letter writing without compromising the quality of the information required, especially in referral letters.

An extension of the project would be to audit the end users of the statements, i.e. GP or referral recipient to gauge how fit-for-purpose the statements are.

Paediatricians with Expertise in Cardiology Special Interest Group

882 VARIABILITY OF CARDIAC INVESTIGATIONS FOR NEONATES WITH SUSPECTED INNOCENT MURMURS ACROSS LONDON

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Background Every baby in the UK undergoes a newborn check within the first 72 hours of life, aiming to identify congenital anomalies and ensure appropriate management and follow-up can occur. Heart murmurs are one of the more common findings during these examinations and often prompt further investigation with the aim of excluding life threatening congenital cardiac disease. However, the majority of these infants are clinically well and are diagnosed with 'innocent' murmurs.

Within London, there is currently a lack of consensus regarding the selection of investigations used in these babies, leading to wide variation in practice between different hospitals. The most common investigations are measurements of pre- and post-ductal oxygen saturations, four limb blood pressure readings and electrocardiograms (ECG). While oxygen saturations are widely regarded as being vital to aid detection of congenital cardiac disease, there is limited evidence to support four limb blood pressures and ECGs.

Objectives To identify current use of four limb blood pressures and ECGs in clinically well neonates with murmurs in London hospitals and look at the clarity and uptake of local guidelines.

Methods A retrospective study was undertaken to demonstrate the wide variability in practice regarding the investigation of clinical well infants with murmurs in London Hospitals. 26 neonatal units in London were contacted. This included 9 intensive care units, 13 local neonatal units and 4 special care baby units. A telephone survey was performed and the on call neonatal team was asked about the local practice in their unit. Specific questions included whether four limb blood pressures and ECGs were part of the routine workup of clinically well neonates identified as having a murmur. This was followed up with a review of their local guideline, where available.

Results Responses were received from 23 neonatal units across London, including 7 NICU, 11 LNU and 4 SCBU. Of these, 64% (14) units reported to routinely check four limb blood pressures in clinically well babies with murmurs and 4 of these units were subsequently found to not recommend this investigation based on their local guidelines. Further analysis found that 19% (4) units verbally reported that ECGs were performed routinely and 12% (3) reported to not have a local guideline for clinically well babies with murmurs.

Conclusions There is wide interdepartmental variability of investigation of neonates with suspected innocent murmurs. Four limb blood pressure use is particularly variable, even between reported practice and guidelines. In one case, two

guidelines were identified for one hospital which contradicted each other in this regard. ECG was rarely included in routine management. Both four limb blood pressure readings and neonatal ECG are time consuming, require trained staff and do not have good supporting evidence for their use in detecting congenital cardiac disease. With wide variation in practice and limited evidence to support their use, it may be time to stop using these investigations in clinically well neonates with murmurs.

British Association for Community Child Health

884 EFFECT OF COVID-19 PANDEMIC ON THE BLOOD PRESSURE OF CHILDREN AND ADOLESCENTS WITH ADHD: IMPLICATIONS FOR CLINICAL PRACTICE

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Background ADHD is one of the commonest reasons for prescribing psychotropic medications for children and young people (CYP), and the efficacy is up to 70%. Three of the four medications licensed for ADHD in the UK (Methylphenidate, Dexamfetamine/Lisdexamfetamine, and Atomoxetine) are sympathomimetic amines that exert their beneficial effect by increasing levels of dopamine and or noradrenaline in the prefrontal cortex. These sympathomimetic amines also stimulate adrenergic receptors in the heart and blood vessels; hence are associated with small but statistically significant increases in Blood Pressure (BP). Thus, while medications for ADHD are effective and generally well tolerated and safe, patients need to be monitored for cardiovascular and other side effects. Clinical guidelines recommend that if children and young people (CYP) taking medication for ADHD experience raised BP above cut-off for hypertension, dose reduction and cardiology referral should be made. However, guidelines do not specify the need to consider contextual factors.

Objectives We aimed to test the hypothesis that the most plausible explanation for elevated BP among CYP with ADHD during the Covid-19 lockdown was related to Covid-linked stress and the additional anxiety about coming to the clinic during the pandemic.

Methods We carried out a prospective cardiovascular assessment of a cohort of 41 CYP (88% males) attending routine medical reviews for ADHD treatment in the Borough district of Halton in North West England within the first 6 weeks of the UK-wide Covid-19 lockdown in March-May 2020. Mean age was 12 years (range 5–18 years), and 92.5% were on psycho-stimulants while 7.5% were on non-stimulants. All the medications were within the lower range of normally approved doses.

