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P216 ABSTRACT WITHDRAWN

P217 CLINICAL EFFICACY OF COMPLEX PHYTOPREPARATION BASED ON EVENING PRIMROSE, GENTIAN, ELDER, SORREL, VERBENA AS A THERAPEUTIC AGENT IN TREATMENT OF ACUTE VIRAL RHINOSINUSITIS IN CHILDREN

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Trial objective/hypothesis Investigation of the benefits of treatment of acute viral RS with complex phytopreparation as a basic therapeutic agent in contrast to routine therapy based on the symptomatic treatment.

Products Complex phytopreparation syrup BNO 1012

Trial design Clinical, Non-interventional, Multicentre (5 clinical centres in four cities), Prospective, Randomized, Comparative

Subjects Patients diagnosed with acute viral RS (n=169): Age: 6–11, average age 8.1; Sex: male (n=88)/female (n=81); The main group (n=94); The comparison group (n=76)

Inclusion criteria Acute viral RS; First 48 hours since onset of the disease; Severity of symptoms – 8 to 12 points on the MSS scale: nasal discharge, nasal congestion, post-nasal drip, headache, facial pain (0–4 points).

Exclusion criteria Administration of complex phytopreparation for 30 days prior to the episode; Patients diagnosed with allergic rhinosinusitis; Known intolerance to primrose drugs; More than 48 hours since onset of the disease; Severe acute disease requiring hospitalization/treatment with antibiotics; Chronic pathology and anatomical anomalies in osteomeatal complex, which may influence outcome of the disease.

Primary/Secondary efficacy criteria

Decrement of RS symptoms on the MSS scale; Recovery day / Reduction in frequency of transition to post-viral RS stage; Reduction in frequency of transition to purulent RS stage

Duration of treatment 14 days.

Physical examination Visit 1 (day 0); Visit 2 (day 5); Visit 3 (day 10); Visit 4 (day 14)

Patient's self-evaluation daily for 10 days.

Conclusions Administration of complex preparation for treatment of acute viral RS among children at the age of 6–11 leads to: Substantial decrement of RS symptoms on the MSS scale starting with visit 2; There was no statistical difference between groups in terms of dynamics of 'facial pain' and 'headache' criteria, due to the toxic effects of the viral infection; Reduction of duration of disease by almost 24 hours; Substantial reduction in frequency of transition of acute viral

RS to post-viral RS stage (by 79.5%) and bacterial RS stage (by 58.7%).

P218 ABSTRACT WITHDRAWN

P219 TEENAGE PREGNANCY IN OUR MODERN WORLD

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Background Teenage pregnancy is a major public health concern. As per the WHO, 16 million females between the ages of 15–19 years and 1 million <15 years of age, give birth per year.

Complications resulting from pregnancy remain the second most common cause of death in teenage females (McCarthy F, O' Brien U, and Kenny LC, *BMJ* 2014;349)

A 2016 census (Paul Partnership Limerick 2016) reported a fifth of Limerick's total population to live in areas of significant socio-economic disadvantage with higher lone and teenage pregnancy rates. While the lone parent rate is sited as 21% in Limerick as a whole, this study reports 12 areas within Limerick where the rate is in excess of 50%.

As such, it is evident that teenage pregnancy is a significant issue in Limerick, and one which is currently under-researched and underfunded.

Aim In this retrospective study we aim to examine the data pertaining to the cohort of teenage mothers presenting to University Maternity Hospital Limerick (UMHL) over the past ten year period, to analyse numbers presenting, the age of conception and delivery, and the neonatal morbidity associated with these pregnancies.

Methods Hospital electronic databases were used to collate demographic data in relation to teenage pregnancies. Our study is part of a wider project looking at health and disease in the adolescent population in our region with a view to appropriate future planning to services, and provision of health care for this cohort.

Results The mean age of conception was determined to be 15.6 years, with no significant deviation over the ten year period. Mean age of delivery was 16.3 years. On average, this cohort presented 1.5 times to the Maternity Unit for assessment over the course of their pregnancy, This number has increased since 2014 to a mean of 1.8 visits, perhaps reflecting a greater uptake of dedicated services. Approximately 2 admissions per month to UMHL are of 14–16 year old adolescent girls.

Discussion These findings highlight the impact of pregnancy on young teenagers. It is hope to further expand this study to analyse data relating to neonatal outcome in this group, NICU admissions and sequelae of same.