General Hospital, increased their hours of service and now function 24/7. There was an increase of 48% of under sixteens presenting to the acute hospital with a mental health crisis in September 2020 when compared to September 2019. However, the number of young people under sixteen presenting with suicidal ideation increased by 133%. Females presenting with suicidal ideation increased by 200%.

Conclusions We hypothesise that the increase in mental health presentations to A&E are largely due to stresses associated with Covid-19 and its direct and indirect impact on physical and mental health along with the re-opening of schools after the first lockdown of 2020. The social isolation and lack of access to pastoral support from schools as well as changes to mental health services resulted in a dramatic rise in the number of young people presenting to A&E with a mental health crisis. The impact of Covid-19 on young people’s mental health will likely be a significant risk factor for future physical and mental ill health across the globe.

British Association of General Paediatrics

983 CLINICAL AUDIT OF SLOW SODIUM IN CHILDREN AND YOUNG PEOPLE WITH SYNCPE AND/OR ORTHOSTATIC INTOLERANCE

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Background Approximately 15% of children will experience at least one episode of syncope in their adolescence, with it being more prevalent in females. Syncope is a symptom caused by transient global cerebral hypoperfusion, resulting in loss of consciousness. Frequent syncope and presyncope symptoms experienced preceding an episode can be disruptive to a child’s lifestyle, causing embarrassment, anxiety and at times injury. Slow sodium is a therapy commonly used in adults with frequent syncope or orthostatic intolerance, taken together with advice to increase water intake, causing increased blood volume. Slow sodium has also been used in children at our local syncope clinic, however, there has been no recent review of its use.

Objectives The aim of this audit of outcome was to determine whether slow sodium supplementation changed the rate of symptoms experienced in children less than 18 years old.

Methods A retrospective analysis was conducted on consecutive patients at a single tertiary centre between 01-10-2014 to 30-09-2019. Patients dispensed slow sodium who were <18 years old, experienced syncope and/or pre-syncope symptoms or orthostatic intolerance, and were reviewed in the clinic during this time frame were included. Patients were excluded if they were treated by a joint slow sodium and diagnosis), frequency of symptoms, and adverse effects. Two scales were used to categorise the frequency of symptoms. The ordinal scale included categorising frequency of symptoms per day, week, month or year. The Clinical Global Impression (CGI) scale rated the change in symptoms as ‘significantly worse’, ‘no clinically significant change’ and ‘significant improvement’.

Results Overall, 81 patients were included, 54 female and 27 male, with a median age of 14 years (IQR 3). 77 patients had presyncope and/or orthostatic symptoms, and 43 experienced transient loss of consciousness (TLOC) episodes. Most were dispensed a maintenance dose of 100mmol daily. The median dose of slow sodium was 1.62 mmol/kg daily (IQR 0.4 mmol/kg daily). The ordinal scale demonstrated improvement in frequency of orthostatic/presyncope symptoms in 44/46 (95.7%), and improvement in frequency of TLOC in 21/21 (100.0%) evaluable patients, at 1 year or more follow-up. The CGI scale demonstrated improvement in frequency of orthostatic/presyncope symptoms in 63/77 (81.8%), and improvement in frequency of TLOC in 40/43 (93.0%) by 1 year or more follow-up, 4/81 (4.9%) experienced nausea.

Conclusions Slow sodium treatment appeared to be beneficial in reducing frequency of symptoms in the vast majority of patients, with only about 5% reporting adverse effects. However, a randomised double-blind placebo controlled clinical trial is required to prove efficacy by controlling for lifestyle advice, increased fluids, and the passage of time.

British Paediatric Allergy Immunity and Infection Group

984 ENTEROVIRUS MENINGITIS CASES OVER A 6 YEAR PERIOD IN A REGIONAL HOSPITAL, CAN IN-HOUSE FILM ARRAY IMPROVE DIAGNOSTIC YIELD?

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Background Enterovirus Meningitis (EV) is the most common cause of meningitis worldwide. EV meningitis is often clinically indistinguishable from bacterial meningitis. CSF interpretation can pose a diagnostic challenge as cytology can often be normal. Detection of EV in cerebrospinal fluid (CSF) specimens by PCR is now the gold standard diagnostic test. Prior to April 2016, CSF samples obtained in University Hospital Waterford (UHW), Ireland, were transported to the National Virus Reference Laboratory (NVRL) in Dublin when PCR analysis was requested. Since the introduction of in house molecular testing with BioFire™ Film Array® in UHW in April 2016, it provides real-time (RT)—PCR testing of CSF samples on-site with rapid turnaround of results within 60 minutes. This molecular based test with its high sensitivity and specificity (90% and 97% respectively in a recent met-analysis), should impact favourably on patient management by improving antimicrobial stewardship through reduction in intravenous antimicrobial therapy (once bacterial cultures are reported negative) and reduction on inpatient bed-days thus enhancing patient quality care.

Objectives We report our EV positive CSF cases in a 6 year period, looking at the impact of in-house Film Array in the