the doctors believe that this is too late. 68% of the doctors agree that the society does not have enough knowledge about dementias.

50 patients’ caregivers completed the surveys: 26% – AD, 28% – vascular dementia, 46% – non-defined. The first contact with their doctors varied greatly among different dementia patients: AD – waited for 2.8y, vascular dementia – 1.46y, non-defined – 0.87y. Even though patients’ caregivers indicated that they received enough information from their doctor, they admitted that they had no or not enough knowledge concerning the disease before. They also highlighted that it was hard to find information in Lithuanian language.

Conclusion: The research showed that people do not have enough knowledge about dementias and have limited access to information. This is one of the main reasons why the diagnostics is late. Considering the mental health is a stigmatic topic in the world, the fact that people do not know about the dementias might be the problem in the whole world.¹

Reference
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PS102

Assessing the prevalence of HBV and HCV infections in children under going hemodialysis and the related risk factors in a children’s Medical Center

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Aim: Assessing the prevalence of HBV and HCV infections in children under going hemodialysis.

Introduction: Chronic hemodialysis is a life saving process in patient with end stage renal disease. Hemodialysis patients are at high risk for viral hepatitis infections due to the high number of blood transfusion sessions, prolonged vascular access and the potential for exposure to infected patients and contaminated equipments. Approximately 8% and 20% of hemodialysis patients have B hepatitis and C hepatitis respectively and this data varies from country to country. Hepatitis B virus (HBV) and hepatitis C virus (HCV) infections are important causes of morbidity and mortality in hemodialysis patients.

Methods: Based on the information gathered from the 149 hemodialysis children files, some special questionnaires were filled in, the obtained data was assessed and analyzed in SPSS software.

Results: A total of 149 hemodialysis patients with mean age 8.8(range: 0.24–16.74) years were enrolled in the study. Out of the total 149 patients, 74 were male and 75 were female. The majority of the patients (51 people) were in the 7–10 years age range. After glomeropathies (34 cases – 22.8%), reflux nephropathies (24 cases – 16.10%) were the main reasons in charge of renal impairment in our study population.

The results of our study in hemodialysis patients referring to the children’s Medical Center of Iran from 1991 to 2009 suggests that prevalence of B and C hepatitis were both 2.04% and the prevalence of the concurrent infections (B and C hepatitis) were 2.72%.

Conclusion: This study confirms that the prevalence of B and C hepatitis among hemodialysis children referred to children’s medical center are much lower than the adult hemodialysis patients in Iran and worldwide. This might indicate the higher health standards and the absence of intravenous drug abuse and unsafe sex among our study population. Screening donated bloods, treating anemia with erythropoietin, avoidance of dialyzer reuse, assignment of dedicated dialysis rooms, machines, and staff for infected patients, new disinfection methods, screening the patients before entering dialysis program and vaccination of susceptible patients and staff all have been reffered to as means of limiting hepatitis transmission within our dialysis unit.

The results of this study can be used in health programming and budget allocating for this group.

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