

for Risk on Nutritional Status and Growth [STRONGkids], Screening Tool for the Assessment of Malnutrition in Paediatrics [STAMP], and Paediatric Yorkhill Malnutrition Score [PYMS]) to children admitted to a tertiary children's hospital in Iran. The goal of this study was to evaluate the nutritional status of hospitalized children in a tertiary pediatric hospital in Mashhad, Iran, and to compare the validity, ease of use, and the varying prevalence of malnutrition according to these 3 nutritional risk screening tools.

METHODS: Three nutritional risk score tools were applied to all patients, and patients were then classified into low-, medium-, and high-risk groups. The anthropometry of hospitalized children was determined and classified by using standard criteria. The validity and the ease of use of the tools were assessed.

RESULTS: Of the children classified, 30.6% were found to be undernourished based on their weight-for-height *z* score, and the prevalence of moderate and severe malnutrition was 22.8% according to height for age. PYMS identified 23.5% in the medium-risk group and 52.2% in the high-risk group. STAMP identified 20.9% in the medium-risk group and 69.6% in the high-risk group. STRONGkids classified 71.3% of children as medium risk and 7.8% as high risk. STAMP detected more malnourished children (21 of 21) compared with PYMS (20 of 21) and STRONGkids (17 of 21).

CONCLUSIONS: Nutritional risk screening tools were able to detect children at a higher risk of nutrition deterioration; however, variable utility was observed. Further assessment of NRS tools in developing countries is required. In these countries, PYMS was the most reliable tool.

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Bahareh Imani,^a
Mina Hosseini Nasab,^b
Zahra Gholampour,^b
Nooshin Abdollahpour,^c
and Zahra Mehrbakhsh^d

^aDepartment of Pediatrics, Mashhad University of Medical Sciences, Mashhad, Iran;

^bDepartment of Nutrition, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran;

^cDepartment of Biology, Faculty of Sciences, Young Researchers and Elite Club, Mashhad Branch, Islamic Azad University, Mashhad, Iran; and

^dDepartment of Biostatistics, Mashhad University of Medical Sciences, Mashhad, Iran

Evaluating Quality of Life and Psychiatric Comorbidity in Children and Adolescents With Constipation (With or Without Fecal Incontinence) and Comparison With Healthy Counterparts

BACKGROUND AND OBJECTIVES: Constipation is one of the most common gastrointestinal problems among children. The

behavioral and psychological problems associated with chronic constipation include a wide range of disorders that reduce quality of life. The objectives were to evaluate psychiatric disorders and quality of life in children and adolescents with constipation.

METHODS: In a case-control clinical trial, 55 children and adolescents with functional constipation and 55 without constipation were assigned to case and control groups, respectively. After taking the medical history and physical examination, we provided 3 questionnaires to parents, children, and adolescents: a demographic questionnaire, a pediatric quality of life questionnaire, and a strengths and difficulties questionnaire (SDQ). Collected data were coded and analyzed with SPSS (IBM SPSS Statistics, IBM Corporation).

RESULTS: The mean child self-reported and parent proxy-reported scores on the quality of life questionnaire were 54.67 ± 3.9 and 49.86 ± 3.2 for the case group and 63.26 ± 4 and 66.09 ± 3.4 for the control group. Only the parent-reported quality of life score was statistically different between case and control patients ($P = .014$). The emotional performance quality of life score was statistically different on both self-reported ($P = .016$) and parent-reported ($P = .024$) questionnaires. The total SDQ score was abnormal for 93% and 83% of case and control participants, respectively, which was an insignificant difference ($P = .631$). There was no statistically significant difference in SDQ subgroups and impact scores between the 2 groups.

CONCLUSIONS: Quality of life and emotional performance are impaired in children with functional constipation, and they should be screened for consequent disorders. Referring at-risk patients to related specialists might improve treatment and help control constipation.

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Hamid Reza Kianifar,^a
Paria Hebrani,^b
Fateme Behdani,^b
Saeed Akhlaghi,^c
Mohammad Naser Dadpour,^d
Atieh H. Mehdizadeh^e

^aDepartment of Pediatrics, Qaem Hospital, Mashhad University of Medical Sciences, Iran;

^bDepartment of Pediatrics, Dr Sheikh Pediatric Hospital, Mashhad University of Medical Sciences, Iran;

^cDepartments of Statistics, and

^eNutrition, Mashhad University of Medical Sciences, Iran; and

^dMashhad University of Medical Sciences, Iran

A Questionnaire-Based Survey Exploring Parental Safety Practices and the Impact of a County-Wide Safety Campaign During UK Child Safety Week 2014

BACKGROUND AND OBJECTIVE: Unintentional childhood injury is a major public health problem associated with significant

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