

Aims To raise awareness of congenital glaucoma in Mosaic Down's syndrome. To encourage use of Down's Syndrome Medical Interest Group (DSMIG) guidelines for ophthalmic screening in Mosaic Down's.

Methods Assessment of community, medical and surgical records. Literature review of Down's syndrome and associated eye conditions. Multi-Disciplinary Team (MDT) discussion between paediatric, genetics and ophthalmology specialities to inform future clinical practice.

Results Antenatal diagnosis of Mosaic Down's syndrome confirmed at birth by cord blood sample showing 17% (5/30) cells affected (47XX + 21). Female term birth with no manifestations of Down's syndrome and discharged home. Neonatal review at birth by ophthalmologist was not undertaken. At 12 weeks of age child presented at a routine community review with photophobia and corneal clouding. On examination she had bilateral buphthalmos with corneal oedema. An urgent ophthalmology review was followed by use of eye drops to relieve raised intra-ocular pressure. Bilateral goniotomies were performed with a repeat operation later in the left eye. Currently aged 2.5 years she has normal ocular pressures controlled by topical drops and near normal quality of vision.

Conclusion There is a documented association between Down's syndrome and congenital glaucoma but we believe this to be the first report of glaucoma in Mosaic Down's syndrome. Glaucoma is caused by reduced trabecular drainage. The damage caused by delay in treatment is irreversible. Therefore it is important to detect and treat as early as possible.

This rare presentation supports the wide variable expression of mosaic Down's syndrome from normal to severe phenotype. The severity of symptoms does not correlate with the percentage of mosaic cells. In addition the level of mosaicism in the blood does not reflect the level of mosaicism in other tissues.

UK Down's syndrome medical interest group (DSMIG) guidelines suggest neonatal review by ophthalmologist followed by monitoring of visual behaviour in infancy and comprehensive ophthalmological review by 2 years. We suggest that these guidelines should also be applicable for Mosaic Down's syndrome follow up irrespective of percentage of cells affected.

G438(P) COMPARING THE WELL-BEING AND MENTAL HEALTH OF LOOKED AFTER CHILDREN (LAC)

¹AM Lee, ²D Simkiss, ²J Keegan. ¹High Street Surgery, Heart of England Foundation Trust, Birmingham, UK; ²Children and Families Division, Moseley Hall Hospital, Birmingham Community Healthcare NHS Trust, Birmingham, UK

10.1136/archdischild-2015-308599.392

Introduction Evidence suggests that Looked after children are nearly 5 times more likely to have a mental illness than their peers. Over the last decade the concept of well-being has developed, especially within public policy. There is a hypothesis that improving an individuals well-being improves their mental health and reduces any associated mental illness.

Aims To assess the relationship between well-being and mental health problems in looked after children.

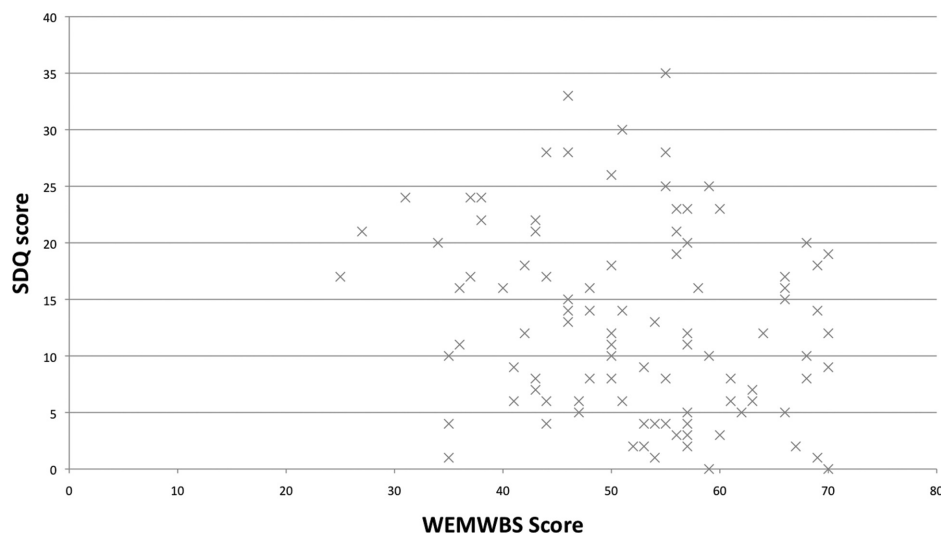
Methods From January 2014, the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) was added to the Strengths and Difficulties Questionnaire (SDQ) completed by all Looked After Children in Birmingham aged 14 years old and above. In August 2014, we retrieved data on all children with completed SDQ and WEMWBS scores.

Results 101 children were identified as having a completed WEMWBS and SDQ score.

32 of the children's SDQ scores were >17 reflecting the child having substantial risk of clinically significant mental health problems. 64 of the children with completed WEMWBS scored average scores of 40–59, 14 children scored below average, and the remaining 23 children scored above average.

Figure 1 shows the WEMWBS and SDQ scores. 4 children scored 55 (an average score) on the WEMWBS and their SDQ scores ranged from 8–35 (from low to high risk of clinically significant mental health problems).

Conclusion There is no clear relationship between mental health problems and well-being scores for Looked After Children in this cohort. This finding supports the statement in the Chief Medical Officer Annual Report 2013 that 'mental illness and 'well-being' are not ends of the same continuum: it is possible to have high levels of subjective well-being despite having a mental illness, and vice versa'.



Abstract G438(P) Figure 1 WEMWBS and SDQ scores for 101 looked after children