the same disease was obtained in 2 cases (50% of NF1 and 100% of IP).

Conclusions The leading NCS in this study was SWS.70% of children with NCS presented with seizures. The commonest type of seizure among them is GTCS. Children with TSC had seizures refractory to anticonvulsants. Careful evaluation of NCS children can reveal problems like Learning disabilities.

Recommendation All children with neurocutaneous markers should be evaluated and investigated in detail to detect neurological affection.

Keywords Neurocutaneous syndromes, Hypomelanosis of Ito, Sturge Weber Syndrome, Tuberous Sclerosis Complex.

PO-0819 CASE SERIES OF CHILDREN WITH NEUROCUTANEOUS SYNDROMES

N Divakar. *Paediatrics, Pushpagiri Institute of Medical Sciences, Cochin, India*

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Introduction Neurocutaneous syndromes (NCS) are a heterogenous group of disorders characterised by abnormalities of both the integument and central nervous system that are believed to originate from a defect in differentiation of the primitive ectoderm. Cutaneous manifestations usually appear early in life and progress with time, but neurological features generally present at a later age.

Aim To study the clinical profile of children with neurocutaneous syndromes and their various symptomatology, the seizure types and the response to treatment.

Subjects and methods A retrospective crosssectional study was conducted in the Department of Paediatrics, Pushpagiri Medical College Hospital, Tiruvalla, during the period from January 2013 to June 2013. Children between the age group 0 and 15 years were included in the study on the basis of standard diagnostic criteria for different NCS. Investigations done were CT, MRI, EEG,and skin biopsy for appropriate cases

Results The study population comprised of 10 children (5 boys, 5 girls). The various forms of NCS observed were Sturge Weber syndrome (SWS) – 4 Neurofibromatosis (NF1)- 2, Hypomelanosis of Ito (HOI) – 2, Tuberous sclerosis complex (TSC) – 1, and Incontinentia pigmenti (IP) – 1. A total of 8 children (80%) presented with neurological symptoms and the remaining 2 (20%) presented with cutaneous symptoms of which 1 was found to have learning disability on evaluation. The neurological problems were,70% had seizures of which100% were SWS and TSC, 50% were HOI and NF1. 72% had generalised tonic clonic seizures (GTCS) and 28% had focal seizures. The child with TSC showed refractory epilepsy. Developmental delay was detected in 50% of cases and maximum delay was seen in HOI. Family history of the same disease was obtained in 2 cases (50% of NF1 and 100% of IP).

Conclusions The leading NCS in this study was SWS.70% of children with NCS presented with seizures. The commonest type of seizure among them is GTCS. Children with TSC had seizures refractory to anticonvulsants. Careful evaluation of NCS children can reveal problems like Learning disabilities.

Recommendation All children with neurocutaneous markers should be evaluated and investigated in detail to detect neurological affection.

Keywords Neurocutaneous syndromes, Hypomelanosis of Ito, Sturge Weber Syndrome, Tuberous Sclerosis Complex.

PO-0820 SLEEP COMPLAINTS AMONG THE NEUROLOGICALLY IMPAIRED CHILDREN: QUESTIONNAIRE-BASED STUDY

[1]T Ediberidze, [1]N Gogatishvili, [2]N Tatishvili, [3]L Maisuradze, [1]S Kasradze. *[1]Epilepsy Centre, Institute of Neurology and Neuropsychology, Tbilisi, Georgia; [2]Department of Neuroscience, M. Iashvili Children Central Hospital, Tbilisi, Georgia; [3]Ilia State University, Tbilisi, Georgia*

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Background and aims Many studies have shown a significant increase in SD in neurologically impaired patients. The aim of study was to evaluate the prevalence of sleep disturbances (SD) among the children with cerebral palsy (CP) with or without comorbidity with Epilepsy.

Methods A structured sleep-waking questionnaire was developed on the basis of Child Sleep Questionnaire for Parents and the Paediatric Sleep Questionnaire. Subjects were recruited from the Institute of Neurology and Neuropsychology/Tbilisi/Georgia.

