iterranean countries. As in most European studies, the independent prognostic value of *TEL/AML1* is in doubt, because it is closely associated with other favorable factors. In this series, the modification of the therapeutic regimen (ie, omission of the SR arm) may be responsible for the similar outcome in *TEL/AML1*$^+$ and *TEL/AML1*$^-$ cases, because it seems to lower the relapse risk for all children with ALL.

BEHAVIORAL VARIABLES IN FUNCTIONAL DYSPEPSIA: THE TYPE A BEHAVIOR PATTERN, SYMPTOMS OCCURRENCE, AND EFFECTIVENESS OF PHARMACOLOGIC TREATMENT IN SCHOOL-AGED CHILDREN

Submitted by Igor Radziewicz-Winnicki
Igor Radziewicz-Winnicki, Sabina Wicek, Halina Wo
Department of Pediatrics, Medical University of Silesia, Katowice, Poland

INTRODUCTION: Functional dyspepsia (FD) is the most prevalent type of abdominal pain. Several organic disorders that result in FD have been identified, whereas psychological trials have suggested that patients with functional gastrointestinal disorders may present behavioral disorders simultaneously. Defining the relationship between common personality aspects, type A and/or type B behavioral patterns (TABPs/TBBPs), and coexisting symptoms as well as their change during FD treatment might be helpful in establishing focused therapy strategies, including appropriate psychological interventions.
OBJECTIVE: Our goal was to evaluate the grade of TABPs in children with FD and FD subtypes to reveal correlations of behavioral patterns and experienced symptoms and to assess the relationship between analyzed factors and symptom relief during therapy.
METHODS: A total of 66 children (aged 11–18 years) were diagnosed with FD following the Rome II criteria. The control group consisted of 86 healthy children who denied recurrent abdominal pain. In all children, severity of 10 dyspeptic symptoms was measured with the FACES Pain Rating Scale and the created visual-analog Dyspepsia Symptoms Questionnaire. Psychological evaluation was carried out by using the Type A/B Behavior Scale for Children and Adolescents (TAB) by Ogińska-Bulik and Juczyński. All patients received typical treatment for 4 weeks. After 8 weeks, children were asked to complete the symptoms questionnaires again.
RESULTS: The general TABP pattern was significantly decreased in the FD group compared with the controls ($P = .0016$), especially in boys. Moderate or extreme TABP was diagnosed in 4.2% of the boys with FD in comparison with 29.7% of the male controls; 66.7% of the boys with FD (vs 24.3% of the controls) and 37.2% of the girls with FD (vs 22.5% of the controls) met criteria for moderate or extreme TBBP. Boys with ulcer-like FD revealed scores lower than those of the controls on total TABP ($P < .001$) and all of the TABP subscales: competition, impatience, sense of time urgency, and hostility. Correlation analysis exposed the positive relationship between total TABP, competition, and hostility with dysmotility-like symptoms. Sense of time urgency and total TABP correlated negatively to the pain. During the therapy observation, hostility was conducive to increasing most of the dyspeptic symptoms ($P < .037$), and competition was related to the nausea release in boys and to aggravation of heartburn and feeling full long after eating in both genders. The sense of time urgency was related to belching intensifying.
CONCLUSIONS: The behavioral pattern varied in the FD and control groups. The children with FD were more likely to present a TBBP than TABP, which is strongly restricted, especially in boys with ulcer-like FD.

1. The TBBP constituents are connected to dysmotilities, whereas reduced TABP compounds are more common among pain-suffering patients.
2. Behavioral pattern influences efficacy of FD treatment: behavioral compounds centered on emotions are conducive to increase dysmotilities, whereas behaviors connected with defeating stress situations encourage pain-symptom aggravation.

DOES INTRAFAMILIAL SPREAD PLAY A ROLE FOR *HELICOBACTER PYLORI* INFECTION IN CHILDREN?

Submitted by Eleftheria Roma
Eleftheria Roma[a], Joanna Panayiotou[a], Joanna Pachoula[a], Yota Kafritsa[a], Cathrin Constantinidou[b], Andreas Mentis[c], Vasiliki Syriopoulou[a]
[a]First Department of Pediatrics and [b]Department of Pathology, Agia Sophia Children's Hospital, Athens University, Athens, Greece; [c]Laboratory of Microbiology, Hellenic Pasteur Institute, Athens, Greece

INTRODUCTION: Acquisition of *Helicobacter pylori* (Hp) infection in children occurs mainly in those under 5 years of age.
OBJECTIVE: Our aim was to investigate intrafamilial spread of Hp infection.
METHODS: One hundred symptomatic children without previous eradication treatment were investigated by gastroscopy and the ^{13}C-urea breath test (UBT). All family members of each index patient were investigated by using the UBT. Infected members were estimated according to UBT results, and for those members who were UBT-negative and had recently received eradication therapy after confirmation of infection by endoscopy, the previous positivity was taken into account.
RESULTS: Hp infection was identified in 44 (44%) of 100 symptomatic index children. There was no statistical

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Igor Radziewicz-Winnicki, Sabina Wicek and Halina Wo

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