharyngioma". The patient was transferred to the Neurosurgery emergency of a reference centre, where a Magnetic Resonance (MR) reinforced this hypothesis, and was submitted to surgery. The histologic study confirmed the diagnosis of adamantinomatous craniopharyngioma. The post-surgical MR

showed “significant reduction in lesion volume, remains residual cystic wall ", and for this she will start radiotherapy.

Conclusions
The situations potentially capable of causing headaches are many and the differential diagnosis becomes more complex in some age groups, as in the adolescents. This case highlights the importance of the clinical history in the approach of headaches, in order to exclude alarm signs, and to timely perform the right diagnosis of organic causes that may require surgery.

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PID.47 - PREVALENCE OF ADOLESCENTS WITH HEADACHE IN A ADOLESCENT OUTPATIENT SERVICE: LIFESTYLES AND PSYCHOSOCIAL FACTORS IDENTIFIED IN NURSING INTERVIEW - A RETROSPECTIVE STUDY

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Background
Headache is a common problem in pediatric. While it may be seen as a minor symptom, severe headache can lead adolescents to use emergency services. It is a public health problem, particularly as a cause of school absenteeism. A organic cause isn’t always identified, it’s one of the most common psychosomatic symptoms in adolescence. Holistic approach is essential because this is a period of many and large changes, with experience of new conflicts. Nursing interview doesn’t focus on headache organic cause, but in presence of something that causes stress in teen environments. The approach seeks to identify lifestyle and psychosocial factors, promote adolescent understanding about symptom origin, give opportunity to express fears, emotions and promote relief from anxiety.

Methods
From July-December 2014 were attended by adolescent nurse, 134 adolescents aged 9 -19. Headache was first cause of health services use (35%). Data were collected from Initial Nursing Assessment, relating to: headache symptoms; potential risk factors (family history of headaches; lifestyles patterns (sleep, diet, physical activity, media use,education) and psychosocial / family background.

Results
The age of the adolescents with headache ranged from 9-19 (34%). Most were girls(72%). Was more frequent in older than 14 years (60%). Family history of headache (28%). Pain intensity ranged moderate to severe-84%. In these subjects, were identified as factors that can compete for headache: wrong diet-48%; sleep disorders-28%; stress-48%; adverse family environment-40%; excessive media use-44%.The nursing intervention was focused to give strength in adolescent decision-making: education for healthy lifestyles: diet; media; sleep and activities. Parent involvement in education and teen support was a constant.

Conclusion
The study results reinforce the idea of the need for nurses continue studying this age group, with the goal of promoting health and continuous education aimed to limit the risk factors in the occurrence / development of headache.

PID.48 - A RARE CAUSE OF GENITAL ULCER

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Lipschutz Ulcer is a rare condition characterized by the rapid onset of vulvar painful necrotic ulcerations. It typically occurs in sexually inactive girls and may be preceded by influenza-like symptoms. The etiology is unknown, although recent reports have associated it with acute Epstein-Barr virus infection. The diagnosis is clinical, after ruling out other causes of genital ulcerations such as sexually transmitted and autoimmune diseases and trauma. We report two girls who developed flu-like symptoms and painful vulvar ulcers,

without other mucosal or skin lesions. Complementary examinations were negative for microbial or autoimmune etiology; there was no history of trauma, sexual activity or abuse. Symptomatic treatment was performed with topical and systemic analgesia. Lesions healed in four to six weeks, with no sequelae or recurrences. These cases represent a rare differential diagnosis of genital ulceration, with an exuberant clinical presentation, often requiring hospitalization for pain control; yet with good prognosis.

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PID.49 - ADOLESCENTS' MEDICINE, A FIVE-YEAR PERSPECTIVE IN A DISTRICT HOSPITAL

