hospital facilities in Galway/Dublin (Audiology, sleep study) were on average after a waiting period of 19.6 weeks.

Conclusion There was an ease of access for local services available to patients with neurodisability. Specialised setups took longer time providing the service.

G632 EFFECTIVENESS OF CANNABIDIOL OIL IN THE MANAGEMENT OF ADHD AND ITS CO-MORBIDITIES: REVIEW OF THE EVIDENCE

^{1,2}Hani F Ayyash, ³Michael Ogundele, ¹Bertha Calles Cartas, ^{4,5}Maissa Dahabra. ¹Mid and South Essex University Hospitals Group, Southend University Hospital NHS Foundation Trust, Southend-On-Sea, UK; ²Scientific Member, British Paediatric Surveillance Unit, Royal College of Paediatrics and Child Health, UK; ³Bridgewater Community Healthcare NHS Foundation Trust, Halton, Liverpool, UK; ⁴Faculty of Pharmacy, Applied Science University, Amman, Jordan; ⁵Al Radwan Community Pharmacy, Amman, Jordan

10.1136/archdischild-2020-rcpch.546

Aims Attention deficit Hyperactivity Disorder (ADHD) is the commonest neurobehavioural disorder diagnosed in childhood with a chronic course extending into adulthood in at least a third of the patients. There are ongoing controversies about the safety and efficacy of chronic use of CBD in children and adults.

We aimed to identify best evidence from published literature for effectiveness of cannabinoid products in controlling symptoms of ADHD and its associated common comorbidities.

Methods We systematically searched several health and social science databases for relevant published articles using keywords including 'Attention Deficit Hyperactivity Disorder', 'ADHD', 'Disruptive Behaviour Disorders', 'cannabinoids', 'cannabidiol', 'cannabi*' and 'CBD'.

Results 7/11 relevant papers were related to adults while 4 were about children and young people (CYP) with ADHD. There is a dose-related association between chronic heavy regular use of cannabis and ADHD symptoms in adults. This is likely due to many adult ADHD patient self-medicating with cannabis. Chronic abuse of Cannabis is associated with abuse of other substances, including ecstasy (MDMA) and methamphetamines.

Limited RCT against placebo showed positive effect of CBD in improving core ADHD symptoms among adults over a 6 week period with no negative effect on cognitive function. Limited study of CBD-based medicines, given as adjunct to pharmacological and psychotherapy, suggest promising improvement in the symptoms of ADHD and many co-morbid mental, social, communication, behavioral and motor disorders in adults.

The dearth of research evidence among CYP as well as the knowledge of significant differences between the level of maturation and plasticity of the adolescent brain makes it impossible to extrapolate any beneficial effect of CBD use in adults to adolescents and younger children for management of ADHD and its common comorbidities.

Conclusion There is insufficient research evidence to support recommendation of CBD products in CYP for ADHD management in both children and adults. Positive effects of CBD on ADHD and other MH disorders have been found in short-term studies but more chronic CBD abuse has often been associated with detrimental effects on cognitive functioning, educational achievement and employment prospects.

Late additions

G139(P) EARNEST (EARLY ASSESSMENT AND REFERRAL OF NEWBORNS ENABLING SAFER TRIAGE) PROTOCOL PROMOTING NEONATAL TEAM SPIRIT AND EARLY RECOVERY OF NEWBORN

¹M Sahai, ¹GK Goyal, ²K Gupta. ¹Pediatrics Department, RUHS College of Medical Sciences, Jaipur, India; ²Department of PSM, RUHS College of Medical Sciences, Jaipur, India

10.1136/archdischild-2020-rcpch.547

Objective EARNEST protocol devised by the author was tested for its impact in improving newborn care.

Method This pilot study was carried out over 3 months in the neonatal triage of a district hospital. All newborns being brought to the Triage area here were assessed using this protocol and its user friendliness scored using 'SMART' criteria. Study group comprised of 100 newborns [Group A] where EARNEST was applied after the institution of the NRP Protocol For comparison [Group B], 100 matched newborns, admitted in the same duration, where only NRP protocol was applied.

Result Among Group A newborns, better documentation of data was reported as compared to group B [$p < 0.05$], duration of hospitalization for less than 10 days was seen in 63% patients in group A as compared to 41% in Group B patients [p value 0.002]. The EARNEST protocol helped decrease the time required for a detailed neonatal triage assessment, instituting early therapeutic intervention and referral to a higher centre if required [$p = 0.04$].

Abstract G139(P) Table 1

Score:	<2	2-4	5
Specific	0	95% [19]	5% [1]
Measurable	0	95% [19]	5% [1]
Achievable	0	85% [17]	15% [3]
Realistic	0	70% [14]	30% [6]
Time saving	0	30% [6]	70% [14]
Total score	≤10	11-20	21-29
Participants having this score	0	75% [15]	15% [5]

Conclusion The use of this protocol where a newborn's profile is entered under the 6 main headings of i) Patient profile – by the nursing staff. ii) Problems in baby – by first year resident, iii) Progress of Baby – by second year resident iv) Plan of management and v) Prognosis – by senior resident and vi) Professional advice by the consultant has empowered the Neonatal Triage team in conducting an easily recordable, reproducible newborn assessment with division of work, team spirit and early detection of complications and referral if required.

G517(P) PAEDIATRIC WEIGHT MANAGEMENT SERVICE IN THE DISTRICT GENERAL HOSPITAL – IS IT A TIER-3 SERVICE?

M Mallya, U Niranjana. Paediatrics, Luton and Dunstable University Hospital, Luton, UK

10.1136/archdischild-2020-rcpch.548

Aims Childhood obesity is a significant health burden, with limited resources to manage severe obesity including co-

morbidities. Obese children and young people (CYP) require a tier-3 obesity service. There is a lack of guidance and clarity regarding the best structure and provision of tier-3 childhood obesity services, with significant disparities across the UK. There are limited treatment options in the management of childhood obesity, with family focussed life-style interventions and cognitive behavioural interventions having some benefit. Our local hospital-based paediatric weight management (PWM) service was established as part of a strategy to tackle childhood obesity. The service was evaluated from January 2017–March 2018 against national standards and other tier-3 services.

Methods A retrospective case-series study for the process, outputs and outcomes compared with the Obesity Services for Children and Adolescents (OSCA) guidance, involving data collection on a structured proforma; a child/ parent survey for their views using a questionnaire. Data was analysed using Excel analysis tools.

Results 27 CYP were included, with a mean BMI standard-deviation score (z-score) of 3.07(SD-0.55). 78% were severely

obese. There was some variability in care in the PWM service; only 37% had their blood pressure measured and 22% had psychology discussion. The mean BMI z-score change at 6-months was -0.15 , with 18% having a clinically significant change in BMI z-score of ≥ -0.25 . In the CYP/parent survey, 82% felt their concerns were addressed, 65% felt they were listened to and 88% rated the service as excellent/good. CYP/parents wanted dietitians (55%) and psychologists (10%) to be part of the service.

Conclusion Our service does not have the structure of a typical tier-3 obesity service for children. There is a need to reduce variability in management within the service. Due to small numbers, the change in BMI z-score is not representative of the service but highlights that awareness and life-style changes are beneficial. Children and parents prefer multi-disciplinary input with facilities like a gym, physical activity groups and education sessions within the tier 3 service, calling for the need for service development.