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.

G620 AUTISM AWARENESS IN THE PAEDIATRIC STAFF

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Background Children with autism have needs which are often not visible. When these children admit to hospital, they need accommodations within acute care settings. Awareness of the frontline paediatric staff of these needs and ways to support these children and families, can improve the quality of care provided and make the experience pleasant. This study has assessed the awareness and perceptions about children with autism among a multi-disciplinary group of front-line paediatric staff working in the ambulatory care unit and the paediatrics wards, in a tertiary paediatric hospital.

Methods The study was conducted in acute paediatric wards in September 2019. Randomly selected twenty-nine staff members were interviewed with a structured questionnaire. Demographic profiles of respondents were analysed to identify patterns. Individual responses for questions were analysed qualitatively by thematic content analysis and quantitatively by statistical analysis.

Results Respondents were heterogeneous in disciplines (nurses (14, 48.3%); health care assistants (8, 27.6%); play specialists (2); junior doctors (2); registrars (2) and music therapist (1). Eighteen (62.1%) believed they were confident in caring for a child with autism. Only one respondent knew how common autism is, while others overestimated (14, 48.3%); underestimated (4, 13.8%) or had no idea (10, 34.5%). Majority knew at least one key feature of autism (24, 82.8%) and most respondents had mentioned difficulties in social interaction (12, 41.4%). The majority knew how children with autism would respond when they are upset (26) and what factors can disturb them (28). Most frequently reported supportive action

in the acute hospital setting was provision of a quiet room with minimal disturbance (14, 48.3%). Eight respondents (27.6%) were not aware how they can help children with autism.

Conclusion Though the majority of respondents were knowledgeable about presenting features of autism and factors that can upset children with autism, a notable majority was not aware how common the problem is and another significant proportion did not feel they were confident to care for a child with autism. Lack of awareness about autism in the frontline staff in a ward environment reinforces the importance of raising autism awareness in the studied setting.

G621 GROWING PAINS! CAN GPS (GENERAL PAEDIATRICIANS) HELP?

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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 metropolises.

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. RCPsych 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 PAEDIATRIC TO ADULT CARE?

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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