4. 91/91 had full history and examination.

5. 91/91 with a diagnosis of epilepsy were on AED(s).

6. 20/91 had discussion (s) regarding AED adverse effects.

7. 40/91 had seizure type classified.

8. 11% had syndrome classification.

9. 15 had EEG after first afebrile seizure.

10. 31/39 MRIs done were indicated.

11. 8/91 had ECG.

12. 31/91 had documented rescue plan and 14/37 had Rescue-AED(s) when indicated.

Conclusion(s)

1. Inadequate discussion(s) of AED side effect, rescue plan(s) and prescribing home Rescue-AED.

2. Suboptimal use of EEG and ECG.

3. Low evidence of seizure(s) and syndrome classification.

We recommend

1. Appointment of a paediatric epilepsy specialist nurse.

2. Promotion of awareness of indications of EEG and ECG in children with seizure(s).

3. Promotion of attendance to epilepsy training (Dubai PET1 and PET2) courses.

4. Re-audit.

PO-0822 | **WITHDRAWN**

PO-0823 | **HYPOPARATHYROIDISM AS THE FIRST MANIFESTATION OF KEARNS-SAYRE SYNDROME: A CASE REPORT**

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Objective Kearns-Sayre syndrome is a mitochondrial myopathy, which was first described by Tomas Kearn in 1958. Diagnostic symptoms include retinitis pigmentosa, chronic and progressive external ophthalmoplegia plus one or more of following factors: heart conduction system disorders, cerebellar ataxia, or cerebrospinal fluid (CSF) protein content above 100 mg/dL. The nature of this uncommon disease is yet to be clarified. In this paper, we report a case of Kearns-Sayre syndrome. According to the previous records, the first manifestation of Kearns-Sayre syndrome as hypoparathyroidism is uncommon and in this article, we report a case with this problem.

PO-0824 | **SCREENING FOR DEPRESSION IN HOSPITALISED PAEDIATRIC PATIENTS**

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Objective In chronically ill children who are hospitalised, many mood changes occur. For example, in children with cancer or renal failure, prolonged hospitalisation and chemotherapy can lead to depression. With the improved survival of childhood malignancies, the effect of treatment on child's psychosocial well-being becomes increasingly relevant. In this study, we examined the prevalence of depression in hospitalised children with chronic and acute conditions in Dr Sheikh Paediatrics Hospital in Mashhad.

Materials and methods After receiving the approval from the Ethics Committee of Mashhad University of Medical Sciences, we did this cross-sectional descriptive study, from April to June 2012 in Dr Sheikh Paediatric Hospital in Mashhad. Ninety children, aged between 8 to 16 years, were screened for depression. The sampling method was census. Children with a history of depressive or other mental disorders were excluded. Three groups of children (children with chronic renal disease, malignancy, and acute disease) were evaluated for depression using standard Children Depression Inventory Questionnaire (CDI). Two specifically trained nurses with the supervision of a psychiatrist filled out the questionnaires at patients' bedside. Depression scores were then analysed by SPSS software.

Results Of 90 children, 43(47.7%) were male and 47(52.2%) were female. The Children's mean age was 11 ± 2.3 years, and the mean length of hospitalisation was 8 ± 5.3 days. Depression was detected in various degrees in 63% of patients (n = 57), and 36.6% of children (n = 32) had no symptoms of depression. Severe depression was not seen in any of the patients with acute illness. More than half of patients with cancer and chronic kidney disease had moderate to severe depression. There was a significant statistical relationship between the duration of illness and severity of depression. There was also a significant correlation between severity of depression and frequency of hospitalisation. Children who had been hospitalised more than 3 times in the last year, experienced more severe levels of depression. We also found a significant correlation between pubertal age and severity of depression in patients with cancers and chronic renal failure.

Conclusion Children who are hospitalised due to chronic conditions are at a higher risk for mood disorders in comparison with the ones with acute conditions. It is therefore advisable to consider more practical plans to improve the care for hospitalised children's mental health.

PO-0825 | **DO YOUNG ADULTS BORN WITH VERY LOW BIRTH WEIGHT HAVE POOR EMOTIONAL, BEHAVIOURAL AND SOCIAL FUNCTION?**

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Objective To study emotional and behavioural problems, relations to friends and substance use in young adults born with very low birth weight (VLBW: ≤1500 g) compared to controls.

Design/methods A hospital-based follow-up study of 34 VLBW young adults and 35 term-born controls at 23 years of age. Data was collected using the Achenbach System of Empirically Based Assessment – Adult Self-Report (ASR) and the Beck Depression Inventory (BDI).

Results The ASR total problems score was 38.6 (21.7) in the VBLW group compared with 29.0 (18.7) in the control group (p = 0.08). The VLBW group had higher scores for anxious/depressed (p = 0.04), attention problems (p = 0.03), aggressive