Abstracts

affect the prescription stability of adolescent patients who live with ADHD.

Methods We conducted a retrospective cohort study investigating 65 adolescents who were receiving prescriptions for ADHD medication. The patients were categorised into two groups, 'stable' and 'unstable', based on prescription changes over a three year period. The groups were then compared based on the medication prescribed, dose of medication, comorbidities, BMI and gender and reasons for prescription changes were noted.

Results The study found a statistically significant correlation between adolescents prescribed Elvanse and prescription changes (OR: 19.63 $P \leq 0.05$). Further to this Patients who were receiving an unlicensed dose of Concerta XL were also more likely to have a prescription change (OR: 11.00 $P \leq 0.05$). A key finding was the strong association between side effects and instability of prescriptions (OR: 936 $P \leq 0.0001$).

Conclusion This study revealed associations between patients prescribed Elvanse and increased changes to their medications. This also applied to those receiving an unlicensed dose of Concerta XL.

Abstract G622(P) Table 1 Reasons for prescription change

Reason for prescription change:	Total:
Patients choice	10
Ineffective medication	42
Weight changes	2
Side effects	18
Co-existing conditions	3
Unrecorded	9
Total	83

This study also highlights the common reasons for medication change (table 1) in this transitional period.

G623 NON PSYCHIATRIC COMORBIDITIES IN ADHD: A SCOPING EXERCISE

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Aims

- Literature review of comorbidities of Attention Deficit Hyperactivity Disorder (ADHD) with a view to identify publications on non-psychiatric comorbidities.
- Identify the non-psychiatric comorbidities in Paediatric Neurodevelopmental clinic patients with ADHD.

Methods

- A literature survey was conducted using MEDLINE under the terms ATTENTION DEFICIT HYPERACTIVITY DISORDER, ADHD, COMORBIDITY, CO-OCCURRENCE, MULTIMORBIDITY and DUAL DIAGNOSIS in meta-analysis OR Reviews articles published in English Language from 2013.
- Paediatric in-patient admissions for the age range 4–17 years during a consecutive period of 24 months was analysed to find out what the primary and secondary diagnoses were.

- Light House Child Development centre outpatient's clinic codes for ADHD and behavioural paediatrics were used to identify the cohort of children with a primary or a secondary diagnosis of ADHD to check for emerging comorbidities.
- A single clinician's sample was used for the preliminary survey

Results

- Sixty journal articles met the search criteria. Two articles on obesity, one on developmental motor coordination, five on atopic dermatitis, one on asthma and one on bedwetting met the non-psychiatric comorbidities (table 1).
- 1307 patients were admitted to the paediatric department between 01.01.2017–31.12.2018. one coded for Hyperkinetic disorder as a secondary diagnosis. one had ODD as a primary diagnosis.
- 3472 clinic episodes/patients were identified in neurodevelopment clinics with ADHD/behaviour problems.
- 40 patients were identified from the single clinician led clinic to have ADHD. And other comorbidities.

One had a dual diagnosis of ADHD and MCAD deficiency.

Abstract G623 Table 1 Number of children 40. Age range 7–17 yrs. M:F 34:6

Disorder	ADHD	Psychiatric comorbidity	non Psychiatric comorbidity	Mixed
Primary DX	37	3	4	
Secondary Dx	3	35		17
TOTAL	40	38	4	17

Obesity as a diagnosis was coded in none. Mixed group had Learning difficulties in 7, sleep problems in 10. The additional diagnoses of Looked after children adopted was recorded but not included as a non-psychiatric or mixed disorder. Management of comorbidities were studied.

Conclusions Non-psychiatric disorders are present in ADHD Children and young people (CYP) but in fewer numbers in this preliminary survey.

A detailed analysis of the outpatient data is ongoing and may shed more light into the prevalence of uncommon comorbidities of ADHD.

Limitations of the study and further recommendations will be discussed.

G624 INCORPORATING COGNITIVE NEUROSCIENCE INTO INFLUENCING THE WIDER PICTURE OF CHILD HEALTH

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Various statistical data have been used as indices for the national profile of population and child health. Newer social factors have surfaced in the recent times such as aggression and criminality amongst youth which compel us to include into the equation to reflect on Mental Health profile of the present youth and future community. Aim should be to offer due eminence to Child mental health.

Advances in technology and the neuroscience has made it possible for us to understand to a large extent the fundamentals behind the increasing behavioural problems in children. Focus will be on the aetiology - the root causes of changing behavioral profile of the young.

The study of the variations in the brain biology that allows cognitive abilities to develop through literature search. This needs to take centre stage in formulation of health care policies. Object should be to identify adverse factors.

