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'99 VOICES, ONE STORY – SUPPORTING MENTAL HEALTH IN PAEDIATRIC PATIENTS' A NATIONAL SURVEY OF PAEDIATRIC TRAINEES

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Objective The primary aim of this study was to evaluate among paediatric trainees their attitudes, perceived barriers, perceived skill level, and training needs in the management of child and adolescent mental health disorders.

Methods An online survey link was sent out to paediatric trainees with the Royal College of physicians, Ireland. Responses were analysed on SPSS.

Results There were a total of 99 respondents at different training stages. The responses represented 92% of Irish paediatric hospitals. 84% of trainees reported being involved in the management of a child with a mental health disorder. The most common reasons cited for referral to psychiatry was for suicidal ideation, deliberate self-harm, eating disorders and mood/anxiety disorders with 37% of trainees making referrals more than once a month. Reported Barriers to referral included service capacity, a lack of awareness of referral pathway and lack of prioritisation of mental health needs of children and adolescents. Although the vast majority of trainees (96%) reported seeing an increase in the number of children and young people presenting to hospital with a mental health component to their presentation only 8% of trainees felt well prepared in dealing with child and adolescent mental health issues. They expressed a general lack of adequate amount of education and teaching in child and adolescent mental health with 64% of trainees also expressing a lack of support in dealing with presentations to their local hospital. All respondents expressed interest in having more educational and training opportunities for mental health disorders introduced as part of their paediatric training. There was no statistically significant difference between responses from early stage and late stage trainees.

Conclusion Mental health disorders affect 10–20% of children and adolescents worldwide and is projected to become one of the worlds' leading disabilities in the future. Suicide is the second most common cause of death in adolescents with more young people presenting to paediatric hospitals with mental illness as a presenting complaint or as a component of their presentation. With limited numbers of trained clinicians for the relatively large number of children with mental health problems, there is need for paediatricians to have good skills in mental health in both acute and chronic illness settings. The current curriculum contains mental health education but trainees report their needs are not being adequately met. The results of this study indicates needs for more supports around training in this area given the changing epidemiology.

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RAPID ONSET OBESITY WITH HYPOTHALAMIC DYSFUNCTION, HYPOVENTILATION, AND AUTONOMIC DYSREGULATION(ROHHAD) IN CHILDREN: A SAUDI PERSPECTIVE

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Background Patients with ROHHAD are usually reported to be healthy prior to a characteristic rapid weight gain associated with autonomic and hypothalamic dysfunction and fatal central hypoventilation in the absence of mutations in the paired-like homeobox 2B (PHOX2B) gene. To our knowledge, this is the first case series report of ROHAAD syndrome from Saudi Arabia comprising four children with different clinical manifestations.

Aims and Objectives To establish diagnostic pathway for patients with ROHHAD in Saudi Arabia

To establish services suited to the needs of this population

To educate physicians about early recognition, referral to expert service and instigate prompt management pathway.

Methods This was a prospective analysis of cases referred from all over Saudi Arabia to our center. The patients were picked up by our sleep service and evaluated by our inpatient and outpatient's department.

Results

Abstract P249 Table 1

	Case 1	Case 2	Case 3	Case 4
Age at onset of weight gain (years)	6–7	3–4	3–4	8–9
Hypothalamic dysfunction	Precocious puberty	Hypothyroidism	Polyphagia; clinical symptoms of DI in the form of polyuria and polydipsia	Polyphagia; increased PTH and prolactin
Hypoventilation	Present	Present with cardiopulmonary arrest	Present with cardiopulmonary arrest	Present with cardiopulmonary arrest
Autonomic dysfunction	Unstable blood pressure and impairment of pain sensation and thirst	Thermal instability	Thermal instability	Excessive sweating
Neural crest tumors	Suprarenal ganglioneuroma	Not found	Not found	Not found
PHOX2B	Not done	Negative	Negative	Negative
Obstructive sleep apnea (OSA)	Not detected	Present	Present	Present

Conclusions Early recognition by the clinician of a child with rapid, dramatic weight gain and investigations for hypothalamic dysfunction, hypo-ventilation, autonomic dysfunction and tumours of neural crest origin are critical in achieving a diagnosis of ROHHAD syndrome; however, this is complicated by the overlap with other well-characterised disease entities. Multidisciplinary care with input from a centre with expertise in ROHHAD is crucial to the successful management of these patients. Mortality associated with the high incidence of cardiopulmonary arrest may be prevented by early ventilatory support.

REFERENCES

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