physiological distress to cues that symbolize event). As a result the victim avoids the stimuli associated with trauma and has increased arousal (ex. hyper vigilance, exaggerated startle, insomnia, outburst of anger). The disturbance needs to last greater than 1 month and cause significant distress and/or impairment in social, occupational, or other important areas of functioning. A hospitalization, especially an unexpected hospitalization can be seen as a traumatic event due to threat of death, disability, disfigurement. There are several potential consequences to parental PTSD including marital discord and behavioral problems in children (Peebles-Kleiger, 2000). It is important to explore methods of mitigating parental stress. It is also important to recognize that fathers and marginalized populations may cope differently. It was found that the highest distress was seen in the lowest educational level, (Holditch-Davis, et al., 2009). Staff is also vulnerable to PTSD due to prolonged exposure to grotesque sights, length of time in crisis and emotional identification with patients (similar in age, gender, temperament with one's own child). In summary, PTSD does occur in the NICU environment and may have long term negative consequences.

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PASSIVE SMOKING IN CHILDREN AT HIGH SOCIO-CULTURAL AND ECONOMIC LEVEL AND PARENTS´ OPINIONS ABOUT THE EFFECTS OF PASSIVE SMOKING

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Objective: This study was conducted to determine exposure to tobacco smoke at home in children whose parents at high socio cultural and economic level and parents´ opinions about the effects of passive smoking in children.

Method: The survey data was collected on a random sample of 290 parents of children who attended from two private schools in Sakarya (2007). All parents in the sample received an anonymous self-administered questionnaire containing an explanation about the purpose of the study, pointing out the participation is voluntary.

Results: 40.7% of fathers and 32.8% of mothers were university graduates. 46.6% of families have described to their economic situation as good. 54.5% of families were smokers, % 20.3 of both mother and father were identified as smokers. 16.9% of the parents had reported their children exposed to cigarette smoke at home, 82.4% of families have an opinion that they have reported passive smoking of children may lead respiratory diseases, 72.4% the immune system weakens, 72.1% a desire to smoke in the future.

Conclusion: The majority of the parents are known to health effects of the passive smoking on the children. Despite this, nearly one in five is exposed to their children to tobacco smoke at home. By adapting to the parents to adverse effects of passive smoking for the health of children and particularly babies at individual and family health awareness programs, changes in behavior must be established.

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PHARMACOKINETIC STUDY (A2210378) COMPARING TWO PEDIATRIC PARACETAMOL SUSPENSIONS SHOWS BIOEQUIVALENCE, AND FASTER EARLY ABSORPTION OF NEW FORMULATION

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Objective: To compare a new formulation, Paracetamol Pediatric Suspension (PPS), designed to reach therapeutic levels rapidly, to marketed formulations of Children's Panadol® (CP) and Panodil® Baby & Infant Suspensions (PBIS). The trial measured the rate and extent of absorption and bioequivalence in fasted and semifed states of the three paracetamol formulations.

Methods: A pivotal, single-center, open-label, six-way crossover pharmacokinetic (PK) study, in 28 healthy, male, adult-volunteers. These subjects received a single oral dose of 1.0g paracetamol in three randomized treatments in fasted and semi-fed states with a 24-hour washout period between doses during a 7-day/6-night residential period at the study site.

Results: Regression analyses of AUC_{010hrs}, $AUC_{0\text{-}inf}$, and C_{max} confirmed that the three formulations were