Their Blood Pressures were measured with regularly calibrated electronic sphygmomanometers based on standard clinical procedures and compared to BP recorded within the previous one year. Definition of Hypertension (HT) or Pre-HT was based on the British reference charts for CYP. The

CYP were followed up with non-clinic-based BP monitoring at home or by GP.

Results We identified 32 CYP seen within the first 6 weeks of the UK-wide Covid-19 lockdown who had BP above cut-off for prehypertension (44%) or hypertension (37%) (figure 1), all of whom previously had their BP in the normal range. Their medication types and doses had not changed. Their medical histories and anthropometric centiles were stable. By August 2020 when the lockdown had eased, their BP were back in the normal range without any further investigations or interventions.

Conclusions This audit highlights the point that clinical evaluation of changes in BP among CYP taking medications for ADHD should take the socio-ecological context into account and not automatically translate into making major clinical changes to treatment such as dose reduction or referral for cardiology review.

A conservative approach of non-clinic-based monitoring may be in the best interest of such young people, who, otherwise, may lose treatment efficacy following dose reduction. This conservative approach could also prevent the affected CYP being exposed to the inconvenience and risks associated with unnecessary medical investigations.

There could also be additional efficacy gains for the wider health economy.

George Still Forum: ADHD Disorders (ePoster presentations only)

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MELATONIN PRESCRIPTION PRACTICE FOR CHILDREN AND ADOLESCENTS WITH SLEEP DIFFICULTIES IN A COMMUNITY CHILD HEALTH OUTPATIENT CLINIC: SCOPE FOR COST-SAVINGS

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Background Sleep problems are common in children from preschool age to adolescence, especially among those who have recognisable neurodevelopmental disorders. Treatment options include parent psychoeducation, sleep hygiene with implementing modifiable daytime, bedtime, and night-time practices, behavioural strategies, and pharmacological treatment for selected cases. Melatonin is the most widely prescribed medication (mostly off-label) for paediatric insomnias. Melatonin acts mainly by its circadian phase-shifting effect, with a less established hypnotic and sleep-promoting effect. Although melatonin is generally considered to be safe, its long-term safety have not been extensively studied.

The annual spend in England and Wales on all melatonin preparations (ePACT2 Feb-Apr 19) was £30 million (74% accounting for paediatric prescriptions). The NICE guideline (2013) confirmed that the evidence to support the use of melatonin in children and young people with ADHD is very limited.

Objectives We aimed to audit the Melatonin prescribing practice among the clinicians within a local Community Child Health (CCH) unit in comparison with published evidence of best practice in the UK, and to identify potential scope for Quality improvement and cost savings.

Methods An audit of prescribing practices within the CCH department of the Bridgewater NHSFT (Halton) was conducted over a period of March to Aug 2020. A retrospective audit of all CYP under the attending the CCH clinics between March and August 2020 were identified on the electronic record system. A record of the clinical diagnosis and list of other professionals caring for the patients were identified. A convenience sample of 40 CYP randomly selected from the total cohort of patients was analyzed in detail.

Results A total of 195 CYP (76% males) with an average age of 11 years 7 months were issued 437 prescriptions issues (73/month and 2.2 prescriptions per patient) for different formulations of Melatonin over the period. The adolescents aged 9 to 14 years constituted 61% of the cohort (table 1).

68% of CYP on Melatonin had ADHD while 28% were diagnosed with Autism. 20% other children with had non-specific social communication concerns and some of them were on the waiting list for multidisciplinary Autism panel assessment.

There were an average of 2.7 other professionals other than the paediatricians and specialist nurses involved in the care of each patient, ranging from none to eight. Half of the patients on Melatonin had EHCP, 30% were under the Continence services and 20% under the OT.

94% of all the patients were prescribed Circadin, which was the cheapest available brand. Prescribed doses ranged from 2 mg (48%) to 10mg (5%), with an average dose of 4mg. The average duration of melatonin prescription was 23 months with 45% of the CYP having had it for between 2 and 3 years.

Conclusions This audit suggests that there are many potential areas for improvement and for cost savings. PrescQIPP (2020) has recommended not prescribing melatonin for sleep disorders associated with ADHD without a concomitant Autism diagnosis.

Other recommendations for improving evidence-based prescription practices include more effective involvement of the GP and regular trial of melatonin discontinuation especially at transition to adult-led services.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

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INNOVATIVE USE OF VIDEOCONFERENCE TOOL FOR PARENTAL EDUCATION DURING COVID19

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Background The COVID19 pandemic brought a lot of questions and concerns from parents about the impact of the virus