who assess 4 times daily 68.6% of them have HA1c < 7 and all patients who assess 6 and 7 times daily have HA1c < 7.

Conclusions: More frequent SMBG more than 3 times was associated with better glycemic control and less diabetic complications. As regard factors and barriers affecting compliance of SMBG of type 1 diabetic children and adolescents we found that regular and irregular SMBG children and adolescents faces the common barriers and factors.

The critical level of vitamin D in childhood asthma
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Objectives: Studies have suggested a significant link between vitamin D status and asthma. We sought to determine the cut-off level of vitamin D that is significantly linked to asthma status in children.

Patients and Methods: Our cross-sectional study comprised 90 asthmatic children, aged 2-18 years. They were evaluated clinically and classified according to asthma severity and control. Asthma control test (ACT) was performed in those aged above 4 years. Pulmonary functions were performed in cooperative children (n = 59). Serum 25 hydroxy-vitamin D levels were measured by ELISA in all patients.

Results: The study comprised 52 boys (57.7%) and 38 girls (42.3%) with mean age 7.03 ± 4.36 years. Thirty-six patients (40%) had mild asthma, 37 (41%) moderate asthma and 17 (19%) had severe asthma. Forty-two patients (46.6%) had controlled asthma; 14 (15.6%) partially controlled and 34 (37.8%) had uncontrolled asthma.

ACT score ranged: 11-26, with a mean score: 18.9 ± 4.3 SD. Serum 25 hydroxy-vitamin D levels ranged between 2-48 ng/ml (mean ± SD: 12.2 ± 9 ng/ml); levels were comparable among different grades of asthma severity (f = 1.975, p = 0.145), while the uncontrolled asthma group showed the lowest levels (f = 8.511, p < 0.001). Vitamin D levels correlated positively with ACT score (r = 0.369, p < 0.001) but not with inhaled steroids doses or any of the parameters of the pulmonary function tests. Vitamin D level of 7.5 ng/ml was associated with partial/complete uncontrolled asthma; 14 (15.6%) partially controlled and 34 (37.8%) had uncontrolled asthma.

Conclusion: Vitamin D levels below 7.5 ng/ml are associated with poor asthma status in children.

Evaluation of quality of care offered to children and adolescents with beta-thalassemia major: single center experience
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Background: Over the past few decades, there has been a remarkable improvement in the survival of patients with thalassemia in developing countries. Availability of safe blood transfusions, effective and accessible iron chelating medications, the introduction of new and non-invasive Methods of tissue iron assessment and other advances in multidisciplinary care of thalassemia patients have all contributed to better outcomes.

Objective: To evaluate quality of care offered to patients with thalassemia major against the standard of care at Hematology/Oncology Unit, Ain Shams University Children’s Hospital.

Subjects and Methods: Two hundred patients with beta thalassemia major with age range between 2 and 17 years were recruited. Data was collected by reviewing the patients’ records then compared with thalassemia international federation guidelines for care of transfusion dependent thalassemia patients.

Results: The mean value of pre-transfusion Hb among our patients was 7.26 ± 0.89 g/dl. Initial extended red cell antigen typing had been done in 4.5% of patients. Almost all the studied patients (198/200) were on chelation therapy either as monotherapy or combined chelation therapy with DFO/DFX being the most frequently used combination. Many patients suffered endocardial complications with short stature being the most common complication (39%). Twenty-eight patients had delayed puberty while hypothyroidism and hypoparathyroidism were uncommon (only one patient for each). Liver and myocardial iron concentrations (LIC and MIC) assessment using MRI T2* was done in 13.5% of the patients. Most patients had moderate to severe degree of hepatic iron overload (30% each), while only 7.4% had high risk myocardial iron deposition. HCV infection was prevalent among one fifth of the patients.

Conclusion: Specialized care is mandatory for the patients with beta thalassemia. Assessing the quality of care is of utmost value in guiding resources and redirecting therapy.

Anthropometry, body and food composition analysis of patients with drug resistant epilepsy: a case control study
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Aim: Growth, body and food composition assessment in children with drug resistant epilepsy.

Subjects and Methods: The study included 150 children with drug resistant epilepsy, their weight, height, midarm circumference, triceps skin fold thickness and body mass index (BMI) were measured. Body composition analyzer was used to measure body fat, fat free mass, muscle mass and body water. A three-day food diary was used to calculate their food intake for the past consecutive three days to estimate their average daily intake of calories, carbohydrate, fat and proteins. Patients were further classified into two subgroups according to the antiepileptic drugs used; those who were on valproate and those who were on other antiepileptics than valproate. Another 150 apparently healthy children served as control.

Results: All anthropometric analysis assessed were higher in patients compared to control and were further higher together with body composition measurements in the valproate group compared to the non-valproate group; for body fat 12.29+/−6.66 and 7.44+/−5.29 kg (p = 0.004), fat free mass 32.30+/−8.81 and 34.97+/−7.01 kg (p = 0.002), muscle mass 30.64+/−8.36 and 23.25+/−6.77 (p = 0.001) and body water 23.64+/−6.44 and

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