

exacerbate many symptoms of ADHD, impair scholastic performance and cause memory problems.

Aims We aimed to analyse the prevalence of ADHD and sleep problems among children and young people seen within local Community Child Health clinics of a Scottish NHS Trust over a 12 month period.

Methods A retrospective review of all patients seen in the out-patient clinics between June 2016 and May 2017 in two different clinics within NHS Fife was carried out. ADHD was diagnosed using validated Swanson, Nolan, and Pelham –IV Questionnaire (SNAP-IV). Sleep problems were diagnosed empirically from detailed clinical history provided by the parents/carers and patients.

Results 93 (17%) out of 543 children reviewed had ADHD. Prevalence of sleep difficulties was higher among the ADHD children (52%) compared to 30% in the whole cohort. A significantly higher proportion of ADHD patients with sleep problems were on treatment with Melatonin compared to those without ADHD (75% vs 56%).

There was a statistically significant association between the degree of socioeconomic deprivation and the prevalence of ADHD and or sleep difficulties. The proportion of children with either or both ADHD and sleep difficulties living in the most deprived (Quintile 1) areas was four times higher than those from the most affluent areas (11.2% vs 2.8%).

Conclusion Identification and effective management of daytime sleepiness, sleep-disordered breathing or problematic behaviours at bedtime and upon awakening at night can profoundly improve the symptoms of ADHD in children and adolescents. Evidence-based guidelines for the management of sleep problems in children with ADHD are urgently needed.

G468 ADHD MANAGEMENT – A QUALITY IMPROVEMENT PROJECT

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Attention Deficit Hyperactivity Disorder has an incidence of 3%–5% among school-going children; 60% of which will continue to have symptoms into adulthood. The aim of this project was to assess all aspects of service delivery to these children as per NICE guidelines at Mid Yorkshire Hospitals NHS Trust.

Methods The first cycle was run retrospectively in September–November 2016. An audit tool was used that reviewed children attending clinics in August 2016. Patients with a diagnosis after 1 st January 2011 were included. The patients were reviewed for details at time of diagnosis or management.

Following the audit, a form was developed to ensure that essential information was documented properly. The unit liaised with local services to improve parent and children workshops availability. A re-audit was run for patients attending in August 2017 using the same parameters to complete the audit loop.

Results 74 patients were included in 2016, while 50 patients have been studied in 2017 (table 1).

Abstract G468 Table 1

Details at diagnosis	2016	2017
Developmental history	90%	100%
Mental state assessment	74%	100%
Observer report used	100%	100%
Abnormal score in observer report	96%	100%
Special education needs noted	27%	59%
Parental training offered	50%	78%
Child social skills training offered	31%	82%
Drug treatment	100%	63%
Baseline weight and height plotted	100%	100%
Baseline blood pressure noted	63%	92%
Baseline heart rate noted	17%	33%
Cardiovascular examination documented	53%	52%
Blood pressure noted at review	10%	72%
Treatment of co-existing conditions at review	100%	100%
Side effects at review	100%	100%

Conclusion The project reveals improvement in compliance with NICE guidelines, particularly for monitoring of patients' BP on drug treatment, as well as better education for parents and children. However, parental training and child social skills training are not available to all families due to limited resources.

G469 IMPACT OF CAPSS AND BPSU IN IDENTIFYING THE IMMEDIATE NEEDS OF ADHD PATIENTS IN TRANSITION FROM CHILDREN TO ADULTS SERVICES ACROSS THE UNITED KINGDOM

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Background The Child and Adolescent Psychiatry Surveillance System (CAPSS) is the British Paediatric Surveillance Unit's (BPSU's) baby sibling. It was established in year 2009, and to date has completed more than 6 National studies on children's mental health, with one more in the field of transition in ADHD.

Aim 1 st: To disseminate the clinically important findings from the National Transitional ADHD study run on the CAPSS and the BPSU in the UK.

2nd: To raise awareness of CAPSS methodology and its relevance for clinical practice for clinicians and for researchers working with people across the life span.

Methods This ADHD surveillance study run in collaboration with the Child and Adolescent Psychiatric Surveillance System (CAPSS) and British Paediatric Surveillance Unit (BPSU). Each month these units mailed a tick box response card to all consultant paediatricians and child psychiatrists in the UK. Consultants reported on the number of young patients who needed ongoing medications for ADHD and is within six