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Since June 1, 2010, the pediatric age, in Portugal, has widened to 18 years. Until that time, there wasn't a real adolescent's medicine. Teenagers were observed in adult medical specialties accordingly to their needs. Changing pediatrics' paradigm raised barriers, and some of them are still in place.
The blooming of pre and post-graduate training in adolescent medicine broadened pediatric horizons. Pediatric services improved adolescents' health care, by adapting to their peculiarities, needs and differences.
The present study aims to characterize adolescents' appointments, since January 1, 2007, until December 31, 2014, in a district hospital near Lisbon. The authors characterized the population demographic and socio-economically, as well as the main pathologies and the articulation network with others specialties when needed. The majority of pathologies were school underachievement; mental health, mainly depressive syndrome, bipolar disorder, deliberate self-harm, alcohol and drug abuse; sexual and reproductive health, especially females concerning about preventing early pregnancy and sexually transmitted infections. Imposed consultation schedules, absence of specific and adequate physical space, as well as an absence of anonymity and free access to this service showed up as the main reasons to give up consultation.
Being probably the early steps of many more towards the future and perhaps still in an imperfect way, we know that just ongoing effort will allow us to build a service youth-friendly, not just in appointments but also in emergency department. Taking part of adolescents' appointments conducted by health professionals who previously underwent a postgraduate degree in adolescent medicine, is a way to motivate, teach and train in this particular pediatric age. Fortunately, with the growing number of health professionals trained in adolescent medicine, it will be easier to create youth-friendly services.

PID.50 - DEVELOPMENT AND IMPLEMENTATION OF ADOLESCENT FRIENDLY HEALTH SERVICES IN KOSOVO

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Background
Development and implementation of adolescent friendly health services (AFHS) in Kosovo was on the agenda of the Joint Project of the United Nations agencies (WHO, UNFPA &UNICEF) for a long time. In coordination with the Ministry of Health and local health authorities it has been established National Task Force on AFHS; undertaken the initial quality assessment of health care services (HCS) for adolescent clients and were organized trainings on WHO Orientation Programme (OP).

Methods
The evaluation was performed based on the WHO Quality Assessment Guidebook. Assessment teams (2 doctors, nurse & 3 interviewers) assessed each day one of six selected health institutions.

Results
The most interesting findings were: no evidence-based protocols/guidelines on use; adolescents are not informed about the range of available reproductive HCS; health-care providers are judgmental, non-considerate, and difficult to relate to; adolescents are not involved at all in designing, assessing and providing HCS; etc.

Conclusion
HCS EQUITY & APPROPRIATENES are satisfactory while ACCESIBILITY, ACCEPTABILITY and EFFICIENCY needs to be seriously addressed and improved.

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PID.51 - SUNBURN IN PRIMARY AND HIGH SCHOOL STUDENTS IN GREECE

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Introduction

The exposure to the sun radiation is a significant risk factor of skin cancer development. It is estimated that an individual until the age of 18 will have received the higher rate of ultraviolet radiation. The sun burn is a further risk factor of skin cancer developing.

Aim

The aim of the study was the estimation – investigation of sun burn incidence in young pupils in a coastal area of the country.

Materials and methods

In the study 2.977 children [815 high school pupils and 2162 elementary school pupils participated], which attended school in a coastal district of the country. An important parameter which was investigated was the sun burn incidence, and all these variables potentially influencing the behaviours which can decrease or decrease the sun burns incidence. The SPSS 17.0 software was used for statistical analysis.

Results

From the individual characteristics of the participants it was shown that the majority of them had dark hair and fair skin, whereas a significant percentage reported the existence of moles on face and their body (83.4% vs 68.1%). The incidence of sun burn for the summer prior to the study, seems to be high enough both in adolescents and younger pupils (41.9% vs 55.6%). The majority of high school pupils (97.1%) reported that they used a sunscreen, whereas those attended elementary school had lower use percentage (39.5%). The younger aged children who were living in an urban area had significantly higher rates of sun burn than those living in semi-urban areas (33.8% vs 24.8%, p=0.020).

Conclusions

Awareness and education programs about sun protection should be systematic and continuous, put to practice from pre-school age, and should involve school teachers, families and other community structures.

PID.52 - RECURRENT PNEUMOTHORAX IN AN ADOLESCENT MALE

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Spontaneous pneumothorax (SP) is a rare condition in children. The annual estimated incidence is between 5 to 10 per 100.000 with a peak between the ages of 16 and 24 years. SP may be idiopathic (primary SP) or associated with an underlying disease (secondary pneumothorax) such as asthma, interstitial lung disease or connective tissue disorders. Several risk factors are known for SP, namely tall stature, thin body habitus and smoking.

We report the case of a 16 year-old non-smoking male dancer, with history of allergic rhinitis. Patient was admitted with large right SP, for three times in a 4 months period, requiring chest drainage and prolonged hospitalization.

Clinically patient presented wrist and thumb sign, pectus excavatum with slight chest asymmetry, reduced ratio upper segment/lower segment and increased ratio arm span/height and scoliosis, suggestive of Marfan syndrome.