Results 165 1-to-8-years-old children with CP and 359 age and sex-matched subjects were selected. 85 patients with CP had Epilepsy. Different SD were identified in 64.8% (n = 107) of children with CP vs. 20.3% (n = 73) in healthy children. Sleep disorder breathing (SDB) was the commonest among the children with CP 58.78% (n = 97) vs. 8.07% (n = 29) in controls. Other main problems in neurologically impaired children were problems with sleep onset 41.2% (n = 68) and sleep maintenance 39.4% (n = 65). The frequency of both was about 4-fold higher than in healthy controls. Sleep onset difficulty was commonest among controls 11.4% (n = 41).

SDB was more prevalent among the children with CP and Epilepsy 69.4% (n = 59) vs. 47.5% (n = 38) in children without seizures. Problems with sleep onset and maintenance were a little higher among the subjects without Epilepsy 48.75% (n = 39) and 42.5% (n = 34) correspondingly vs. 34.12% (n = 29) and 36.47% (n = 31) in children with CP and Epilepsy.

Conclusions Study shows that SD is more prevalent in neurologically impaired children. Children with CP and Epilepsy show to be at higher risk to have SDB, compared to children with CP alone;

PO-0821 THE APPROACH TO THE CHILD WITH EPILEPSY (APCWEP) AUDIT IN A BUSY UAE GENERAL HOSPITAL

T El-Azzabi, V Malpani, MS Kasim, R Ravindran. *Child Health Institute, Alain Hospital, Al-Ain, United Arab Emirates*

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Background and aims Epilepsy is a common neurological disorder. We are developing services for children with epilepsy (CWE) at Al-Ain hospital. Aiming to improve services we conducted an audit to evaluate the assessment of all CWE against NICE guidelines.

Methods Cases were identified from the hospital database. Retrospectively, electronic case notes of children presented with a diagnosis of seizure (s) between 1/7/2011 and 31/3/2014 were reviewed. Each note of all children meeting inclusion criteria was evaluated, twice independently, using modified Epilepsy 12 performance indicators.

Results 395 children were identified with a diagnosis of seizure(s). 91 fulfilled entry criteria.

1. 70/91 were referred to epilepsy-expert paediatricians.
2. 58/70 were seen within 2 weeks.
3. None seen by epilepsy nurse (Unavailable).

4. 91/91 had full history and examination.
5. 91/91 with a diagnosis of epilepsy were on AED(s).
6. 20/91 had discussion (s) regarding AED adverse effects.
7. 40/91 had seizure type classified.
8. 11% had syndrome classification.
9. 15 had EEG after first afebrile seizure.
10. 31/39 MRIs done were indicated.
11. 8/91 had ECG.
12. 31/91 had documented rescue plan and 14/37 had Rescue-AED(s) when indicated.

Conclusion(s)

1. Inadequate discussion(s) of AED side effect, rescue plan(s) and prescribing home Rescue-AED.
2. Suboptimal use of EEG and ECG.
3. Low evidence of seizure(s) and syndrome classification.

We recommend

1. Appointment of a paediatric epilepsy specialist nurse.
2. Promotion of awareness of indications of EEG and ECG in children with seizure(s).
3. Promotion of attendance to epilepsy training (Dubai PET1 and PET2) courses.
4. Re-audit.

PO-0822 WITHDRAWN

PO-0823 HYPOPARATHYROIDISM AS THE FIRST MANIFESTATION OF KEARNS-SAYRE SYNDROME: A CASE REPORT

[1]S Elmi, [2]REZA Erfani Sayyar, [3]SAM Elmi. *[1]Pediatric Department, Mashad University of Medical Science, Mashhad, Iran; [2]Anesthesiology and Intensive Care Department, Mashad University of Medical Science, Mashhad, Iran; [3]Health Care Department, Mashad University of Medical Science, Mashhad, Iran*

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Objective Kearns-Sayre syndrome is a mitochondrial myopathy, which was first described by Tomas Kearn in 1958. Diagnostic symptoms include retinitis pigmentosa, chronic and progressive external ophthalmoplegia plus one or more of following factors: heart conduction system disorders, cerebellar ataxia, or cerebrospinal fluid (CSF) protein content above 100 mg/dL. The nature of this uncommon disease is yet to be clarified. In this paper, we report a case of Kearns-Sayre syndrome. According to the previous records, the first manifestation of Kearns-Sayre syndrome as hypoparathyroidism is uncommon and in this article, we report a case with this problem.

