Methods Design and setting: A pragmatic randomised controlled trial in a level III NICU including infants born at 32 weeks gestation and their parents. Exclusion criteria were infant major congenital abnormality and maternal low level of fluency in English. Intervention: comprised reflective interview, observation of infant cues and Video Interaction Guidance (VIG). The primary outcome, maternal sensitivity during playful interaction with her infant was measured by the Child Adult Relationship Evaluation (CARE-Index). Secondary outcomes were infant social-emotional problems measured by the Ages and Stages Questionnaire-Social-Emotional version (ASQ-SE) and self-reported parental mental health. Modification of the effect of the programme on the primary outcome, maternal sensitivity, was explored using general linear model univariate analysis of sociodemographic, maternal and infant characteristics. Significant interactions are presented.

Results Eighty mothers and their preterm infants were randomized to the intervention and standard care groups. The groups were similar in baseline sociodemographic and perinatal characteristics, although more mothers in the intervention group had completed higher-level education and subsequent analyses were adjusted accordingly. At 12 months corrected age (CA) infants in the intervention group had fewer self-regulation problems at 12 months of age (Chi-Square 3.84, $df=1$, $p=0.05$, partial eta squared=0.07) and infants whose mothers had received VIG had significantly fewer communication problems (Chi square=20.41, $df=6$, $p=0.002$, $\phi=0.61$), however there was no statistically significant difference between the intervention and standard care groups in maternal sensitivity during play at 9 months CA or measures of maternal mental health. Fathers in the intervention group had lower depression scores at follow up. There was modifying effect of maternal ethnicity ($B=4.179$, $CI=0.921-7.437$, $p=0.013$); there was a significant difference in mean sensitivity of mothers of infants with IVH, (1.85 points) ($CI=0.083-3.614$, $p=0.041$) but there was no significant interaction with group assignment.

Conclusion This early attachment focused intervention integrating VIG for mothers and their very preterm infants had significant positive effects on infant social-emotional problems at 12 months CA. Maternal ethnicity modified the intervention effect

GP82

PREVALENCE RATES FOR AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID) IN TERTIARY FEEDING CLINIC IN UK

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We present the prevalence rates of Avoidant Restrictive Food Intake Disorder (ARFID) in our tertiary feeding service. ARFID is a relatively recent DSM-V diagnostic category that describes children with complex feeding disorders. Previous diagnoses of 'feeding disorders of infancy or early childhood' in the DSM-IV were limited and excluded children who maintained a healthy weight in the context of problematic eating behaviours. According to the DSM V in 2013 ARFID describes those children with an apparent lack of interest in food, food-avoidance based on its sensory characteristics and/or concerns about the aversive

consequences of eating due to persistent failure to meet appropriate nutritional and/or energy needs are all symptomatic of ARFID.

The prevalence rates of ARFID are currently unknown. In specialist psychiatric and medical settings it is estimated to be between 5–13%. The clinical characteristics of children with complex feeding difficulties are currently poorly described in the literature, making it difficult to identify and plan necessary services.

Our service is a tertiary multidisciplinary feeding service that receives on average 250 referrals per annum. Of those referrals, 150 are referred to the Complex Feeding Clinic and the others are for medical, dysphagia or videofluoroscopy clinics. The Complex Feeding Service is formed of a Consultant Paediatrician, Psychologist, Occupational Therapist, Dietitian and Speech and Language Therapist. We accept referrals for children both locally and regionally, on the provision that there is a named local professional to liaise with. Our referral criteria includes children up to 18 years old with complex feeding difficulties which may cause psychosocial or nutritional impairment. Such feeding difficulties may be related to: an underlying ASD diagnosis, a developmental feeding disorder, medical disorder, sensory selectivity and/or anxiety around foods. The children who attend our clinic may be fed by enteral means or have a selective eating pattern (not otherwise stated).

We chart the emergence of this diagnosis within our cohort of patients and track its increasing use since it was included in the DSM V in 2013. We also analyse the following characteristics within the cohort of children receiving this diagnosis: gender, age, with/without a diagnosis of ASD or other co morbid neurodevelopmental issues, nutritional adequacy, diet range and fed by enteral means i.e. NG/PEG.

GP83

FOETAL VALPROATE SYNDROME, DEVELOPING A NEW SERVICE

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Introduction A Paediatric valproate clinic at Our Lady's Children's Hospital Crumlin was established to assess those children who were exposed to sodium valproate antenatally in Ireland and to determine if this exposure is the contributing factor to their developmental delay, autism or skeletal malformations.

Antiepileptic drugs (AEDs) have been associated with a two to three fold increase in major malformations in children exposed to AEDs in-utero, compared to the general population.¹⁻²

Children exposed to sodium valproate compared to other AEDs had the highest level of risk of a malformation at 10.93%.³

Methods A national referral service was established via the HSE Valproate Support Team. GP were advised to refer all children less than sixteen years of age exposed to valproate antenatally. Thirteen children from six families were reviewed in the first six weeks. Background diagnosis, developmental history, maternal valproate history and full clinical examination findings were noted. Data was collected and recorded via a proforma.