Initial workup revealed raised IgE, positive bronchodilator response in respiratory tests, normal transaminases and alpha 1-antitrypsin (AAT) levels. Thoracic CT revealed right subpleural emphysematous bleb and slight hepatomegaly.

Patient was submitted to thoracoscopy with atypical resection of two bubbles in the right apex and talc pleurodesis in July 2014, and, since then, he is asymptomatic with normal active life.

On follow-up, 6 months later, low levels of AAT were detected and a genotype MZ (heterozygous for the disease) was identified.

He was strongly advised for non-smoking and is being followed in genetics, pulmonology and gastroenterology.

Recurrent SP must be investigated. In this adolescent, several factors may have contributed to these recurrences: asthma, Marfan syndrome and AAT deficiency. Indeed, it has been described a relationship between genotype MZ and airflow obstruction, which is a known precipitating factor for SP. Serum AAT values may be falsely normal and, therefore, if there is a strong clinical suspicion, investigation should be repeated. Specific treatment allowed patient's full recovery.

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PID.53 - ADOLESCENTS ADMITTED INTO THE PEDIATRIC OBSERVATION UNIT OF A TERTIARY HOSPITAL: ONE YEAR REVIEW

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Background
The World Health Organization (WHO) identifies adolescence as the period in human development that occurs from ages 10 to19. Since 2009, the admissions at Pediatric Emergency Services, were expanded to 17 years and 364 days. Thereafter the care provided and the knowledge of adolescent's specific conditions has increased and improved. Chronic diseases and psychiatric disorders remain the most challenging and complex situations.

Objectives
To identify the main causes of adolescents' admissions at Pediatric Observation Unit (PedOU) of Hospital de Santa Maria (HSM) in order to enhance future interventions.

Methods
Retrospective study. Clinical files were reviewed since January 1 and December 31, 2014. Inclusion criteria: patients aged 10 to 19 admitted in HSM PedOU. Data were manually collected and analysed on Microsoft Excel®.

Results
From 1878 patients admitted in the PedOU during 2014, 492 (25.1%) were adolescents. Out of these, 279 (56.7%) were males and the median age was 14 (10-18). The most prevalent causes of admission were: surgical pathology (21.9%), trauma (14.6%), gastrointestinal infection (10.8%), exacerbation of chronic disease (8.7%), voluntary drug-poisoning (7.1%), seizures (4.0%), headache (3.0%) and respiratory infections (2.2%). 40% were discharged home; 32.5% were hospitalized in medical pediatric services, 23.7% went to the operating room or pediatric surgery ward and 3.8% were transferred to other hospitals.

Conclusions
The specificity of care required by adolescents implies a differentiated training. Surgical pathology was the most prevalent inpatient reason in our Unit; explained due to the entire peri-operative care for children and adolescents being done in this PedOU. Although less frequent, exacerbation of chronic diseases and trauma represent greater expenditure of time and resources. Admission related to modifiable causes, like self- poisoning, remains a crucial problem. Thus, adolescent health efforts should emphasize prevention given adolescent's greater openness to change and the long duration over which benefits will be reaped.

PID.54 - STEVENS-JOHNSON SYNDROME IN AN ADOLESCENT- CASE REPORT

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Introduction
Stevens-Johnson Syndrome (SJS) is an immune-mediated hypersensitivity reaction triggered mostly by drugs or following infections. It is a rare disease whose incidence increases with age and about 20% of cases occur in children and adolescents. Mortality reaches 10%, with considerable morbidity.

Case Study
Adolescent, 17, male, admitted to the Pediatric Department with high fever, papulo-vesicular rash on hands, feet, genital and nasolabial region, oral mucosa and lips erosions, with oedema and erythema, conjunctival hyperaemia, photophobia and ocular exudate. He was treated with macrolide, non-steroidal anti-inflammatory and antihistaminic one week before the onset of symptoms. Complementary diagnostic tests showed an increase in inflammatory parameters, altered coagulation because of hepatic synthesis default and chest radiography with bilateral parahilar infiltrate. Cultural and serology tests were negative.

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After suspension of all medicines there was clinical improvement with progressive regression of symptoms after 2 weeks.

Conclusion
The diagnosis of SJS is clinical, based on objective findings and a through medical history, with special emphasis for use of drugs or presence of previous infection. Its recognition is important so that clinical intervention can occur as early as possible, since eviction of the potentially responsible agent is the key to reduce morbidity and mortality associated with the disease.