Addressing the environmental factors that determine the biological processes involved in the development of criminal psychological traits, and corresponding adaptation of the clinical care pathways will be the most effective and cost efficient approach for the best outcome for the individuals and the society at large. Deterrents by way of force will only partially succeed in suppressing street crimes, as the call is to influence the brains of the developing children.

It is our professional responsibility to aim for the best outcome for the individual child and the society at large.

G625

COLLABORATION BETWEEN COMMUNITY CHILD HEALTH AND CHILD/ADOLESCENT MENTAL HEALTH SERVICES IN THE UK: RESULTS FROM A NATIONAL SURVEY

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Aims Neurodevelopmental and Emotional problems (NDEP), including behavioural and emotional problems, such as Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Tics disorder/Tourettes syndrome, Learning Disorders, developmental delay and development coordination disorder are commonly managed in the UK by the Community Child Health (CCH) Paediatricians, often working within integrated specialist teams with allied health, social and educational professionals. Children and young people with NDEP have three to four-fold increase in prevalence of co-occurring mental health disorders into adulthood. The current picture of integration between CCH and Child and Adolescent Mental Health (CAMH) services in the UK is mixed and complex. We aimed to explore the experiences of CCH Paediatricians about working jointly with local CAMH services.

Method An online survey was conducted among CCH Paediatricians using a modified Child and Adolescent Psychiatrists Surveillance System (CAPSS) survey questionnaire, as part of a validation survey of CAPSS. The CAPSS focuses on surveillance of rare psychiatric conditions and CCH clinicians are considered to be able to play an important role in case ascertainment.

Results A total of 245 respondents working within 180 CCH units across the UK completed the questionnaire, including Consultants (75%), Specialist Associates (19.5%) and Trainees (5%). Only 27 respondents (11.6%) reported working with young people aged 19–25 years, often due to their complex disabilities, special education placement, delayed transition or lack of suitable adult services.

Participating Paediatricians' experiences suggest great variation in service provision and configuration for children of various ages and diagnosis across the UK. The commonest themes identified included increasing rate of CCH referrals from primary healthcare/other agencies as default, patients' experience of service fragmentation/bouncing between CCH and CAMHS. They also highlighted their challenges and desirability of joint-working with CAMHS.

Conclusion There are compelling historical and logical reasons to support a wider integration between CCH and CAMHS as optimal settings for providing effective and seamless high quality care to most children presenting with various MH and Neurodevelopmental disorders. Responses highlight the wide range of work CCH paediatricians are undertaking in the field of CYP mental health and therefore have essential roles in contributing to psychiatric surveillance.

G626

USE OF LONG ACTING GUANFACINE IN ADHD AND ASSESSING THE COMORBIDITY AND PARENTS' PERCEPTIONS

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Aims A study was conducted to find out the clinical indications, prior stimulant use, associated comorbidity and parents'/carers' perceptions on the use of long acting guanfacine in children and adolescents with ADHD.

Methods The number of patients with ADHD on guanfacine over a period of 9 months were identified through IT support and their clinical records were accessed from our electronic system. Parents/carers' comments were also noted in relation to their child's progress.

Results 22 patients (17 boys and 5 girls) aged 7–16 years were commenced on guanfacine, with 50% aged 13 years and above. All the patients had one or more associated comorbid conditions varying from sleep problems (50%), autism spectrum disorder (40.9%), anxiety (18%), oppositional defiant behaviour (18%), learning disability (9%) and sensory processing problems (4.5%). 21 patients previously received various formulations of either methylphenidate or amphetamine medications. However, one patient with a diagnosis of Williams' syndrome with cardiac problems was commenced on guanfacine as the 1st option, following recommendation from a cardiologist. In 19 patients (86.3%) the stimulant medication was not found to be effective, not tolerated in 2 patients (9%) and not suitable in 1 patient (4.5%). The stable/maintenance dose of guanfacine was noted to be 1 mg for 5 patients (22.7%), 2 mg for 9 patients (40.9%), 3 mg for 6 patients (27.2%) and 5 mg for 2 patients (9%). Towards clinical outcomes, 14 parents/carers (63.6%) provided comments such as the child/adolescent is less aggressive, good symptom control, sleeping better, good start to school, best medication so far, much calmer and 'it is absolutely amazing!'

Conclusion Our study revealed that long acting guanfacine can be useful when the stimulant medication is not effective, not tolerated or not suitable. This complies with the current NICE guidelines. Despite a significant comorbidity, a high level of parents/carers' satisfaction is noted in our group.