Results Ages ranged from two to fifteen years, mean age of nine years. Two were exposed to lamotrigine along with valproate. Valproate dosages ranged from 500 mg to 1 gram twice a day. Only three mothers were counselled regarding potential side effects of valproate exposure antenatally. Dose was adjusted in four cases, increased on two occasions and decreased on two. Two children have been diagnosed with dyspraxia and dyslexia, one has ADHD and eight have autism. All have some form of developmental delay. Slight facial dysmorphism was noted in sixty percent of these children. Thirty percent children were breast fed for different duration, while mums remained on valproate. All were referred to Geneticist after taking their blood samples for microarray and fragile X, for the final diagnosis of foetal valproate syndrome.

Conclusion Valproate has a significant role in causing global developmental delay, autism and congenital malformation. There is an urgent need to take necessary actions in order to stop its use in women of childbearing age and especially in pregnancy.

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GP84

CONSTITUTIONAL FEATURES OF THE BLOOD CELLS COMPOSITION IN ADOLESCENT MALES

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Objective The research was aimed at a comparative analysis of the cellular composition of blood in adolescent young males with different anthropometric characteristics.

Materials and methods 83 healthy young men (14–17 years) were examined by 12 anthropometric indicators with the subsequent determination of the somatotype. Along with the general indicators, the size of the chest, the thickness of the skin-fat folds, longitudinal and transverse dimensions of the limbs, the body mass index (BMI), etc. were evaluated. Also the blood cells count, estimation of hemoglobin, hematocrit, and anisocytosis were provided.

Results All examined by anthropometric parameters were divided into leptosome (asthenic, 60%), mesosome (normostenic, 30%) and hypersome (hyperstenic, 10%) somatotypes. Statistically significantly lower values of the number of erythrocytes, hemoglobin, hematocrit, platelets, as well as statistically significantly higher values of anisocytosis (RDW-CV and RDW-SD) in adolescents with leptosome were compared to the hypersome somatotype. Hypersome somatotype with signs of obesity was characterized by thrombocytosis. Lepto- and mesosome somatotypes the number of thrombocytes in the blood was comparable with the normative.

Conclusions The BMI and the studied somatotypes correlate differently with blood components – erythrocytes, platelets and blood clotting. Among the main reasons mechanisms of plastic metabolism are discussed.

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GP85

THE IRISH EXPERIENCE IN PAEDIATRIC PARRY ROMBERG SYNDROME- A CASE SERIES HIGHLIGHTING MANAGEMENT AND SURGICAL OUTCOMES

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Parry Romberg Syndrome (PRS) - also known as Progressive Hemifacial Atrophy- is a rare disorder primarily affecting the soft tissues on one side of the scalp and face, existing on a spectrum with linear scleroderma and 'en coup de sabre' morphoea. Its myriad presenting features, ranging from skin dyspigmentation, thickening or atrophy, hair loss, ophthalmic, dental involvement or even seizures, mean these patients often encounter a variety of specialists before arriving at a diagnosis or commencing on a treatment regimen.

Primarily a clinical diagnosis, many children undergo adjunctive blood-based and radiological investigations. Thermographic imaging is also utilised as a non-invasive measure of disease activity, and has been demonstrated to compliment clinical assessment in our cohort.

Dermatologists are key in the instigation and monitoring of responses to treatment, which are primarily a regimen of methotrexate and/or pulsed methylprednisolone. Lesions that do not regress with treatment may leave significant facial soft tissue contour defects of the forehead, periocular region, cheek or jaw, which can be socially stigmatising and stressful for these children.

Our case series assessed the outcomes for ten children with PRS who underwent facial fat-grafting for these residual sequelae. This included five male and five females, with an age of symptom onset ranging from 3 to 11 years. All completed a single course of immunosuppressant therapy under dermatologic supervision without relapse.

After a mean time to stabilisation of 3.5 years, referral to a dedicated Paediatric Plastic and Craniofacial surgeon was made. Thereafter, time to lipofilling ranged from one to twelve months. Patients underwent a mean of 1.3 autologous fat grafting procedures, with very favourable results and no complications. There were no relapses following treatment.

To date, this is one of the largest paediatric series reporting outcomes regarding the efficacy of surgery in the management of Parry Romberg Syndrome. It demonstrates a safe, reproducible and well-tolerated procedure for paediatric patients with a condition requiring true multidisciplinary management, and highlights a need for increased awareness across specialties.

GP86

CHALLENGES EXPERIENCED BY PAEDIATRICIANS PROVIDING PALLIATIVE CARE TO CHILDREN; A THEMATIC ANALYSIS

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Background and aim Palliative Care for Children is defined as 'an active and total approach to care, from the point of diagnosis or recognition throughout the child's life, death and