PID.55 - ARE THEY SLEEPING ENOUGH?
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Introduction
Quantity and quality of sleep is important for adequate adolescence development and it is determined by multiple factors.

Objectives
To recognize sleep habits and disorders from a group of adolescents.

Methods
Transversal study, in which adolescents between 10 and 18 years old performed a questionnaire about sleep, during a visit to the hospital.

Results
We analysed 113 questionnaires, with a median age of 14,8 years and 62,8% belonging to girls. The average of sleep on weekdays was 8 hours and 35 minutes and 9 hours and 35 minutes at the weekend. About 26,1% went to bed after 10.30 pm during the week, while 78,7% did it during the weekend. Three adolescents admitted that they needed a person to sleep with, 12 needed a light and 17 an object (the majority a teddy bear). In terms of sleep disorders, we found out that 14,4% snored; 13,4% admitted that they had often difficulty in falling asleep; 12,6% repeatedly woke up during the night and 12,6% frequently spoke during sleep. Adolescents reported that nightmares appeared a few times and frequently in 57,1% and 9,8%, respectively. Bruxism was present in 16,2% and enuresis in 2,7%. In items related to screen exposure, we found out that 80,9% and 57,8%, used television and computer after dinner, 30,1% and 41,7% used it for 2 or more hours, respectively. These elements were present in 67,0% of adolescents' rooms. The adolescents slept with their cell phone on in 70,3%, while 22,0% admitted they use it during the night. When asked about information about sleep at the medical consultation, 30,9% reported that this issue was never addressed.

Conclusion
An intervention regarding sleep hygiene and approaching sleep issues in routine medical consultation must be established in order to correct some existing problems.

PID.56 - "Look what the cat dragged in"
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Objectives
The presence of unspecific signs and symptoms is always a challenge in the clinical practice. In those cases, data from the clinical history and physical examination are often essential to guide the subsequent investigation.

Case report
Fifteen-year-old boy, previously healthy, presented with a painful swelling in the antero-medial side of the left thigh with 5 days of evolution.
He reported asthenia and anorexia with a week of evolution, vespertine fever and nausea and referred contact with cats, one of them a kitten.
The physical examination was unremarkable except for generalized lymphadenomegaly. The inguinal nodes were painful, with little mobility, the largest with 2x2cm. In the antero-medial side of the left thigh

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he had a hard and painful elongated swelling with 3 cm of greatest diameter. Laboratorial studies revealed a mild leukocytosis, increased C-reactive protein and sedimentation rate. The abdominal-pelvic ultrasound revealed a mild hepatosplenomegaly, while the ultrasound of the left thigh showed a large heterogeneous adenomegaly, with cortical thickening at the level of the left thigh root, nonspecific, with 1.6cm of longitudinal axis. The chest teleradiography was normal. Serology for HIV 1-2, toxoplasmosis, cytomegalovirus, Epstein-Barr and herpes simplex was negative. IgM for *Bartonella henselae* was positive and IgG was negative, and he started azithromycin for 5 days, with complete resolution of the complaints.

Conclusions/Discussion
The cat scratch disease, usually benign and self-limited, is a common cause of enlarged lymph nodes with a subacute or chronic course. The hypothesis of this disease was considered because of the clinical picture and the contact with cats. The diagnosis, by indirect immunofluorescence, was essential to identify the causative agent, without the need for invasive techniques and resulted in a good evolution with targeted antibiotics.

PID.57 - HOW DO OUR ADOLESCENTS EAT?
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Objectives
Recommendations for improved nutrition are extremely important in all ages, as evidence clarifies the impact of a healthy diet in growth and pubertal development and the possible relation of early nutrition to later diseases.
The aim of this study is to characterize the diet and sedentary lifestyle of a group of adolescents.

Methods
A close-ended survey was planned and delivered to assess adolescents between 10 and 18 years old, somatometry, diseases, typical dietary intake physical and recreational activities.

Results
In this study, 109 adolescents answered the inquiry, 61% were girls and the average age was 16 years old. Approximately 22% were overweight or obese.
The average number of meals was 5. In this group, 98% eat breakfast, 87% of whom daily; 76% reported to eat the morning snack (16% cakes or sweets). All of them eat lunch daily, 91% at school and in this group, 6% at the school bar. 94% eat the afternoon snack (15% candies). The entire sample stated to eat dinner (99% at home). During the day, 93% answered that they eat soup, 25% daily; 95% eat fruit, 55% daily. These adolescents reported that they drink sodas and juices or alcohol beverages with meals in 34% and 3%, respectively. They referred, in 80% of the cases, to eat fast food in average once a week.
Regarding physical activity, 98% had gym classes at school and 41% had extra physical activity, 55% of them less than two hours a week.
In average, they spend 7, 3 and 2 hours daily at their cell phone, computer and television, correspondingly.

