

in the public health system. An insightful survey conducted among bioethics graduates reveals a unanimous acknowledgment of the importance of bioethics education in shaping the ethical competence of future doctors. 87% (435) of students involved express the belief that such education contributes significantly to improved ethical practice and decision-making. 82% (410) of students express a preference for bioethics as an elective, emphasizing its role in enhancing their overall medical education. 70% (350) of students advocate for the integration of bioethics education throughout the medical program. They propose incorporating new models of doctor-patient relationships, coupled with behavioral observation by clinician-teachers during clinical subjects in senior years. This perspective underscores the importance of aligning theoretical knowledge with practical application to reinforce ethical principles in clinical settings.

**Conclusions** In conclusion, we posit that commencing bioethics education from the first year of medical studies is integral to the holistic development of future doctors as ethical and proficient professionals. It is imperative that students grasp the principles of medical deontology to ensure that their future medical endeavors align with ethical standards.

**PP-115 IMPACT OF PHYSICAL REHABILITATION ON MOTOR ACTIVITIES AND DAILY PARTICIPATION IN CHILDREN WITH OSTEOGENESIS IMPERFECTA**

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**Aim** Osteogenesis Imperfecta (OI) is a genetic connective tissue disorder causing impairment of the musculoskeletal system resulting in motor limitations and restriction to Osteogenesis Imperfecta (OI) is a genetic disorder affecting connective tissue, leading to musculoskeletal impairment and limitations in motor activities. The impact of OI on daily participation in home, school, and community settings has been recognized, yet studies focusing on the Saudi population lack emphasis on the benefits of physical rehabilitation interventions. This study aims to investigate the effects of continuous physical therapy management on children with OI type I, specifically focusing on various aspects of the International Classification of Functioning, Disability, and Health (ICF).

**Material and Method** Thirty patients with type I OI, aged five to eleven years, from King Abdul-Aziz University Hospital (KAUH) were enrolled. The participants were divided into two groups: the study group, which received a Physical Therapy program twice a week for four months, and the control group, which followed home advice. Measured variables included muscle power for primary antigravity muscles, gross motor skills, and spatiotemporal gait data.

**Results** Post-rehabilitation, the study group exhibited a significant increase in gait speed, accompanied by a reduction in the timing of foot off and the percentage of double support

time. The muscle power of antigravity muscles also significantly improved in the intervention group. Additionally, both groups demonstrated post-treatment improvements in gross motor activities, with a more significant enhancement observed in the intervention group compared to the control group.

**Conclusions** The findings suggest that physiotherapy exercise intervention is crucial for enhancing functional mobility in children with OI, potentially preventing the adverse effects of disease progression on daily activities. Regular physical rehabilitation for OI can contribute to improved motor activities and ambulation, both indoors and outdoors, ultimately reducing the long-term cost-effective burden associated with this type of disability.

**PP-116 DIAGNOSIS OF PURINE METABOLISM DISORDERS IN CHILDREN**

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**Aim** To show the importance of qualitative anamnesis collection for the detection of diseases associated with purine metabolism disorders using the example of a clinical case.

**Material and Method** The analysis of the child's medical history, clinical examination of the patient, laboratory tests, ultrasound of the kidneys and bladder were carried out.

**Results** During the season of acute respiratory virus infection (ARVI) mother with a 3-year-old boy consulted a pediatrician with complaints of child's severe weakness, food refusal, single vomiting and loose stools, fever up to 38°C and increased nervous excitability. Physical examination: the child is lethargic, wants to sleep, there was no evidence for ARVI. The others indicators of systems of organs were in line with the age norm. Family history: maternal grandmother has a urolithiasis. Urates and calcium oxalates were detected in the clinical urine analysis, uric acid - 628 mmol/l in the biochemical blood test (reference limits 100–282), ultrasound of the kidneys: bilateral pyelectasis.

**Conclusions** Since the beginning of the last century, groups with anomalies of constitution (diathesis) have been identified during annual check-up of children, among them no more than 10% were children with neuro-arthritic diathesis, which is a predisposition to the formation of diseases associated with impaired mineral metabolism. In the last 20–30 years, the focus has shifted to the treatment of diseases, and this issue is rarely and controversially covered in modern literary sources. The determination of uric acid is not included in the algorithm of examination of children. Due to the recent increased cases of early and preschool age children treatment with the signs of purine metabolism disorder, it is necessary to draw the attention of pediatricians to this problem and to take into account family history data, uric acid levels during the examination of patients aged from 1 to 7 years (especially with anamnesis of increased nervous excitability).