Aims 34,000 Children and Young People (CYP) in England have a diagnosis of epilepsy and receive anti-epileptic drugs. NICE have described high-priority areas for quality improvement; The Epilepsy in CYP, Quality Standard (QS27).

Our local service aims to provide an excellent multidisciplinary service to serve its patients and their families in a holistic manner. It is delivered by consultants, a specialist nurse, rotating junior doctors and the nursing team.

Methods To evaluate our current local service standard against national guidance and identify areas of possible improvement, we developed a Caregiver and Patient Reported Survey (CPRS). It covered both quality standards and expectations from patients and their parents and caregivers. Anonymous CPRS were disseminated in the waiting areas of our multi-site outpatient paediatric epilepsy clinics over a 3 month period (n=44). Observational analyses were completed on all the returned CPRS and the results were mapped against national guidance.

Results Observational analyses revealed 70.5% of CPRS were completed by caregiver/parent and 22.7% by CYP (6.8% no return), 84.1% stated that they were satisfied-very satisfied with our services, 90.9% were happy-very happy with their clinical experience, 82.7% were happy- very happy with the support they received outside of the clinic environment (34.0% no return) and 77.8% were happy- very happy with the support received whilst inpatients (38.6% no return).

Our patients had experienced problems in the educational, social and home lives due to epilepsy; 31.8% at school, 18.2% attending out of school clubs and 31.8% socialising. 18.2% of patients experienced problems with other areas including; side effects of medication, communication with services and behavioural issues. 90.2% were content with the information they received following diagnosis and 95.2% between appointments. 86% were happy to very happy with the verbal information and 81.4% with written information.

14% identified areas of change including; information on the effects of epilepsy on learning and education, more streamlined information and flexibility around access to services.

Conclusion Communication and information delivery were identified as key areas of possible improvement. We are now developing an electronic, locally tailored Paediatric Epilepsy Information Pack to be disseminated to patients and their families.

G326(P) IMPACT OF COMPLEX REHABILITATION USING ROBOTIC KINESIOTHERAPY AND BOTULINUM THERAPY ON THE LEVEL OF SOCIAL ADAPTATION OF CHILDREN WITH CEREBRAL PALSY

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Aims To assess the impact of complex rehabilitation using robotic kinesiotherapy, botulinum therapy in children with spastic diplegia on their social adaptation.

Methods The study involved 142 children with a clinical diagnosis: Cerebral palsy, spastic diplegia. Of these, 82 children were included in the main group, where robotic kinesiotherapy with the help of the Lokomat rehabilitation complex and intramuscular injection of botulinum toxin type A were

performed as part of complex rehabilitation. The control group consisted of 60 children, who underwent rehabilitative treatment with traditional methods. According to the Gross Motor Functions Classification System (GMFCS) children of both groups are divided into 2 subgroups: II and III levels. To evaluate the effectiveness of the rehabilitation therapy complex the following tools were used: GMFCS, Modified Barthel Scale. Statistical analysis of the results of this study was carried out using IBM SPSS Statistics Professional 21.0.

Results There were no significant differences in age characteristics and gender between the study groups. The groups studied were also comparable in terms of motor deficit (p=0.324). Identification of violations of self-service was carried out according to the following criteria: complete dependence, moderate dependence, easy dependence. It was revealed that children of both groups in terms of self-service and social adaptation are lagging behind the age norm. At the beginning of the therapy, there was no significant difference between the compared groups.

Improvement of self-care with the transition to an easier group was observed in 14 patients in the main group (p<0.05), which significantly exceeded the results in the control group, where improvement was noted in 3 patients. At the end of the rehabilitation course, 71.9% of the patients in the main group had moderate dependence, 19.5% – easy dependence, complete dependence was maintained in 8.5% of patients. In the control group, 55% of patients had moderate dependence, complete dependence – 21.6% and easy dependence – 23.3%.

Conclusion Thus, the results of our study indicate a higher effectiveness of complex rehabilitation with the use of robotic kinesiotherapy and botulinum therapy in comparison with the methods of traditional therapy in patients with spastic diplegia.

G327(P) CHARACTERISTICS AND OUTCOME OF HEADACHES IN CHILDREN FROM A TERTIARY CARE HEADACHE CLINIC

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Aim Headache is a common cause for referral to paediatric outpatients. Whilst there is clear guidance on recognition of patients intracranial causes of headache, the management and outcome of idiopathic headaches is variable.

Method We reviewed the characteristic of 28 patients from a tertiary headache clinic between 2013 and 2015. Demographics, diagnosis, indication for MRI, management and outcome of the patients was reviewed.

Result There was a female predominance of 61% with mean age of 12.8 years at initial appointment. 53% of patients were felt to have a chronic headache at presentation, 46% of which improved with treatment. The most frequent diagnosis was migraine without aura (57%) and migraine with aura (25%). Three patients were diagnosed with medication overuse headache, two with cluster headache, two with chronic paroxysmal hemicranias and one patient with each tension headache and idiopathic intracranial hypertension.

The majority of patients underwent MRI scan (89%) of which 72% were reported as normal, 20% had small white matter changes that are often seen in patients with migraine and 8% had no change in previously known abnormalities.