British Association of Child and Adolescent Public Health

997 PREVALENCE AND PARENTAL PERSPECTIVES OF OBESITY IN CHILDREN ATTENDING CLINIC FOR ASSESSMENT OF AUTISM SPECTRUM DISORDER (ASD) – A SERVICE EVALUATION

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Background In Stockton and Hartlepool, community paediatricians had noted particular issues of obesity among children presenting to clinic with suspected autism. Additionally, the service provision or support was often not ideal for children with social and communication difficulties.

A literature review highlighted that obesity seems to be an issue globally among children with autism, but that there was a lack of data from the UK that can highlight to what extent this might be the case locally.

Objectives To identify the prevalence of obesity among children with autism in Stockton and Hartlepool and compare this to the background prevalence.

Then explore some possible causal or exacerbating factors that may require attention.

Methods Children referred for ASD assessment from March 2018 to March 2019 were identified. According to local policy, they would be less than 5 years old at the time of referral.

A retrospective cross sectional measure of obesity rates among these children was undertaken, from written and electronic notes.

Obesity rates were compared to the reception age overweight/obesity rates from Public Health England’s fingertips data for Stockton and Hartlepool, the north-east region and England. Referred children were identified as having confirmed ASD or not and as male or female. UK-90 data and public health BMI definitions were used to enable direct data comparison.

The parents of children with ASD and a BMI >95th centile were then contacted and a telephone questionnaire was conducted, exploring parental perspective.

Results 221/233 children referred for ASD assessment had recorded heights and weights. The mean age when measured was 4.44+/-1.07 (1 standard deviation) with a range of 2.00 to 6.99 years. 45.0% (95% CI 40.5%-49.5%) of Children with later confirmed autism were classed as overweight and 27.5% Obese (95% CI 23.4%-31.6%). This was significantly higher than children referred but deemed not to fit the diagnostic criteria, with only 26.9% (95% CI 22.3%-31.5%) of these children being overweight and 6.5% (95% CI 4.0%-9.0%) being obese, as well as local; 24.1% (95% CI 21.7%-26.8%) overweight, 8.7% Obese (95% CI 7.6-9.9%) and national prevalence rates; 22.6% (95% CI 22.5%-22.7%) overweight, 9.7% Obese (95% CI 9.6-9.8%)

Although the number of females was low(43) The prevalence of being overweight among females with ASD was
particularly high, significantly higher than males (34.6 (95% CI 25.3–43.9%) vs. 25.5 (95% CI 21.0–30.0)).

A survey for parents of children with a BMI centile of ≥95% revealed that a significant proportion (48%) of parents were ‘not worried’ about their child’s weight. Themes included a restrictive eating pattern, a lack of appropriate physical activity options and a lack of acknowledgement of weight by professionals including doctors and dieticians.

**Conclusions** Although limited somewhat by sample size and a more variable age range than the comparison groups. The service evaluation highlights that the incidence of obesity locally was significantly higher among children with confirmed ASD and that there are some factors and challenges for children with ASD and their parents that justify further research and consideration when aiming to reduce the overall incidence of childhood obesity.

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**British Association of Perinatal Medicine and Neonatal Society**

**998** MAKING THE NEONATAL UNIT ACCESSIBLE FOR PARENTS WHO ARE TRANSGENDER AND NON-BINARY; A LITERATURE REVIEW AND LOCAL GUIDELINES UPDATE

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**Background** 1% of people are thought to identify as transgender and non-binary and yet case reports of openly transgender and non-binary people accessing the neonatal unit as parents is scarce. Anecdotal evidence suggested that people were concerned with accessing obstetric and neonatal services whilst presented as themselves for fear of being misnamed, misgendered or otherwise treated by a system who did not understand their experience. It is likely that people are either not becoming pregnant or presenting as cis-gendered throughout pregnancy and infant care.

**Objectives** This was a literature review of data available on the wishes of transgender and non-binary people with the aim of writing guidelines for neonatal units within the trust for when openly transgender and non-binary parents access our services.

**Methods** HDAS was used to access medline, pubmed and EMBASE. The search strategy used in each was 'transgender' and 'obstetric or pregnancy or neonatal'. Papers were included which had conducted a survey of transgender and/or non-binary people who had accessed or were considering accessing obstetric and neonatal services. This was further narrowed by only including studies which had questions on the impact of writing guidelines for neonatal units within the trust for when openly transgender and non-binary parents access our services.

**Results** By using this HDAS search strategy, 180 published papers were found. Of these 10 met the stated criteria of publishing original surveys of transgender and non-binary people. These papers spoke to a total of 394 people about their experiences considering being pregnant or having been pregnant; 210 in qualitative studies and 184 in quantitative studies. They took place in the USA, Canada, Sweden, Western Europe and Australia. The papers discussed the unique needs of the transgender and non-binary population, such as inclusive spaces and language, as well as healthcare professionals having a basic understanding of medical needs such as hormone therapy and chestfeeding.

**Conclusions** The wishes of transgender and non-binary people to enable them to feel comfortable accessing services were education for staff on their health needs and clear ways of communicating name, pronouns and parent names. A simple joint perinatal guideline was designed with multi-disciplinary team involvement from antenatal booking as well as a table for parents to fill out to communicate their personal details. It also incorporated information on offering chestfeeding and locating further support as recommended by Stonewall.

The postnatal period and having a baby on the neonatal unit is an incredibly stressful experience for any parent and it is imperative that we mitigate stress where we can by ensuring our parents are able to present the whole selves to their child and those caring for them.

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**British Society for Rheumatology**

**999** CAMPTODACTYLY- ARTHROPATHY-COXA VARA-PERICARDITIS (CACP) SYNDROME IN TWO CAUCASIAN SIBLINGS- A CASE REPORT

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**Background** CACP (Camptodactyly arthropathy coxa vara pericarditis syndrome) is characterized by early onset non-inflammatory arthropathy with synovial hyperplasia, congenital or early onset camptodactyly, progressive coxa vara deformity and non-inflammatory pleural or pericardial effusion.

**Objectives** Non-responsive JIA - think of alternate diagnoses

**Methods** Electronic case records was used to collect data

**Results** 7-year-old Caucasian boy and his 4-year-old sister were recently diagnosed with CACP syndrome.

7-year-old brother had history of joint swelling in early infancy, but was referred at 3 years of age. He presented with knees, ankles, wrists swelling. He was diagnosed with juvenile idiopathic arthritis (JIA). Despite significant treatment with steroid joint injections, methotrexate and biologics, there was no improvement.

As was the case with his younger sibling, she had presented with flexion contracture of the index fingers of both hands at early infancy which was initially thought to be trigger finger. Following this she presented with bilateral knee and wrist swelling. Ultrasound of knees showed synovial thickening and was diagnosed with JIA at 2 years of age. Despite significant immune-suppression treatment, including intra-articular steroid injections, methotrexate and biologics, there was no improvement.

Mutation in the PRG4 gene was detected in both. Parents are awaiting genetic testing.

**Discussion** CACP syndrome is a rare condition which causes non-inflammatory joint swelling (arthropathy), permanent bending of fingers (Camptodactyly) and sometimes changes in hip joints resulting in shortened legs and possible limb (coxa vara). It can also cause fluid in the pericardium or pleura.

Autosomal recessive mode of inheritance.