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)

886

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

887

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