PO-0824 SCREENING FOR DEPRESSION IN HOSPITALISED PAEDIATRIC PATIENTS

[1]S Elmi, [2]REZA Erfani Sayyar, [3]SAM Elmi. *[1]Pediatric Department, Mashad University of Medical Science, Mashhad, Iran; [2]Anesthesiology and Intensive Care Department, Mashad University of Medical Science, Mashhad, Iran; [3]Health Care Department, Mashad University of Medical Science, Mashhad, Iran*

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Objective In chronically ill children who are hospitalised, many mood changes occur. For example, in children with cancer or renal failure, prolonged hospitalisation and chemotherapy can lead to depression. With the improved survival of childhood malignancies, the effect of treatment on child's psychosocial well-being becomes increasingly relevant. In this study, we examined the prevalence of depression in hospitalised children with chronic and acute conditions in Dr Sheikh Paediatrics Hospital in Mashhad.

Materials and methods After receiving the approval from the Ethics Committee of Mashhad University of Medical Sciences, we did this cross-sectional descriptive study, from April to June 2012 in Dr Sheikh Paediatric Hospital in Mashhad. Ninety children, aged between 8 to 16 years, were screened for depression. The sampling method was census. Children with a history of depressive or other mental disorders were excluded. Three groups of children (children with chronic renal disease, malignancy, and acute disease) were evaluated for depression using standard Children Depression Inventory Questionnaire (CDI). Two specifically trained nurses with the supervision of a psychiatrist filled out the questionnaires at patients' bedside. Depression scores were then analysed by SPSS software.

Results Of 90 children, 43(47.7%) were male and 47(52.2%) were female. The Children's mean age was 11 ± 2.3 years, and the mean length of hospitalisation was 8 ± 5.3 days. Depression was detected in various degrees in 63% of patients (n = 57), and 36.6% of children (n = 32) had no symptoms of depression. Severe depression was not seen in any of the patients with acute illness. More than half of patients with cancer and chronic kidney disease had moderate to severe depression. There was a significant statistical relationship between the duration of illness and severity of depression. There was also a significant correlation between severity of depression and frequency of hospitalisation. Children who had been hospitalised more than 3 times in the last year, experienced more severe levels of depression. We also found a significant correlation between pubertal age and severity of depression in patients with cancers and chronic renal failure.

Conclusion Children who are hospitalised due to chronic conditions are at a higher risk for mood disorders in comparison with the ones with acute conditions. It is therefore advisable to consider more practical plans to improve the care for hospitalised children's mental health.

PO-0825 DO YOUNG ADULTS BORN WITH VERY LOW BIRTH WEIGHT HAVE POOR EMOTIONAL, BEHAVIOURAL AND SOCIAL FUNCTION?

[1]KAI Evensen, [2]IM Husby, [3]KM Stray, [2]MS Indredavik, [2]AM Brubakk, [2]J Skranes. *[1]Public Health and General Practice, Norwegian University of Science and Technology, Trondheim, Norway; [2]Laboratory Medicine Children's and Women's Health, Norwegian University of Science and Technology, Trondheim, Norway; [3]Division of Surgery, Akershus University Hospital, Oslo, Norway*

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Objective To study emotional and behavioural problems, relations to friends and substance use in young adults born with very low birth weight (VLBW: ≤1500 g) compared to controls.

Design/methods A hospital-based follow-up study of 34 VLBW young adults and 35 term-born controls at 23 years of age. Data was collected using the Achenbach System of Empirically Based Assessment – Adult Self-Report (ASR) and the Beck Depression Inventory (BDI).

Results The ASR total problems score was 38.6 (21.7) in the VBLW group compared with 29.0 (18.7) in the control group (p = 0.08). The VLBW group had higher scores for anxious/depressed (p = 0.04), attention problems (p = 0.03), aggressive