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BOOK OF ABSTRACTS

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School-age female patient with undiagnosed Congenital Adrenal Hyperplasia.

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Background: Congenital Adrenal Hyperplasia was described in 1865 by Luigi de Crecchio. It is a group of rare inherited autosomal recessive disorders, resulting from the deficiency of one of the five enzymes required for the synthesis of cortisol in the adrenal cortex. It is classified as a classical form with a frequency of 1/15,000 births and as non-classical estimated at 0.1% of the general population. Aim of this study is to present a young patient with undiagnosed congenital adrenal hyperplasia who appeared in the emergency department with painless macroscopic hematuria.

Case Study: A female 710/12 years old presented with painless macroscopic hematuria. The child exhibits premature adrenarche during the last six months with no signs of axillary hair, acne or increased apocrine odour. The clinical examination revealed clitoral enlargement without genital ambiguity, stage of virilization IIv (Prader), stage of development of hirsutism P3 (Tanner) and stage of breast development B2 (Tanner). The patient underwent full laboratory—hormone testing, ultrasound imaging of the upper and lower abdomen, as well as an assessment by a gynaecologist and pediatric endocrinologist. Menstrual dysfunction was ruled out and hematuria was attributed to hemorrhagic cystitis. Endocrinology testing showed high values of 17-OH progesterone (20 ng/ml), as well as androgen DHEA(9.2 ng/ml), DHEA-S(199.9 µg/dl) and D4-androstenedione (3.49 ng/ml), while the ultrasound of the abdomen found no solid or cystic damage in the anatomical area of the adrenal glands, and the uterus and ovaries were of a child's type. Synacthen test and molecular testing confirmed a diagnosis of Non-Classical Congenital Adrenal Hyperplasia.

Conclusions: Non-classical Congenital Adrenal Hyperplasia occurs in childhood and adolescence. The pediatrician should always perform a thorough clinical examination not to miss premature pubarche, which is the predominant clinical sign in children < 8 years old. Females with adequate monitoring and treatment have normal survival rates.

ID: 288/PT3: 9

Type 4—Poster Presentation

Topics: ADOLESCENT MEDICINE, PUBLIC HEALTH

Keywords: eating habits, health complaints, adolescents, urban

Eating habits and psychosomatic health complaints among urban adolescents in Kazakhstan

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Introduction: Nutrition behaviour of adolescents is important due to changes that occur in their body at this age. Many adolescents neglect healthy diets by eating critically infrequent amounts of fruits and vegetables as well as consume high amounts of sugary drinks and sugary foods such as sweets.

Purpose: Study the relationship between eating habits and psychosomatic health complaints among urban adolescents.

Materials and Methods: The data were collected from a nationally representative survey (n = 4 868) in the 2018 Health Behavior in School-aged Children (HBSC) Kazakhstan, aged 11-,13- and 15-years (boys: 50.4%, urban: 54.7%). The study examined the eating habits of urban schoolchildren, such as daily breakfast, the frequency of consumption of vegetables, fruits, and sweets and sugary carbonated drinks. Binary logistic regression methods on the presence of psychosomatic health complaints (frequent abdominal pain, headaches, dizziness every day or several times per week) were analyzed with adolescents' negative eating habits.

Results: 37.9% of urban adolescents did not eat breakfast daily on weekdays; 46.5% consumed fruits and 42.3% vegetables less often than 5–6 times per week; 40.9% ate sweets at least 5–6 times per week; about a quarter of children surveyed, 24%, drank sugary drinks at least 5–6 times per week. Psychosomatic complaints were present in children who did not eat breakfast daily: dizziness (OR = 2.3 (95% CI 1.8;3.0); abdominal pain (OR = 2.0 (95% CI 1.5; 2.6); headaches (OR = 1.9 (1.5;2.4)). Low consumption of vegetables and fruits (less than 5–6 times per week) was positively associated with a higher level of psychosomatic health complaints dizziness (OR = 1.3 (95% CI 1.03;1.7); abdominal pain (OR = 1.3 (95% CI 1.02;1.7); no association with headaches was identified. There was a positive association of sweet consumption at least 5–6 times per week with headaches (OR = 1.4 (95% CI 1.1;1.7)). No associations were found between consumption of sugary drinks at least 5–6 times per week and the psychosomatic health complaints.