Conclusion
The results point out to some dietary and lifestyle errors in the adolescent age. Strategies to prevent excessive caloric intakes, to decrease time with multimedia and to increase physical activity would be promising as a means to improve health.

PID.58 - WHO ARE THEY AND WHY TEENS USE THE PEDIATRIC EMERGENCY ROOM OF THE FIGUEIRA DA FOZ HOSPITAL?
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Introduction and Objectives
The pediatric department of the Figueira da Foz Hospital (HDFF) provides differentiated care, ensuring the attendance of the child population of Figueira da Foz, Montemor-o-Velho and Soure, with direct connection with the reference center, the Children's Hospital of Coimbra. The pediatric emergency room works permanently with the physical presence of a pediatric specialist, residents and a general practitioner (GP), every day. The objective of this study was to characterize the population aged between 11 and 17 years old who resorted to the pediatric emergency of the HDFF during the months of October and November of 2014.

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Methods
Observational, descriptive, retrospective study.
Population: Population of teens aged between 11 and 17 years old who resorted to the pediatric emergency of the HDFF between the 1st October and 30th November of 2014; patients observed by the surgical specialties (surgery and orthopedics) were excluded. Variables analyzed: age, sex, symptoms, exams done, drugs administrated, diagnosis and subsequent referral. Data source: Interface Clínico ® (software used in the emergency room of HDFF). Data processing: Excel®.

Results
A total of 517 teens resorted to the pediatric emergency room during this period, 287 (55.5%) were female and 230 male (44.5%). The symptoms most commonly lead to the emergency department were abdominal pain (13.3%), sore throat (11.8%) and fever (8.5%). The vast majority did not conduct any exam (68.9%); no drugs were administrated (71.4%) or was forwarded to any query / relocation or other after discharge.

Discussion
The results showed that, given the lack of need of supplementary diagnostic tests done and the lack of drugs administration, the vast majority of teens aged 11 to 17 who resorted to the pediatric emergency of the HDFF could have been consulted by their GP or another primary care physician.

PID.59 - PRIMARY OR SECONDARY IMMUNE THROMBOCYTOPENIA? THE ROLE OF CYTOMEGALOVIRUS
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Introduction/objectives
The primary immune thrombocytopenia is one of the most frequent hematological causes of symptomatic thrombocytopenia in Pediatrics. It is a diagnosis of exclusion, characterized by a single decrease in peripheral platelet counts (
We describe a 13-year-old male, previously healthy. He presented with petechiae and generalized bruising with 24 hours of evolution, epistaxis and gingival bleeding. No trauma, systemic manifestations, infectious complications or previous immunizations identified.

Case report
At physical examination, overall health status conserved, petechial rash in the lower limbs and scattered bruises. Rhinoscopy showed blood traces on the right and oropharynx presented with hemorrhagic lesions and petechiae on the palate, no signs of active bleeding. No palpable organomegaly. The hemogram showed thrombocytopenia. After he received human immunoglobulin 1g/kg there was an improvement on platelet count and bleeding symptoms.

Conclusion
We present a severe immune thrombocytopenia case, with acute hepatitis and mucocutaneous bleeding, secondary to CMV infection. Although an association already known there are few cases reported in the literature, and can be associated with symptomatic, severe and refractory thrombocytopenia, which could compromise the effectiveness of treatment and perpetuate the disease.

PID.60 - THE ADOLESCENT MEDICINE CLINIC IN A TERTIARY PEDIATRIC HOSPITAL: PORTRAIT OF ONE YEAR
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Introduction
Adolescent Medicine (AM) is a relatively new subject in Portugal and many professionals still wonder what they can fit in it.
Since patients are referred to a tertiary hospital clinic by doctors in very different settings, the portrait of these referrals is an important contribution to their impression about this area. Furthermore, this knowledge could be useful to adjust it to the population real needs.

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Aims
To characterize the population seen in a tertiary pediatric hospital AM clinic and to compare it with other similar clinics.

Methods
Transversal descriptive study of the first appointments in 2014.

