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
MO Ogundele. Children’s Services, Weston Area NHS Trust, Weston-Super-Mare, UK
10.1136/archdischild-2020-rcpch.531

**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 3 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 NDBID, 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.

**G619** OVERVIEW OF USE OF GUANFACINE IN ADHD PATIENTS IN AN INTEGRATED SECONDARY CARE SETTING. ARE WE FOLLOWING NICE GUIDELINES?
HH Hassan, 2HC Chaban, 3HA Ayyash. 1Paediatrics, Southend University Hospital, Southend-on-Sea, UK; 2Paediatric Consultant/Lighthouse Development Centre, Southend University Hospital, Southend-on-Sea, UK
10.1136/archdischild-2020-rcpch.533

**Introduction** Guanfacine acts on central α2-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.
Results From 42 patients started on Guanfacine, 37 (88%) were boys, girls were 5 (11.9%), 20 patients (47%) were older than 11 years. Guanfacine was used as a second line in 30 cases (71%) and 3rd line in 8 (19%), while 4 cases (9.5%) in whom stimulant drugs were not suitable were put on Guanfacine as a first line.

The reason for changing the medication to Guanfacine was; it didn’t give desirable effect in 19 (45%) cases, wasn’t tolerated in 6 (14%), weight loss and appetite suppression in 6 (14%), sleep disturbances in 1 (2%), high blood pressure in 4 (9%), caused suicidal thoughts and depressive mood in 1 (2%), headache and emotional instability in 1 (2%), tics in one case (2%). Duration of treatment ranged from 2–13 months.

37 cases (88%) are continuing Guanfacine while 5 stopped using it, 3 (7%) were trialled for short time and was felt by parents to be ineffective, 1 was lost to follow up, and 1 stopped all medications as symptoms have improved.

Conclusion Guanfacine was well tolerated and beneficial in 38 cases (90%). In 38 cases (90%) it was prescribed as per NICE guideline. Only in 4 cases (10%) was it prescribed as a first line, these cases in which stimulant drugs were unsuitable were analysed and will be discussed during presentation with the aim of sharing experience and suggesting specific indications for use.

G621 GROWING PAINS! CAN GPS (GENERAL PÆDIATRICIANS) HELP?
RM Vardin, VB Pulla, SK Nelapatla. Paediatrics, North Lincolnshire and Goole NHS FT, Scunthorpe, UK
10.1136/archdischild-2020-rcpch.535

As RCPCH has predicted we are all witnessing the mental health epidemic and National Health Service is struggling to cope with the demand. Physical/organic disease still remains the priority and drains precious resources. CAMHS remains undersourced and overwhelmed. Post code lottery still exists for most part of the country except the large metropolis.

Paediatricians are uniquely placed and trained to help children and families. Challenging behaviour is viewed as somebody else’s problem. Education of parents, schools, health care professional is the need of the hour.

We will explore ways how mental health problem recognition, treatments, sign posting can be a part of holistic care. MH is the ‘other side of the coin/elephant in the room’ stigma. It has devastating effect not only on the child but the family, society and can cost the nation dearly.

RCPCH in 2017 has submitted to NHS England how mental health should be considered in its long term health plan. RCPpsych and RCGPs are collaborating in this commendable effort at a strategic level.

The situation unfortunately on the shop floor remains unaltered with waiting times getting longer, referrals rejected, children excluded from schools and families on the verge breaking down. General Paediatricians we believe can make a real difference with a little help from clinical leads, service providers and commissioners.

G622 WHICH FACTORS AFFECT THE MEDICATION STABILITY OF PATIENTS WITH ADHD THROUGH THE TRANSITIONAL PERIOD FROM PÆDIATRIC TO ADULT CARE?
1M Edmonds, 2R Gallagher. 1School of Medicine, University of Liverpool, Liverpool, UK; 2Consultant Developmental Paediatrician, Alder Hey Children’s Hospital, Liverpool, UK
10.1136/archdischild-2020-rcpch.536

Aims It is known that adolescents with a diagnosis of attention deficit hyperactivity disorder (ADHD) are particularly vulnerable at the transitional period from paediatric to adult care. The aim of this study is to determine factors which may