Abstracts

cards, mobile phones and information on local services to aid their movement onwards.

Conclusion We have shown this resource is sustainable and extremely valued by recipients. We have extended the project to help vulnerable adults and, with the right financial support, it is scalable across the UK.

G410(P) ABSTRACT WITHDRAWN

British society of paediatric endocrinology and diabetes

G411 AUDIT ON THE DIAGNOSIS AND MANAGEMENT OF CONGENITAL HYPOTHYROIDISM (CHT)

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Aim County Durham and Darlington NHS Foundation Trust comprises two district general hospitals and our aim was to audit our practice with national standards in the diagnosis and management of Congenital Hypothyroidism and to obtain outcome data at the age of 3 years.

Methods Children diagnosed with CHT over a 10 year period between April 2009 and March 2019 were included in this retrospective study. Data were obtained from electronic records and were compared with the national surveillance data.

Results 28 patients were diagnosed with CHT over 10 years that included 11 boys and 17 girls. 23 were term babies. 27 were detected by the new-born blood spot and 1 was diagnosed on antenatal suspicion of septo-optic dysplasia. Out of total 28 referred, 1 had a normal venous TSH and so not initiated on treatment. 93% were given a trial off thyroxine treatment after their 3rd birthday and 47% had stopped treatment having passed the trial. The compliance with the process and parameter is shown in table 1. National data showed similar sex and gestation distribution in our cohort with better compliance in giving trial off therapy after 3 years of age (table 2).

Conclusion The trust has good compliance with national standards and has done better in giving trial off treatment

Abstract G411 Table 1 Compliance to national standard

Parameters	Yes(n)	No(n)	NA	Percentage Compliance (%)
No. started on thyroxine within 17 days	20	1		95
No. started on thyroxine within 24 days	2	1		66
Initial thyroxine dose of 10 – 15 mcg/kg/day	19	9		68
Repeat testing at 2 weeks	25	3		89
Repeat testing at 4 weeks	23	5		82
Repeat testing at 8 weeks	23	5		82
Investigated with US/Nuclear scans	22	5	1	81
No. of eligible children given off therapy trial	13	1	14	93

Abstract G411 Table 2 Comparison with national data

Parameter	Trust(%)	National(%)
M:F	39:61	39:61
Term:Preterm	82:18	80:20
Screen sensitivity	97	96.7
Screen specificity	97	99.9
Missed trial	7	30
Permanent HT	53	66

after 3 years. The initial dose of treatment, monitoring blood tests and investigations with scans needs improvement.

BSPED

G412 VITAMIN D STATUS OF EXCLUSIVELY BREAST FED INFANTS AND THEIR HEALTHY MOTHERS DURING THE FIRST 4 MONTHS OF INFANT LIFE

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Aims The aim of this study was to assess Vitamin D status of exclusively breast fed infants and their healthy mothers.

Methods A total of 56 healthy exclusively breast fed infants and their mothers were enrolled after informed consent.

Results Infant 25OHD levels correlated positively with maternal 25OHD levels. 37.5% of infants and 48.2% of mothers were found to have Vitamin D levels below 20 ng/ml. Vitamin D deficiency (25OHD <12 ng/ml) was present among 10 infants (17.9%) and 26.8% of mothers. Parathyroid hormone levels and alkaline phosphatase were elevated in 76% of infants with 25OHD levels below 20 ng/ml. Serum calcium and phosphorus remained within normal limits irrespective of the Vitamin D status. Vitamin D supplementation given to mothers during antenatal period was found to have a significant relation with the Vitamin D status of the infant.

Conclusion Vitamin D deficiency is highly prevalent in healthy exclusively breast fed infants. Vitamin D status of an infant is a reflection of the maternal Vitamin D status and hence regular supplementation of vitamin D should not only be given to mothers during the antenatal period, but should also be strongly recommended in the lactation period.

G413 GENOTYPE AND PHENOTYPE CORRELATION IN CHILDREN WITH CONGENITAL HYPERINSULINISM

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Aims Congenital hyperinsulinism (CHI) is the leading cause of persistent and severe hypoglycaemia in paediatric patients.