Conclusions: The results demonstrate that risks of health problems are high among adolescents with unhealthy eating habits. Proper nutrition is essential for the health of youth. It is necessary to promote healthy eating behaviour through the implementation of integrated solutions at the multispectral level.

ID: 296/PT3: 10

Type 4—Poster Presentation

Topics: GENERAL PEDIATRICS, ADOLESCENT MEDICINE, PUBLIC HEALTH

Keywords: mental health complaints, life satisfaction, well-being

The impact of mental health complaints on life satisfaction among children in Kazakhstan

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Introduction: Mental health and quality of life of children and adolescents is a key public health concern. An important aspect of mental well-being is life satisfaction, which is closely related to the subjective state of health.

Purpose: Assessment of the association between adolescents' mental health complaints and their level of life satisfaction.

Materials and Methods: This study is based on data from Health Behavior in School-aged Children (HBSC) survey, conducted for the first time in Kazakhstan in 2018. A nationally represented sample (n = 4868; boys: 50.4%) of 11, 13 and 15-year-olds were used for this study. Self-reported individual mental health complaints, such as feeling low, feeling irritable, feeling nervous, and difficulties sleeping were analyzed in relation to children's life satisfaction through calculation of statistical criteria for contingency tables (Chi-square test for independence and OR). High life satisfaction defined as a score of six or more on the Cantril ladder. Frequent complaints referred to symptoms experienced every day or several times per week in the last six months.

Results: Low life satisfaction was reported by 9.1% of Kazakhstan adolescents. Adolescents who reported frequent feeling low (19.4%) were significantly more likely to have low life satisfaction (OR = 2.8 (95% CI 2.2;3.6)) than those who rarely or never experienced feeling low (7.9%). Schoolchildren with frequent complaints on feeling irritable (18.8%) were significantly more likely to have low life satisfaction (OR = 3.1 (95% CI 2.5; 3.8)) compared to those without such symptoms (6.9%). Similar associations were observed for feeling nervous frequently (21.2% versus 7.6%) and difficulties in falling asleep (18.4% versus 7.7%), with risks of low life satisfaction: frequent nervousness: OR = 3.3 (95% CI 2.3;4.2); frequent experience of sleep difficulties: OR = 2.7 (95% CI 2.1;3.4).

Conclusions: The study revealed that negative mental health complaints of adolescents were associated with life satisfaction in Kazakhstan context. Such findings are early indicators for other serious consequences during adolescence, such as symptoms of depression, decreased motivation, problems with academic performance and social adaptation. Timely identification and study of predictors of life satisfaction could promote healthy and competitive generation.

Session

PT4: Poster Theatre (PT-4)

<i>Time:</i> Friday, 4 December 2020: 17:30—18:30	<i>Location:</i> Virtual
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Presentations

ID: 132/PT4: 1

Type 4—Poster Presentation

Topics: RARE DISEASES, PSYCHIATRY, ADOLESCENT MEDICINE

Keywords: Catatonia, Psychiatry, Pharmacology, Adolescent, Resource-limited

Can't touch this: Management of pediatric catatonia unresponsive to benzodiazepine monotherapy in a resource-limited setting

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Background: Pediatric catatonia is the focus of an emerging body of research, with numerous case reports detailing clinical attributes and unique treatment considerations among pediatric populations (Benarous, 2018). As with adult patients, benzodiazepine therapy is a core feature of treatment, with electroconvulsive therapy recommended for unresponsive patients. However, access to ECT remains limited for minors within California, with minimal availability for low-income populations. When ECT is unavailable, providers have turned to glutamate agonist and antipsychotic medications (Roberto, 2014), although there is no clear consensus on the optimal approach to augmenting treatment.

Case Study: We present the case of a 13-year-old female with profound symptoms of catatonia and limited response to benzodiazepine monotherapy, who was successfully treated in a system of care with highly restricted ECT access. An in-depth review of the available literature informed the treatment team's pharmacologic approach over the course of the patient's 75-day hospitalization.