ADHD and related neurodevelopmental disorders – george still forum

Plenary

P02 PREVALENCE OF EMOTIONAL AND NEURODEVELOPMENTAL DISORDERS AMONG A COHORT OF LOOKED-AFTER CHILDREN IN A SOUTH WEST ENGLAND LOCAL AUTHORITY

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Aims Limited research has been carried out about their neurodevelopmental profile of Looked after Children (LAC) who are known to be more vulnerable to mental and physical health morbidities than their peers living within their birth families. We aimed to evaluate the prevalence of childhood neurodisability and related neurodevelopmental behavioural intellectual disorders (NDBID) among a cohort of LACYP in a SW England LA.

Methods A retrospective review of the LAC caseloads in North Somerset Local Authority (NSLA) was carried out between Jan and Dec 2018 as part of the Clinical Governance strategies of the NSLA. No identifiable patient record was used and no research ethical approval was required.

Results A total of 69 out of 96 (72%) LACYP, with an average age of 94 months (ranging from 6 months to 18 years) had at least one or more NDBIDs including behavioural problems (49%), emotional disorders of anxiety/depression (23%) and hypermobile joints (17%), with variable distribution among various age groups. This compares with prevalence of NDBIDs up to 15% reported in most developed countries.

The preschool children 1 to 4 years old were the largest group of LAC (42%) with diagnosed NDBIDs, while the school children 5–9 yrs constituted 29%. 33 (48%) of them with an average age of 5 years 10 months had various developmental delays including speech and language delay (19%), global developmental delays (16%), learning difficulties (14.5%) and developmental coordination disorder-DCD (10%).

64 (93%) of the LACYP with NDBID experienced at least one or more psychosocial adversities/trauma (average of 5, ranging from none to 12). There was a significantly negative association between age and the number traumatic factors exposed to ($p=0.008$). The commonest psychosocial adversities were parent-related factors including poor mental health (67%), neglect (59%), drugs/alcohol abuse (45%) and exposure to domestic violence (47%).

Conclusion There are present and future clinical implications of the high prevalence of NDBIDs experienced by the LAC need to be considered in planning and organisation of integrated multi-agency services for addressing their complex needs.

G618 CARER SURVEY AND AUDIT OF DIET/NUTRITION AND EATING IN CHILDREN AND YOUNG PEOPLE (CYP) ON ADHD MEDICATION AS PER ADHD NICE STANDARDS

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Aims/Objectives Establish if diet and nutritional history taken by Clinicians at the initial consultation is in line with ADHD NICE guidelines and explore dietary and nutritional difficulties in children and young people on ADHD medication with the aim of providing evidence based quality dietary/nutritional information for patients/carers.

Methodology A retrospective and prospective audit of 85 case notes was conducted over a 4 month period on record of growth measurements, outcomes following concerns in CYP with appetite suppression/weight/growth issues on ADHD medication and quality of diet and nutritional history when the CYP was first seen in clinic as per NICE Guidelines. A survey was also carried in carers seen in clinics over the same period to explore eating habits in CYP on ADHD medication. Results were analysed with the help of the clinical audit department.

Results There was poor evidence of recording of importance of balanced diets/good nutrition (7%), physical exercise (3%) and exploration of diets (3%) causing hyperactivity in history taken at the initial consultation as per ADHD NICE guidelines recommendations (2008, 2016). Growth charts were present in notes (90%) with evidence of record of height/weight (99%) and height/weight centiles (98%). BMI was recorded in only 14% of cases if there were concerns about weight. Carer survey in clinic showed that 60% were never given information on diet and nutrition in ADHD at the first appointment, 34% of carers stated that their child had appetite suppression on medication and sleep was affected by appetite suppression in 8%. 22% of carers said their child never had breaks off medication and 21% wanted more information on diet and nutrition in ADHD.

Conclusion Following the audit/survey we have updated our ADHD clinic assessment forms with key questions to remind Clinicians discuss eating/diet/nutrition issues as recommended by the ADHD NICE guidelines and record BMI if there are concerns regarding weight issues. We have also worked in partnership with our paediatric dietitians to develop evidence based diet/nutritional information for CYP on ADHD medication.

G619 OVERVIEW OF USE OF GUANFACINE IN ADHD PATIENTS IN AN INTEGRATED SECONDARY CARE SETTING. ARE WE FOLLOWING NICE GUIDELINES?

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Introduction Guanfacine acts on central α_2 -adrenergic receptors, its mechanism of action in ADHD is thought to be on the prefrontal cortex, where behaviours related to ADHD as inattention and impulsiveness are controlled. The NICE guideline recommends; where drug treatment is considered, methylphenidate, atomoxetine and dexamfetamine, as options for management of ADHD in children. Guanfacine was listed on local hospital formulary in 2018.

Purpose To evaluate the use of Guanfacine in ADHD in relation to the NICE guideline (NG87) and analyse cases where it has been used as a first line.

Methods A retrospective study of cases (42) started on Guanfacine since 2018. The sources of information were; pharmacy records for Guanfacine prescriptions, clinic letters and correspondences, patients' files.