interpretation or subsequent management. Dentists were concerned regarding a lack of clear protocol, and the sensitive nature of discussing weight. Thus, few routinely measured BMI or acted on abnormal results. Dentists would benefit from inclusion of BMI calculation and interpretation into the undergraduate curriculum, with additional training for practicing SPDs. The development of a local protocol to manage children with abnormal BMI would further support this.

G427(P) RETROSPECTIVE AUDIT OF NUTRITIONAL STATUS ASSESSMENT AND MANAGEMENT OF LOW BONE MINERAL DENSITY IN CHILDREN AND YOUNG PEOPLE WITH CEREBRAL PALSY: ARE WE ADHERING TO NICE GUIDELINES?

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Background Children and young people (CYP) with Cerebral Palsy (CP) are at risk of nutritional problems. Up to 90% experience difficulties in chewing or swallowing, and/or eating or drinking independently.

It has been recognised that these children at risk of nutritional problems have an increased risk of bone demineralization and low-impact fractures.

Feeding impairment also correlates with the severity of motor deficit (GMFCS level IV – V). Studies show that those within this category were 5.7 times more likely to have lower bone mineral density (LBMD) than GMFCS level I-III.

The recent NICE guidelines have made recommendations that CYP with CP have regular reviews of their nutritional status and LBMD should be assessed and adequately managed.

Aim To ascertain (as per the NICE guidelines)

- Whether CYP with CP (GMFCS level IV–V) seen in a tertiary neurodisability service are having regular reviews of their nutritional status.
- Whether LBMD is being assessed adequately.

Method Retrospective case note analysis of CYP with CP (level IV–V) attending between March 2015– February 2017

Results 24 children with GMFCS IV–V, CP, were identified. The male to female ratio was 11:13

- 96% had their weight measured
- 92% had their height measured
- 75% had a nutritional review performed
- 70% were referred to dieticians/for alternative methods of feeding.
- 62.5% of individuals had their dietary intake of vitamin D/ calcium assessed at clinic
- 17% had investigations performed

Discussion Our findings showed that we are not achieving optimum results in mandatory areas such as measuring weight and height. Barriers identified were lack of equipment and training in mobilising a wheel chair bound child.

Other areas for improvement include the need to perform regular nutritional reviews, with ongoing referrals if deemed necessary.

A proforma/checklist for the service is currently being developed in order to aid clinic reviews, and a further audit will be performed in a year.

G428(P) THE INFLUENCE OF TECHNOLOGY ON OBESITY IN CHILDREN AND ADOLESCENTS THREATS TO, AND OPPORTUNITIES FOR, HEALTH IN OUR DIGITAL WORLD

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Aims There has been a focus on increasingly 'sedentary life-styles' as a driver of rising child and adolescent obesity. The use of technology amongst young people has been often purported as a major contributor to this behaviour change. We examined technology through multiple lens, looking at the threats it brings, and how we can harness potential opportunities in the prevention and intervention of obesity.

Methods A literature review was performed using PubMed and the Cochrane Library databases, using various combinations of search terms including 'child', 'adolescent', 'overweight', 'obesity', 'BMI', 'BMI-z', 'technology', 'screen time', 'television', 'ehealth', 'mhealth', 'exergaming', 'gamification' and 'wearables.'

Results Cross-sectional and longitudinal studies have identified a correlation between 'screen time' and increased likelihood that a child will be overweight or obese, as well as reduced physical activity and increased consumption of high energy and/or low nutrition quality foods. Multimedia food marketing has been shown to have a negative influence on children's food choices and perceptions of nutrition. However, technologies can be manipulated for health promotion and to encourage behaviour change.

Technology can be integrated into existing programmes, making them more accessible, sustainable and individualised. Such integrated models have allowed both patients and professionals to track nutrition and lifestyle behaviours to identify opportunities for intervention and improve communication between these groups. Three systematic reviews identified 'mhealth' and 'ehealth' interventions in children, with none from low and middle-income countries. Diverse modalities exist, with mixed evidence behind their efficacy by physical activity, diet quality or body mass index (BMI) measures. A tailored approach is needed for different age groups or for family focused programmes, with variations in content required to ensure continued engagement. There has been a rapid expansion in the use of commercial 'apps', however little is known regarding the quality of these tools. One review assessing 383 apps identified a lack of evidenced-based methods, scientific evaluation, or healthcare professional involvement in design.

Conclusion There is limited robust evidence regarding the role of technology in childhood obesity. Guidelines and policy regarding 'screen time' and the use of technology is important to support healthcare professionals giving advice regarding healthy lifestyle measures.

G429(P) 'THROUGH THE WINDOW – A LITERATURE REVIEW OF FALLS'

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Aims Two children were admitted following accidental falls from windows. This prompted us to review the literature regarding this important paediatric public health issue.