Methylphenidate and other drugs used to treat ADHD are likely to produce similar benefits. ADHD is common in cerebral palsy, particularly in diplegia associated with prematurity, but rarely diagnosed. Increased awareness and treatment of comorbid ADHD may make the difference between achieving and maintaining walking or becoming wheelchair dependent, with important implications for quality of life and life expectancy.

G112(P) EARLY PUBERTAL CHANGES IN NEURODISABLED CHILDREN – AN UNDER DIAGNOSED ISSUE?

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Aim Evaluation of pubertal changes is an easily missed component in the assessment of the complex neurodisabled child .There is limited literature available in the UK regarding pubertal changes in these children. Available evidence suggests an earlier age of commencement of puberty and an increased incidence of precocious puberty in comparison with the general population. We aim to identify the characteristics of early pubertal changes amongst patients seen within a tertiary neurodisability setting.

Methods Retrospective data was collated from patients with neurodisability and premature pubertal changes who were seen over an 18 month period. Patients were evaluated through clinical examination and subsequently referred for endocrine assessment. Hormonal assays and bone age estimation were conducted where appropriate.

Results 13 children (male: female = 2:11) with neurodisability and early pubertal changes were identified. All 13 children had learning difficulties with the majority(84%) placed in special schools. CP(38%) and SLD of unknown origin(38%) were the most common underlying diagnosis. Age at presentation was 3–8.5 years (median age: boys = 5.75 years, girls = 6 years). Of the 11 girls, 54.5% (n = 6, median age: 4.7 years)were diagnosed with central precocious puberty and presented with thelarche and pubarche (tanner stage 2). They had advanced bone age and hormonal levels in pubertal range. 1 girl was diagnosed with idiopathic precocious puberty .The remaining children, 2 boys(mean age 5.75years) and 3 girls (mean age 6.8years) presented with isolated thelarche or pubarche ,had prepubetral sex hormone levels, normal or marginally increased bone age, normal or high adrenal steroid levels. These children were diagnosed with premature or exaggerated adrenarche and did not warrant treatment. Results of investigations are pending in 1 child. 6/7 children diagnosed with precocious puberty were treated with GNRH analogues (parents refused treatment for 1 child)

Conclusions In our review, true precocious puberty was identified in younger children as compared to older children who presented with isolated secondary sexual characteristics. A significant proportion of these children required hormonal treatment. Thus, assessment of pubertal changes should be an essential component of the multipronged evaluation of children with neurodisability.

G113(P) A SURVEY OF CARERS' SATISFACTION WITH GASTROSTOMY TUBE FEEDING FROM A TERTIARY CHILDREN'S HOSPITAL

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Gastrostomy tube (GT) feeding is a well recognised solution for preventing growth failure and enhancing quality of life for the children with neurologic impairment and their caregivers.

Aims To assess the level of parents/carers satisfaction and experience after gastrostomy tube insertion among children with moderate to severe learning and physical disabilities.

Method 50 parents/carers of children attending special education schools for moderate to severe learning and physical disabilities in a local district were requested to participate in a survey by completing a 23-item questionnaire. A total of 15 respondents (so far) were analysed.

Results The age of the children ranged from 3 to 18 years (Median 10.8 years) with a M:F sex ration of 1:2. Gastrostomy was performed between 5 and 204 months of age (Median of 4.6 years). 40% of the carers wished they had the GT inserted earlier. The commonest problems ever associated with feeding were vomiting/regurgitation (80%), poor growth/weight gain (73%), coughing/choking and recurrent chest infections (66% each). The main problem for each child was reported to be improved in 80% and remained unchanged in 13%. The frequency of feeding either remained the same or increased (36% each) in most children while the duration of each feed either reduced (70%) or remained the same.

More than 50% of the carers reported positive effect of GT feeding in relation to ease of medication administration, the Child's Quality of life, happiness and ease of handling, improved growth/weight gain, reduced vomiting, increased time available for minding other children, better control of pain, epilepsy and chest infections (Table 1).

Abstract G113(P) Table 1

Effect of GTF	Total Respondents	% Improved	% Same	% Worse
Ease of Medications	15	93.3	6.7	0.0
QoL_for Child	14	92.9	6.7	0.0
Main Problem before GTF	15	80.0	13.3	1.1
Vomiting/Regurgitation	10	80.0	13.3	0.0
Poor Growth/Wt Gain	12	75.0	13.3	1.1
Time_for Other Children	15	66.7	20.0	0.0
Happier_Child	14	64.3	26.7	0.0
Child Easier to Handle	14	57.1	20.0	3.2
Pain	7	57.1	20.0	0.0
Epilepsy	7	57.1	20.0	0.0
Recurrent Chest_Infections	9	55.6	26.7	0.0
QoL_for Carer	14	50.0	40.0	1.1
GP_Consultations	14	50.0	46.7	0.0
Time_for Self (Carers)	15	46.7	26.7	4.3
Ease Finding Minders	14	28.6	33.3	5.4
Stiffness/Dystonia	6	16.7	26.7	1.1
Carers Strained_Relationships	11	9.1	26.7	1.1
Ease of Back_to Work	13	7.7	6.7	0.0

Key: QoL = Quality of life

Conclusion Over two thirds of the carers expressed overall improvement of their children's feeding problems with the gastrostomy feeding, helping to resolve common problems such as vomiting/regurgitation, poor growth/weight gain, coughing/choking and recurrent chest infections. The healthcare professionals need to provide advice and necessary information to help the carers make the decision at an early stage.

G114(P) CHILDREN WITH EXCEPTIONAL HEALTHCARE NEEDS: "PERSONHOOD" AND MORAL STANDING IN COMMUNITY

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For almost 400 years philosophers have debated the attributes necessary for "personhood" or full moral status. While some argue that defining the moral status of children with profound intellectual disability and exceptional healthcare needs is an academic pursuit which fails to ensure that their best interests are met, I believe that the issue warrants careful consideration. Personhood confers moral status and protection by moral norms, if children with exceptional healthcare needs do not have full moral status, it could be argued that they are not holders of human rights.

A number of criteria necessary for "Personhood" have been proposed including attributes of the individual, either biological or

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