ACCEPTABILITY OF HYPNOTHERAPY AS A TREATMENT OPTION FOR HABIT COUGH

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Aims Cough is a common cause of morbidity in childhood and can have a significant impact on the quality of life of a child and their family. Habit cough is a non-organic cough which occurs during the day but ceases during sleep. There is no established consensus on managing habit cough, but studies in North America have suggested hypnotherapy as a treatment option. We conducted a study to determine the acceptability of this treatment for habit cough.

Methods We conducted a service evaluation where a trained play specialist offered hypnotherapy sessions to children diagnosed with habit cough. A paediatrics trainee conducted semi-structured interviews with parents of patients who underwent hypnotherapy between January 2015 and September 2016. Interviews were recorded, transcribed and analysed for common themes.

Results Nine patients underwent hypnotherapy during our service evaluation period and all nine parents were contacted. Cough was the only symptom in 7 patients, but one patient had a more complex motor tic disorder and one patient had severe anxiety. The habit cough had been present for between four months and three years. All nine parents stated that they found hypnotherapy an acceptable and appropriate treatment option. Four were pleasantly surprised after initially being sceptical. Most parents were unsure what to expect and commented that they were pleased it had worked and would like to have further sessions or similar alternatives in future.

After hypnotherapy, parents reported a significant reduction in cough in 6/9 (67%) children. This included complete cough cessation in 4/9 (44%). The parents of 5 children (56%) stated that after hypnotherapy, cough was no longer affecting their child’s or the family’s quality of life, even despite the absence of complete cough cessation.

Conclusion This is the first study exploring the use of hypnotherapy for habit cough outside of North America. Parents found hypnotherapy to be an acceptable treatment option, and furthermore, it seems to be effective in reducing morbidity and cough cessation in some cases. A future randomised control trial would determine the efficacy of hypnotherapy in treating habit cough.

DO MEDICAL STUDENTS BENEFIT FROM TAKING PART IN SIMULATION TEACHING DURING THEIR CLINICAL PAEDIATRIC ROTATIONS?

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Aim

• To introduce regular simulation teaching for medical students undertaking their Paediatric rotation in a district general hospital

• For students in each rotation to attend a minimum of 3–4 simulation sessions during their placement to include basic life support training.

Method

• Questionnaires created which included likert scales as well as free text boxes.

• Students in the first group (February 2017) asked to complete a pre-simulation questionnaire prior to the introduction of simulation teaching as well as a further questionnaire after partaking.

• Students in the remaining rotations were asked to complete a questionnaire after undertaking simulation teaching.

• Paediatric simulation scenarios sought from the University paediatric department and online resources.

• New simulation scenarios designed.

• Planning meetings with hospital medical education department.

• Teaching timetable updated with simulation scenarios built in.

Conclusion Simulation for medical students in paediatrics helps them feel better equipped for future practice, helps them develop team working skills and develop specific paediatric clinical and practical skills. We plan for simulation to form a core component of the paediatric clinical rotation in the future. We will continue to write our own simulation scenarios and we plan to add scenarios to discuss safeguarding. Our future plan also include introducing paediatric simulation into the postgraduate teaching programme to include in situ simulation.

EVALUATION OF THE USE OF ANTENATAL MAGNESIUM SULPHATE PRIOR TO IN-UTERUS TRANSFER

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Aim To evaluate the regional use of antenatal magnesium sulphate prior to in-utero transfer (IUT) and establish whether this presents an opportune time to target improvement.

Background Premature delivery causes an increased risk of neurodevelopmental disability, accounting for long-term morbidity and reduced quality of life. Evidence demonstrates administering magnesium sulphate in threatened preterm labour reduces risk. In 2009, a Cochrane Review showed a significantly lower outcome of cerebral palsy (RR 0.68, 95% CI: 0.54 to 0.87).

Magnesium sulphate is indicated for delivery expected within 24 hours and gestation between 24+0/40 to 29+6/40. Use can be considered until 33+6/40. Recent data from the National