Results
From a total of 952 appointments, 282 (30%) were first ones; median age was 14.8 years; 61% females. Referral sources: other hospital clinics (30%), emergency room (27%), GP's (15%) and inpatient units (11%). The top five diagnosis were: headache (17%), obesity (9%), eating disorders (9%), risk behaviour (7%) and short stature (5%). The main diagnostic categories were: mental and behaviour disorders (25%), neurological (21%) and endocrine (19%). About one third of these patients (33%) were followed up by psychology or psychiatry. 31% were discharged during the study period – 62% after the first appointment. Comparing to other portuguese studies, the results are similar in age, sex and referral sources. The main diagnostic categories were the same, but in different order. However, one study showed the genitourinary diseases as one of the most frequent.

Conclusions
This study will bring the opportunity to adapt and optimize available resources. The low number of referrals from GP's may show difficulties in accessibility and lack of information about the clinic itself. This fact and the high percentage of patients discharged after the first appointment, will led us to review the referral criteria to our clinic, ensuring accessibility to it.

PID 61 - CHARACTERIZATION OF THE COMMON HEALTH PROBLEMS OF A GROUP OF ADOLESCENTS BASED ON AN OBSERVACIONAL STUDY

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Objectives
The objectives of this study were to characterize a sample of adolescents, in relation with their prevalent health problems and risk behavior.

Methods
This was an observational study, in which we applied an anonymous and individual questionnaire to a sample of adolescents that frequent the consultation in a health center (13-19 years old). The questionnaires were applied between October and December 2014. The variables studied were mainly, somatometry (body mass index), sexual activity, and substance consumption (alcohol, tobacco and drugs).

Results
There were obtained 240 questionnaires, 92% from female and 8% from male. The mean age was 17,2+- 1,4 years old (13-19). The results of the body mass index were: 89% had a normal weight (IMC<85%); 8% had overweight (85%<IMC<97%) and 3% had obesity (IMC>97%). Seventy-seven per cent of the sample had already begin sexual activity, with an average age of 15,6+- 1,4 years and 78% uses a contraception method – 62% uses the pill and 56% the condom. Seventy-four percent knew about infectious sexual diseases, 53% used the condom in occasional sexual relations and 25% had already used the emergency pill. In respect to the substance consumption, around 28% had consumed tobacco, 49% alcohol and 16% other drugs.

Conclusion/discussion
In respect to the somatometry, the results don't show an excess of obesity. The high prevalence is a normal weight. The main problems identified were the early age to start sexual activity and a high prevalence of substance consumption, mainly alcohol.
The multidisciplinary team who work every day with this adolescents, need to be aware of these problems, to be capable of identifying them in the consultation and to advise the adolescents to change their behavior and to adopt a new lifestyle.

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PID.62 - VOLUNTARY INTOXICATION IN ADOLESCENTS ADMITED TO EMERGENCY ROOM

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Introduction

Adolescence is an important stage in terms of physical, emotional and cognitive maturation, conditioning behaviors of experimentation and a substance abuse such as alcohol, medication and illegal drugs.

The incidence of abusive consumption of these substances is increasingly and has reached even younger ages. In this age group, it's a frequent cause of admission to the Emergency Room (ER) and it is an important cause of morbidity. A significant amount of these individuals could present concomitant psychiatric disease.

Goals

To characterize the population of adolescents admitted to the Emergency Room (ER) in a level 2 hospital with voluntary intoxication.

Methods: retrospective analysis of the subjects' file with ages between 10 and 17 years old (and 365 days), during a period of 5 years.

Results

During the 5 years in study, 49 adolescents with voluntary intoxication were observed, 73% by alcoholic intoxication, in which 1/3 presented concomitant consumption of drugs and 11 (26%) for voluntary intoxication by medicines, all by multiple substances. Four cases occurred in male. In 65% there was history of psychiatric pathology.

Mostly, there were recent history of family troubles or scholar failure and 3 cases had unfavorable social context. We distinguish a case in which the consumption occurred in the attempt of satiety (economic shortage and scarce meals) and another one on which the consumption was related with nervous anorexia and homosexuality.

Conclusion

Our results are according with literature. We reforce the importance of the knowledge of the local reality for a better intervention, in order to implement preventive measures adapted to the local population. In other hand, voluntary intoxication as a form of attempted suicide is currently a significant problem among the teenage population, so, there is a crescent need of studies in this age group and in this area.

