knowledge with some cases providing a stronger management consensus than others, neutral responses were considered as potential areas where further education is required. A range of appropriate management options were selected including: non-pharmacological and pharmacological interventions and referral for worsening conditions. Health literacy supports were considered as useful communication tools (83%), with digital supports preferred. All acknowledged the importance of paediatric minor ailment teaching and there was a desire for increased child-health education at undergraduate level to ensure preparedness for practice.

Conclusions The study provides insight into pharmacy students' views of paediatric minor ailment management and undergraduate teaching. Participants demonstrated reasonable knowledge of minor ailments in children. The ability to recognise professional limitations and refer worsening conditions is promising. Community pharmacists in particular must determine symptom severity and signpost to further health services where necessary. Confident and competent consulting is a necessary skill for providing effective healthcare. Future studies will include questionnaire distribution to other Schools of Pharmacy thus further informing pharmacy student educators of areas for improvement, and development of an in-house paediatric training pack as requested by participants, to improve paediatric pharmacy education at LJMU.

British Association of Perinatal Medicine and Neonatal Society

824

AUDIT OF FOLLOW UP AND EVALUATION OF OUTCOMES FOR PRETERM INFANTS BORN UNDER 30 +0/40 WEEKS GESTATION

Annie John, Subramanian Mahadevan. *Russells Hall Hospital*

10.1136/archdischild-2021-rcpch.218

Background Although survival and short term outcomes in extreme preterm neonates have improved with time, long term neurodevelopmental outcomes and robust follow up remains a challenge.

Objectives To evaluate follow up and outcomes of babies <30⁺⁰ weeks' gestation as recommended by National Institute of Clinical Excellence (NICE). All neonates <30⁺⁰ should have a neurodevelopmental assessment at 2 years with additional assessment for all neonates < 28⁺⁰ at 4 years.

Methods All neonates born at Russells Hall Hospital under 30⁺⁰ weeks gestation between January 2015 and December 2016 were included. Outpatient letters and badger documentation were reviewed.

Results There were a total of 94 neonates.

Baseline characteristics and short term outcomes are shown in table 1. 12 neonates sadly died and 8 were followed elsewhere due to location. 74 babies were followed up by RHH.

Follow up is summarised in table 2. At 2 years, 62% of neonates were followed up in clinic and 72% neonates received standardised assessment by physiotherapist. At 4 years 30% were followed up in clinic of which half were seen in specified neurodevelopmental clinic.

Abstract 824 Table 1

		<28 (%)	<30 (%)
Gender	Total	41	94
	RIP	8 (20)	12 (13)
	Male	22 (54)	53 (56)
Birthweight	Female	19 (46)	41 (44)
	500–750g	16 (39)	23 (24)
	751–1000g	15 (37)	25 (27)
	1001–1500g	10 (24)	44 (47)
TPN	1501–2500g	0 (0)	2 (4)
		35 (85)	73 (78)
	NEC	8 (20)	14 (15)
	IVH	15 (37)	24 (26)
ROP	Grade 1–2	2 (5)	4 (4)
	Grade 3–4	12 (29)	18 (19)

Abstract 824 Table 2

	Total	Seen (%)	Discharged (%)	Was not brought/lost to follow up (%)	No information (%)
2 year clinic follow up	74	46 (62)	8 (11)	8 (11)	12 (16)
2 year Bailey III	74	53 (72)	-	11 (15)	10 (14)
4 year clinic follow up	28	8 (30)	11 (39)	5 (18)	4 (13)

Abstract 824 Table 3

	<28 (%)	<30 (%)
-		
Gross motor delay	6 (15)	9 (10)
Fine motor delay	3 (7)	6 (6)
Speech and language delay	5 (12)	11 (12)
Behavioural issues	6 (15)	8 (9)
visual impairment	3 (7)	7 (7)
Hearing impairment	4 (10)	7 (7)
Cerebral palsy	3 (7)	6 (6)
Global developmental delay	1 (2)	2 (2)

Development is reported at last contact and is shown in table 3. 7 (7%) children subsequently required special school.

Conclusions Follow up at 2 years was done significantly more consistently than at 4 years; however these were not done to published standards. This may be due gaps in knowledge of guidelines or rationale in importance. Structure of developmental follow up showed wide heterogeneity depending on the named physician. Standardised 2 year exit assessment was done exclusively by the neonatal physiotherapist. This audit highlighted a need for a specific multidisciplinary neurodevelopmental clinic encompassing both the neonatal and community teams. Early involvement and intervention could ensure the child is appropriately supported before school years in

order to reach their potential. Rates of neurodevelopment abnormalities in our population reflects current published data.

British Association for Paediatric Nephrology

825 DEFINING RENAL REMISSION IN CHILDREN AND ADOLESCENTS WITH LUPUS NEPHRITIS

¹Chiara De Mutiis, ²Kjell Tullus. ¹Maggiore Hospital; ²Great Ormond Street Hospital

10.1136/archdischild-2021-rcpch.219

Background Systemic lupus erythematosus (SLE) is a severe and life-long disease. Lupus Nephritis (LN) can occur in up to 80% of children with SLE and it affects the long term renal outcome and the overall survival. Achieving and maintaining renal remission is essential. However definitions of complete and partial remission in children are not well defined.

