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750 LEARNING DISABILITY – HOW CONFIDENT ARE WE TO MAKE THE DIAGNOSIS?

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Background There are an estimated 1.5 million people in the UK with a learning disability (LD), of which 351,000 are children (2.5% of total childhood population).[1] It is recognised that for people with LDs to have the best life chance, early diagnosis and appropriate intervention in childhood is key.[2] However, a formal diagnosis of LD may never be made despite a continuing acknowledgement of a child's global development delay as they progress towards adulthood.[3] Of those that are diagnosed, many do not receive recommended interventions, with only 55% of those registered as having an LD receiving their annual health check in primary care.[4]

Objectives To survey practice regarding diagnosing LD within community paediatrics.

Methods A questionnaire was designed by the authors and distributed amongst community paediatric departments in the West Midlands via a lead trainee. Responses were requested from community paediatric consultants and speciality doctors. It was open for responses between 7th January and 25th February 2020. The questionnaire addressed areas such as confidence in diagnosing LD, methods used in clinical practice to diagnose LD, and other conditions where you would consider giving a diagnosis of LD.

All responses were voluntary and anonymous. Both quantitative and qualitative data were obtained from the responses.

Results 40 responses were obtained, of which 29 (72.5%) were from consultant community paediatricians. Only 2 (5%) were completely confident in diagnosing LD. 13 (32.5%) were fairly confident, 19 (47.5%) somewhat confident, 4 (10%) slightly confident and 2 (5%) lacked confidence in making the diagnosis. Clinicians used a range of tools and methods to assist with making a diagnosis including school reports, educational psychology reports, functional skills histories, IQ/WISC (The Wechsler Intelligence Scale for Children). A lack of access to educational psychology reports was felt to be a barrier to making a diagnosis with 17 clinicians (42.5%) stating access to their reports would help them make a diagnosis.

Conclusions Confidence in diagnosing LD varies amongst clinicians. We call for the development of standardised pathways in diagnosing LDs. We hope that this would empower community paediatricians to confidently diagnose LDs, enable children and young people to access the health care and support services available to them, and subsequently reduce their future physical and mental health complications.

An additional survey of practice following these results is currently being undertaken to explore the diagnosis of LD amongst Educational Psychologists within the region.

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British Association for Community Child Health

752 FETAL ALCOHOL SYNDROME (FAS) IN THE U.K. AND IRELAND: A NEW STUDY

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Background FAS is a complex condition which occurs as a result of in utero alcohol exposure and is characterised by physical, behavioural and neurodevelopmental difficulties. The development of prevention strategies, referral pathways and support services for this vulnerable patient-group relies on understanding its epidemiology. There have been several international surveillance studies describing FAS epidemiology but no such UK studies.

Objectives To determine the epidemiology of FAS in the UK and Ireland in children aged 0–16 years.

This study does not include Fetal Alcohol Spectrum Disorder (FASD) or other paediatric disorders associated with alcohol exposure.

Methods Active surveillance was undertaken through the BPSU between October 2018 to October 2019 (inclusive). Data were collected from reporting clinicians using standardised questionnaires. A history of alcohol use during pregnancy was not required for reporting. The case definition matches the diagnostic criteria used by the Centers for Disease Control.

Case definitions:

Confirmed Case	Probable Case
3 facial features with centiles	3 facial features without centiles
Pre or postnatal growth failure (weight or length <10th percentile)	As confirmed case
Structural or functional brain abnormality (including microcephaly)	As confirmed case

Results There were a total of 148 notifications.

Exclusions

- 9 duplicates.
- 28 lost to follow-up.
- 10 data could no longer be provided.
- 34 notifying clinician felt case no longer met case definition.
- 19 excluded by authors (did not meet case definition)

Included 48 cases (38 probable, 10 confirmed.)

- Confirmed and probable cases were analysed together.