Programme (PPP). Childbearing potential is defined as a premenopausal female capable of becoming pregnant.

Hospital specialists are required to review females on valproate to establish childbearing potential and only continue if other treatments are ineffective and pregnancy is excluded by means of a serum pregnancy test. PPP should be started if valproate is to be continued ensuring there is understanding of the risks to an unborn child and an Annual Risk Acknowledgement form (ARAF) is completed.

Aim Identify all female paediatric patients taking valproate under the care of a paediatrician in a district general hospital in November 2018 to assess compliance with PPP.

Method 163 female paediatric patients identified via clinic lists of 5 consultants seeing Epilepsy and neurology patients.

Results 12 (7.4%) were taking Valproate (mean age 10; range 4 to 16). 5 out of the 12 (41.7%) had a signed ARAF. 1 GP and 1 pharmacist had alerted hospital specialists of 2 of the 12 (16.7%) patients. There was no documentation regarding contraception. 2 patients without an ARAF (16.7%) were in the process of being weaned off valproate following the MHRA guidance.

Conclusion Following departmental presentation in February 2019, 2 further female patients were weaned off valproate and consultants have been made aware of PPP and familiarised with the ARAF. Concerns were raised by specialists regarding the ethics of contraception in young females that may lack capacity to consent. On the 29th March 2019 A Guidance Document on Valproate Use in Women and Girls of Childbearing Years was released. It provides practical information, guidance and sources of further support to clinicians managing patients on Valproate. Valproate is now under strict regulation and use is expected to be in line with the modified ARAF and updated guidance.

G75(P)

PREOPERATIVE BOTULINUM TOXIN A FOR CHILDREN WITH BILATERAL CEREBRAL PALSY UNDERGOING MAJOR HIP SURGERY: A RANDOMISED DOUBLE-BLIND PLACEBO-CONTROLLED TRIAL WITH 6 MONTHS FOLLOW-UP

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Aims Cerebral Palsy (CP) describes a group of permanent disorders of movement and posture. Children with CP often have severely displaced and dislocated hips and require hip surgery. These children are in pain post-operatively and are likely to find it difficult to communicate pain due to cognitive and communication impairments. The use of Botulinum Toxin Type A (BoNT-A) injections has been proposed to help reduce the pain and in doing so, improve quality of life (QOL). The objective of the abstract is to model the typical course of pain and QOL over 6 months of follow-up, taking the missing data into consideration.

Methods The trial was a randomised, double-blind, longitudinal trial. Children from a tertiary hospital awaiting hip surgery, allocated to receive either BoNT-A injections or placebo treatment. After surgery, the primary outcome of pain was measured using the paediatric pain profile (PPP) at 9 time points, up to 6 months post-randomisation. The secondary outcome of QOL was measured using the Caregiver Priorities

and Child Health Index of Life with Disabilities (CPCHILD) questionnaire at 3 time points, up to 6 months post-randomisation. The pattern and nature of missing data was explored, and a logistic regression method was used to find any characteristics measured at baseline that were predictive of missing data. The data was analysed at each time point using an analysis of covariance (ANCOVA) method and multiple imputation was used to account for the missing data.

Results 54 participants were equally allocated to either the BoNT-A or placebo group. There was a reduction in pain at each consecutive time point in both groups. There was weak evidence to suggest BoNT-A was beneficial compared to placebo treatment at 6 months post-randomisation with an estimated difference of 3.115 ($p=0.065$) in PPP Score. However, no statistically significant difference was found at the other time points. All models showed an improvement in QOL over time, but no statistically significant differences were found between BoNT-A and placebo.

Conclusions The trial did not demonstrate a benefit in using BoNT-A to reduce pain or improve QOL postoperatively.

G76(P)

MANAGEMENT OF HYPERTONIA IN CHILDREN AND YOUNG PEOPLE (CAYP) WITH INTRATHECAL BACLOFEN (ITB) IN A TERTIARY CENTRE

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Aims To review the indications for and outcomes following ITB for CAYP managed at our centre.

Methods 42 Patients undergoing ITB pump insertion from 2006 to 2015 were identified at our centre. 35 had reports available and were included in a retrospective note review, using a standardised data collection proforma.

Results Median age at ITB pump insertion was 9 (range 4 to 18). Hypertonia was described as dystonia, spasticity and/or dyskinesia.¹

Median length of follow up was 3 years. Pre-surgery goals determined the choice of outcome measures.

Care Provider Child Health Index Living with Disability (CPCHILD) data, available for 23 CAYP at baseline and 18 CAYP at 1 year, improved from a median score of 45.5 to 58.2 ($P=0.03$, Wilcoxon signed rank test).

Burke-Fahn-Marsden Dystonia Rating Scale (BFMDRS) data was available for 12 CAYP with dystonia at baseline (median

Abstract G76(P) Table 1

Type of hypertonia	Number of children
Spasticity only	6
Dystonia only	12
Dyskinesia only	0
Spasticity + Dystonia	6
Spasticity + Dyskinesia	0
Dystonia + Dyskinesia	4
Spasticity + Dystonia + Dyskinesia	1
Missing data	6