in their later years. To date there has been no study on the effect of AN and AAN on BMD in young Asian adolescents.

Objectives In this retrospective study, we compare BMD and baseline characteristics in Adolescents from Singapore with AN and AAN, to find any difference in BMD Z-score between AN and AAN, and any predictive factors for low bone density in adolescents with EDs.

Methods We reviewed electronic medical records for all patients below the age of 18, who were treated for Eating Disorders at KK Women's and Children's Hospital between 2010 and 2020 (n=507).

Results 318 AN and 141 AAN cases were identified within the study period. Mean age of all cases is 14.08 ± 1.49 years with mean duration of illness being 8.06 ± 6.15 months. Females made up 92.8% of AN cases, compared to 84.4% of AAN cases ($\chi^2(1)=7.739$; $p=0.005$). %BMI at presentation was significantly lower for AN than AAN (74.55 ± 7.27 versus 97.12 ± 9.95 , $t(210)=-24.18$, $p<0.001$). 29% of AAN patients were pre-morbidly overweight (max IBW > 120%), compared to 4.6% of AN patients ($\chi^2(1)=42.97$; $p<0.001$). There were significantly higher BMD Z-scores in AAN compared to AN for both the spine (1.55 ± 1.63 versus 0.29 ± 1.67 , $t(179)=-4.22$, $p<0.001$) and femur (0.48 ± 0.93 versus 0.23 ± 1.19 , $t(194)=-3.63$, $p<0.001$) region. In our linear regression model, BMD Z-score was not associated with duration or magnitude of weight loss as well as duration of amenorrhea or overweight status.

Conclusions From the findings of our study, we conclude that Asian adolescents with AAN demonstrated higher BMD Z-scores for both spine and femur compared to their AN counterparts. There was no predictive factors for low bone density. These findings may be instructive in informing guidelines for the management of Asian adolescents with AN and AAN.

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INTRAVENTRICULAR HAEMORRHAGE IN A UGANDAN COHORT OF LOW BIRTH WEIGHT NEONATES: THE IVHU STUDY

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Background Globally, 15 million neonates are born prematurely every year, over half in low income countries (LICs). Premature and low birth weight neonates have a higher risk of intraventricular haemorrhage (IVH). There are minimal data regarding IVH in sub-Saharan Africa. This is one of the first studies of IVH in LBW neonates in a LIC in sub-Saharan Africa and the first in east Africa.

Objectives The objective of this study is to examine the incidence, severity and timing of and modifiable risk factors for IVH amongst low-birth-weight neonates in Uganda.

Methods This is a prospective cohort study of neonates with birthweights of ≤ 2000 g admitted to a neonatal unit (NU) in a regional referral hospital in eastern Uganda. Maternal data were collected from interviews and medical records. Neonates had cranial ultrasound (cUS) scans on the day of recruitment and days 3, 7 and 28 after birth. Risk factors were tabulated and are presented alongside odds ratios (ORs) and adjusted odds ratios (aORs) for IVH incidence. Outcomes included incidence, timing and severity of IVH and 28-day survival.

Results Overall, 120 neonates were recruited. IVH was reported in 34.2% of neonates; 19.2% had low grade (Papile grades 1–2) and 15% had high grade (Papile grades 3–4). Almost all IVH (90.2%) occurred by day 7, including 88.9% of high grade IVH. Of those with known outcomes, 70.4% (81/115) were alive on day 28 and survival was not associated with IVH.

We found that vaginal delivery, gestational age (GA) < 32 weeks and resuscitation in the NU increased the odds of IVH. The aOR for having any IVH was 3.5 (95% CI 1.01–16.45), comparing vaginal delivery with Caesarean delivery. Compared with neonates of ≥ 32 weeks GA, neonates of GA < 32 weeks had increased odds of any IVH, aOR 6.70 (95% CI 1.6–31.02), high grade IVH, aOR 8.18 (95% CI 1.18–69.37), and low grade IVH, aOR 6.70 (95% CI 1.12–46.9). Neonates who required resuscitation in the NU also had increased odds of any IVH, aOR 5.10 (95% CI 1.23–26.36) and high grade IVH aOR 9.24 (95% CI 1.83–54.38). Neonates who were SGA (small for gestational age, <10th centile) had increased odds of low grade IVH, aOR 9.96 (95% CI 1.83–71.84). Of the 6 neonates who received 2 doses of antenatal steroids, none had IVH.

Conclusions This study found that in this resource limited NU in a regional referral hospital in eastern Uganda, more than a third of neonates born weighing ≤ 2000 g had an IVH and majority of these occurred by day 7. We found that vaginal delivery, GA < 32 weeks, resuscitation in the NU and being SGA were associated with increased odds of having an IVH. This study had a high rate of SGA neonates and the risk factors and relationship of these with IVH in this setting needs further investigation. The role of antenatal steroids in the prevention of IVH in LICs also needs urgent exploration.

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THE UTILITY OF C-REACTIVE PROTEIN FOR SCREENING AND DIAGNOSIS OF EARLY-ONSET INFECTION IN TERM NEONATES

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Background Early onset sepsis (EOS) remains a significant cause of neonatal mortality and morbidity. About 10% of term neonates were exposed to antibiotics for EOS risk, despite a very low incidence (around 1%) in this group especially after the introduction of intrapartum antibiotic prophylaxis. One of the main reasons for over treating the neonates is the lack of ideal diagnostic biomarkers. C-reactive protein (CRP) and complete blood count (CBC) are most commonly used biomarkers for EOS, but the diagnostic performance of CRP was poorly understood with most studies on late onset sepsis. In the past 15 years, our neonatal unit has used CRP systematically in neonates with risk or signs of EOS, providing a good opportunity to analyze its diagnostic accuracy.

Objectives In this study, we aimed to evaluate the performance of CRP for early onset infection diagnosis in symptomatic neonates and screening in asymptomatic high-risk neonates.

Methods This is a retrospective study done in a tertiary neonatal care center in Hong Kong. Term neonates born during the period of 01/01/2005–30/06/2018 with blood taken for CRP testing in the first 72 hours were included. Their CRP results were included into the analysis if blood were taken before antibiotic treatment. Subjects were divided into four