PID.63 - ADOLESCENT CHEST PAIN: 5 YEAR STUDY AT THE EMERGENCY DEPARTMENT

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Objectives

Chest pain is a common compliant in adolescents visiting the Emergency Department. We assessed and analysed the etiology of chest pain among adolescents arriving to the Emergency Department between 2010 and 2014.

Material and Methods

In a descriptive cross-sectional study, we assessed children with chest pain who visited our medical centre during January 2010 to December 2014. Any case of trauma, which needed Surgery assessment associated with chest pain, was excluded from this study. Data were analysed by SPSS. We analysed symptoms, associated conditions, underlying diseases, triggers and diagnoses.

Results

A total of 472 patients [260 male, 212 female; age range (10–16 years)] were enrolled into this study. ECG was taken from 168 (35,8%) patients (7 patients had abnormal electrocardiogram (ECG)). 161 patients had chest radiograms (34,3%). Overall, idiopathic chest pain was the most common diagnosis (35,8%). Other associated disorders were musculoskeletal (20,1%), psychological (18,5%), gastrointestinal (8,4%), cardiac (0,6%), pulmonary (3%), respectively.

Conclusions
According to our data, idiopathic chest pain seems to be the most common cause of chest pain that motivates emergency room attending. Psychological triggers seem to be an important associated factor. Careful history and physical examination can be helpful in diagnosis and treatment planning of children suffering of chest pain. Chest pain due to cardiac origin is rare, but it should be considered.

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PID.64 - WHY DO WE NEED TO TRANSFER ADOLESCENT PATIENTS TO A TERTIARY CENTER?
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Introduction/Objectives
Hospital referral network is based on an integrated inter-institutional information system that improves the quality of health care provided . As in other age groups, adolescents sometimes need observation by other specialties, some of which are only present in tertiary centres.
The purpose of this retrospective study is to characterize and analyse adolescent's referral from a Pediatric Department at a level A2 hospital.

Methodology
Review and analysis of adolescent records (10-18 years) admitted to the Pediatric Department (internment and emergency) from 2009-2014, who were referred to tertiary centres.

Results
In the 6 year period reviewed, 600 adolescents were hospitalized, of which 36 (6%) needed to be transferred to another unit. Also 10828 adolescents were admitted at emergency department, of which 64 (0.6%) were transferred. From the total of 100 adolescent referrals, there was a male predominance (54%) and a mean age of 13.6 years. Half of them had previous relevant medical history, mainly neurological/developmental disorders (18%). Forty six percent of adolescents underwent evaluation by pediatric subspecialties, being oncological (18%) and gastrointestinal (8%) disorders the most common reasons for referral. To surgical specialties were sent 43% of adolescents, mostly to pediatric surgery (12%), ophthalmology (10%) and otorhinolaryngology (9%). The remaining 11% were referred to Psychiatry.
The most common destinations were Hospital S.João (42%), Centro Hospitalar Porto (21%) and IPO–Oncology center (14%).

Discussion
The adolescent referrals analysis allows us to understand the potential needs of our Department. The results show that pediatric subspecialties referrals occurred due to the need of specialized care units as oncology centres. The high number of otorhinolaryngology and ophthalmology referrals, mainly from emergency department, were explained by absence of those specialties at night and weekend.
The existence of relevant medical history in 50% of patients transferred, alerts to the need to maintain the link between services in order to improve care of adolescents with chronic condition.

PID.65 - ANALYSIS OF ADOLESCENT ADMISSIONS TO THE PEDIATRIC WARD OF CHTMAD (VILA REAL UNIT) BETWEEN 2009-2014
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Adolescence is a period of transition from childhood to adult life. In Portugal, pediatric attendance was progressively widened, achieving in 2010 the age limit of 17 years and 364 days.
A retrospective analysis of adolescent admissions to the pediatric ward of CHTMAD (Vila Real Unit) between 2009-2014 was done. The following variables were analysed: gender, age, residence, referral, type of family, prior referral to the outpatient clinic, duration of admission, diagnosis, and referral.
During the period analysed, 600 adolescents were admitted. The number of admissions per year was stable. Most adolescents were male (304). 409 lived in a rural setting and 191 in an urban setting.
The type of family was only registered in 100 of the admissions: nuclear family (65), single parent family (12) and a dysfunctional family (7).
87 of the adolescents were already on the outpatient clinic.
The patients were admitted to the ward from the emergency department (84.5%) and outpatient clinic (9.67%), and the remainder were referred by other specialties and from other hospitals.
The average duration of the hospital stay was 3 days.