Objectives We compared renal outcomes using different published definitions of complete and partial remission.

Methods 248 children with biopsy proven LN class III or higher (ISN/RPS) diagnosed and treated in 23 international centers in the last 10 years were included. Data regarding their renal outcome were collected for twenty-four months after the start of induction therapy. We applied seven definitions of remission to compare the number of children achieving partial and complete remission. Definitions applied have been adapted from the *Bristol-Myers Squibb (BMS) trial*, the *American College of Rheumatology (ACR) recommendations*, the *Lupus Nephritis Assessment with Rituximab (LUNAR) trial*, the *Aspreva Lupus Management Study (ALMS) trial*, the *Abatacept and Cyclophosphamide Combination: Efficacy and Safety Study (ACCESS) trial*, the *Kidney Disease Improving Global outcomes (KDIGO) guidelines* and the *Two-Year, Randomized, Controlled Trial of Belimumab in Lupus Nephritis (BLISS-LN)*.

We also focused on the BMS trial, the ACCESS trial and the KDIGO guidelines definitions to analyse the importance of gender, age, ethnicity and the economic income of the country (as defined by the World Bank) where patients had been treated.

Results The mean age at diagnosis was 11 years and 4 months. 71.4% were females. They were mainly East-Asian (34.3%), South-Asian (24.6%) and Caucasian (18.6%). 42.7% were from middle income countries and 57.3% high income countries. The kidney biopsies showed LN class III in 35.5%; class IV in 45.6% and class V in 18.9%.

The different definitions varied substantially in terms of outcomes, with that of the ACCESS trial having the highest percentages of complete remission and the BMS trial the lowest. A relatively small percentage of children achieved partial remission during the follow-up for all the definitions.

Focusing on the BMS, ACCESS and KDIGO definitions, we found no statistically significant differences of gender and age in the rate of children entering complete remission at 6, 12 and 24 months. East Asian children however achieved remission more often than other ethnic groups ($p < 0.05$).

Children treated in high income countries showed a statistically significant higher percentage of complete remission at 12 and 24 months ($p < 0.05$).

Conclusions Rate of complete and partial remission varied hugely applying the different definitions. Ethnicity and income of the country where the patients were treated influenced outcomes.

Our results can help in deciding how to define remission in urgently needed future treatment studies in children and adolescents.

International Child Health Group

826 PREDISPOSING FACTORS FOR SCHOOL DROP-OUT AMONG TEENAGERS; AN EXPERIENCE FROM REMOTE SRI LANKA IN THE PRE-COVID ERA

¹Kavinda Dayasiri, ²Darshika Jayasingha, ³Vijayakumary Thadchanamoorthy, ⁴Geetha Anand. ¹Lady Ridgeway Hospital, Colombo, Sri Lanka; ²Office of the Medical Officer of Health, Mahaoya, Sri Lanka; ³Eastern University of Sri Lanka, Batticaloa, Sri Lanka; ⁴Oxford University Hospitals NHS Foundation Trust, UK

10.1136/archdischild-2021-rcpch.220

Background Education is the best investment for the youth; it is a right of a child and mandatory in most countries including Sri Lanka. The rates of school drop-out remain high in vulnerable populations specially in developing countries.

Objectives The current study aimed to quantitatively and qualitatively evaluate the predisposing factors for school dropout amongst teenagers residing in remote Sri Lanka.

Methods This community based study included 75 teenagers who had dropped out of school for at least one year within the Mahaoya Medical Officer of Health (MOH) division. Participants were recruited based on randomized cluster sampling from 11 PHM (Public Health Midwife) areas between February 2019 and February 2020. All teenagers and their parents were interviewed separately at their home premises using a multi-structured questionnaire and a qualitative theme guide to understand contributory predisposing factors.

Results Median age of our cohort was 16 years. There was a male preponderance amongst the dropouts (Male - 48, 64%; female teenagers (27, 36%). The majority of mothers (59, 77.7%) and fathers (47, 61.9%) had not received formal education beyond primary school. Immediate reasons for school dropout were financial constraints (21, 28%), retention in the same grade due to poor performance (19, 25.3%), loss or separation of parents (11, 14.6%) and romantic relationships resulting in living together (10, 13.3%). The most common predisposing factors were academic failure (53, 70.7%), parental views on education (56, 74.7%), and school dropout in siblings (40, 52.6%). 54 teenagers (72%) had discontinued school of their accord but it was noted that 30 teenagers (40%) were keen for a re-admission. Health related causes included teenage pregnancy (8), drug addiction (7), chronic illness (4), hearing difficulties (2) and visual impairment (1). None of these teenagers had received psychological support.

Conclusions Aetiology of school dropout amongst teenagers is multi-factorial and grade retention negatively impacts on students' willingness to continue schooling. Adolescents need education on health related risks of drug addiction and teenage pregnancy. We propose that all children who drop out of school have access to psychological support.