Abstracts

Aims The purpose of this study is to test features of physical development in children with cerebral palsy (CP) brought up in the different conditions.

Methods Sixty children with CP participated in the research. Children were divided into 2 groups: the main group consisted of children brought up in children’s community, and the comparison group consisted of children brought up in a family. Physical development of children was assessed using the WHO ANTHRO program, at the same time the body mass index (BMI) and indicators of Z-score BMI concerning age were calculated.

Results When studying physical development of children it is established that at children of the main group average size BMI was 15.47±2.65, and the comparison group – 16.21 ±2.89.

Easy insufficiency of nutrition (Z-score from -2σ to-1σ) was observed at 26.7% of the examined children of the main group, and at 23.3% at the comparison group. Moderate nutritional deficiency (Z-score from -3σ to -2σ) it was diagnosed for 23.3% of children of the main group and for 16.7% at the comparison group, while the largest number of children with moderate nutritional deficiency was determined at the age of 3 to 4 years in both groups. Heavy degree of nutritional deficiency (Z-score <-3σ) in the compared groups was noted equally (6.7%).

Overweight corresponding to a moderate increase in nutrition (Z-score from +1σ to +2σ) was detected in 10% of children in the main group and in the 6.7% at the comparison group, increased moderate nutrition (Z-score from +2σ to +3σ) was determined in 3.3% of children of the main group and the comparison group.

Studying of correlation dependence between indicators of BMI and weight at the birth did not reveal reliable communication between signs in the studied groups, at the same time the correlation coefficient in the main group was r=0.205, and in group comparison of r=-0.146 (p>0.05).

Conclusion Assessment of physical development of children with use of the international standards allowed to establish existence of disharmonious development in most of the examined children.

G41(P) ABSTRACT WITHDRAWN

G42(P) EPIDEMIOLOGY AND OUTCOME OF STATUS EPILEPTICUS IN CHILDREN WITH NEW ILAE DEFINITION

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Background Status Epilepticus (SE) in children carries significant risk of morbidity and mortality. Previous work has predominantly focused on SE ≥30 min but a new ILAE definition has been produced following evidence that seizures ≥5 min are associated with negative outcomes. This study aims to evaluate the epidemiology and outcome of SE since the introduction of buccal midazolam, change in ILAE definition and increased involvement of specialist epilepsy nurses.

Methods Multiple datasets were combined to identify all children presenting to accident and emergency (A+E) between 2011–2017 in the region. Data was collated from electronic health records; including patient demographics, clinical characteristics, acute seizure management and outcomes. This data can be used to study long-term outcomes, including educational outcome, through national data linkage systems.

Results There were 665 children admitted with SE who had 1228 seizure episodes during the study period. SE accounted for 0.38% (95%CI 0.34–0.42%) of annual A+E admissions. Yearly prevalence, calculated using mid-year-population estimate, was 0.8 per 1000 children. 57.3% of patients were male (95% CI 53.5–61.1%) and median age was 3.65 years (IQR=6.33, Min=0.0, Max=20.97). There is a small deprivalization effect (p=0.0006) which is most prominent at ages 2–3. The median number of PS for each child was 1, however, 31.4% of children had recurrent SE and 5.6% had ≥5 SE. Median seizure duration was 10 min. 30.3% of seizures lasted between 5–29 min. Recurrent seizures and longer duration