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The principal diagnoses at discharge were: bacterial pneumonia (67), diabetes mellitus (53), alcohol or drug intoxication (16), pneumothorax (14), obesity (12), infectious mononucleosis (11) and asthma (10).
9 patients required referral to a tertiary hospital and 3 to a hospital close to their residence. Two of the patients died.
Most patients (64.67%) were referred to the pediatric outpatient clinic, 17% were referred to their general practitioner and the remainder to other outpatient clinics.
During the period analyzed, the number of adolescent patients admitted per year remained stable, with no increase might be expected given the increase in age limit for admission. Most of the patients were admitted from the emergency department. The most of the adolescents were referred to the pediatric outpatient clinical.

PID.66 - Healthy Buddy Project

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Introduction

Portugal is amongst the countries with higher rates of weight excess in adolescence. Due to the low success rate of conventional therapeutic interventions, a Paediatric Obesity Management Program in a partnership with a Students' Association of a Faculty of Medicine, developed the innovative project "Healthy Buddy".
The project has two main objectives: To assess the impact of a more active lifestyle on the adolescents' anthropometric parameters and quality of life, and to promote the involvement of medical students in community projects.

Methods

The sample comprises a population of adolescents aged 13-16, with a BMI ≥ 97 percentile, who were randomly selected from the list of adolescents who had their first medical appointment at the Paediatric Obesity Clinic during 2014.
After selecting 10 male and 10 female adolescents, a "buddy" (students from the Faculty of Medicine of Lisbon who volunteered) was randomly matched with the sole criteria of sharing the same gender. Anthropometric measurements and quality of life (Impact of Weight on Quality Of Life Kids – IWQOL-Kids) were/will be assessed at the entrance/end of the project. The project lasts 8 months (December 2014 - July 2015) and comprises 12 sessions. The two hour Saturday sessions take place at the nearby University sports facilities, with exposure to a wide range of sports to increase the probability of identification to a specific sport and future interest in practicing it. The "buddies" accompany the adolescents during the sessions and practice together with them, building a strong and trustful relationship.

Results and Conclusions

Most adolescents are actively joining the activities, with mid-term assessments showing fruitful results. Medical students participating in the project have raised their awareness regarding the urgent need of reversing the individual obesity process, and are enjoying this peer support experience. We are keen to evaluate this project.

PID.67 - PSYCHOSOCIAL SCREENING OF 16-19 YEAR OLDS ADMITTED WITH DIABETIC KETOACIDOSIS: INPATIENT, OUTPATIENT AND TRANSITION PERSPECTIVES.

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Background

Psychosocial screening is an important skill in adolescent health in both outpatient and inpatient settings. It provides an opportunity to explore risk and resilience. Acting on the outcomes may influence self-management and future admissions.

Objectives

To explore the extent of psychosocial screening in adolescents aged 16 to 19 with type 1 diabetes in 1) an adult inpatient setting and an outpatient setting before and after transfer from paediatric to adult services.

Methods

All 16-19 year olds admitted with DKA over 12 months at the University Hospitals Leicester were identified. Computerised and paper patient records were reviewed for documented evidence

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psychosocial screening during admission, pre- and post-transfer to adult services. Domains identified as important for screening were:- Home circumstance, Education/Employment, Activity/Peers, Drugs, Tobacco, Alcohol, Sexual Activity and Suicide/Depression.

Results

15 patients (8 female) had 20 DKA admissions. 10 patients had been transferred from paediatric services and 14 had attended adult services.

Number of domains screened: during admission to adult services 66/160(41%), in paediatric outpatients 22/80(28%), and in adult outpatients 51/112(46%). Risks identified in 44/139(32%) of domains screened, action taken in 26/44(59%).

Domains screened were: Alcohol 31/44; Tobacco 28/44; Education/Employment 26/44 Home circumstances 25/44; Activities/Peers 11/44, Suicide/Depression 9/44; Sexual Activity 6/44 and Drugs 3/44.

Junior doctors more frequently carried out psychosocial screening during acute admissions, whereas in outpatients it was more senior doctors.

Conclusion

Opportunities are being missed for psychosocial screening. Paediatric outpatients had lowest levels of screening. In inpatient settings junior doctors are performing screening, where as in outpatient settings it is more senior doctors. A more detailed pro forma may assist inpatient screening. Training is therefore required at all levels.