



Abstract G139(P) Figure 1

G140(P) CHANGES AND IDIOSYNCRASIES IN BRITISH NATIONAL FORMULARY FOR CHILDREN (BNFC) VITAMIN D RECOMMENDATIONS

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J Lim, B Jacobs. *Paediatrics, Royal National Orthopaedic Hospital, Stanmore, UK*

Aim To review BNFC advice regarding prevention and treatment of Vitamin D deficiency compared to other national guidance.

Methods

All guidance regarding Vitamin D was reviewed in the 8 editions since the BNFC was first published in 2005. The Royal College of Paediatrics and Child Health 2003 guide (Medicines for Children) was also reviewed. Dosage guidance and indications of prevalence of Vitamin D deficiency were compared.

Results Treatment doses have not changed, nor have maintenance dose (sometimes called prophylactic dose) recommendations for children older than 6 months. Maintenance doses for younger children have changed (see Table) and remain higher than those recommended by the Chief Medical Officers in 2005 and 2012. There is no mention of the use of Vitamin D3 vs. D2 (colecalciferol versus ergocalciferol). There have been shifts in emphasis in remarks about prevalence; from "deficiency is uncommon" to "symptoms are uncommon" to "Asymptomatic deficiency is common among some groups". There is unsubstantiated guidance regarding biochemical monitoring of children with D deficiency, with each of the 8 editions stating that children on treatment doses should have a blood test weekly (or twice weekly) to check calcium levels.

Conclusions The BNFC portrayal of D Deficiency as an uncommon problem in 2003 has gradually changed thorough the editions. Since 2011 the high prevalence of asymptomatic deficiency has been acknowledged. However the recommendation that children should have regular blood tests, which is not based on evidence, and is against the consensus of national experts, has remained through the editions. We propose a new clearer national dosage guide in line with the recommendations of the Chief Medical Officers and withdrawal of the recommendation to monitor serum calcium in well children with asymptomatic D Deficiency.

Abstract G140(P) Table 1

Year	Maintenance neonatal (units)	Maintenance 1–6 months (units)	Remarks on Prevalence
2003 Medicines for Children	190	190	
BNFC 2005	200-400	400-600	Deficiency uncommon
BNFC 2006	200-400	400-600	Deficiency uncommon
BNFC 2007	200-400	400-600	Nutritional deficiency uncommon
BNFC 2008	200-400	400-600	Deficiency uncommon
BNFC 2009	400	400-600	Symptomatic deficiency uncommon
BNFC 2010	400	400-600	Symptomatic deficiency uncommon
BNFC 2011	400	400-600	Asymptomatic deficiency common among certain groups
BNFC 2012	400	400-600	Asymptomatic deficiency common among certain groups

G141(P) NON-BACTERIAL MENINGITIS NOTIFICATIONS TO A BPSU STUDY OF BACTERIAL MENINGITIS IN BABIES 0–90 DAYS OF AGE IN THE UK AND THE ROI

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¹I Okike, ²E Anomelechi, ¹P Heath. ¹Clinical Sciences and Vaccine Institute, St George's, University of London, UK; ²St George's, University of London, UK

Background and Aims For over 25 years, the BPSU surveillance system has been used to successfully study the epidemiology of very rare diseases in the UK and the ROI. Some notifications usually do not meet study definition. It is possible to get useful clinical information from such notifications when the study questionnaires are completed also. We therefore set out to review the non-bacterial meningitis notifications during our study.

Methods We reviewed all reports that were sent to our study from all sources during the surveillance period and extracted the cases where the clinician completed the study questionnaire and the report did not meet our analytical definition. A descriptive analysis was subsequently undertaken.