No department had a psychosocial screening tool embedded in the admission document.

158/231(69%) had less than half of the eight domains completed. The median was 1.5 (range 0–8). Home and education/employment were most frequently asked (37–42%). Eating/exercise, drugs, safety, sexual activity and other activities were the least frequently asked (14–27%). The proportion of those with a concern identified when asked ranged from 18%–39%.

However, in self-harm, depression and suicide, only 85/231 (37%) were asked, with concern identified in 87%.

78 patients were admitted for mental health; 28(39%) had less than half the domains completed (median 5, range 0–8). Drug use 46/78(59%), safety and sexual activity (both 38/78 (49%)) were inconsistently documented in this group, with concerns identified in 20–26% of those asked.

90/231(39%) were referred to CAMHS, social care, counselling, online or other support services. 16/77(21%) patients with a concern documented in at least one domain were not referred onwards.

Conclusions This study demonstrates poor implementation of the HEEADSSS tool on admission, across a wide geographical area. Increased utilisation of a psychosocial screening tool would provide more opportunities to CYP to discuss their psychosocial health and receive appropriate support, in line with national guidance standards. Further work is underway addressing barriers to using HEEADSSS, considering electronic or embedded tools and signposting to relevant services.

British Association of General Paediatrics

1057 SLEEP DISTURBANCES IN SCHOOL-GOING CHILDREN WITH AUTISM SPECTRUM DISORDER AT A MALAYSIAN TERTIARY HOSPITAL

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Background Children with autism spectrum disorder (ASD) have a variety of co-morbid medical problems, including sleep disturbances. Prevalence of sleep disorders has been reported to be higher in this group as compared to the general population. Identifying sleep problems in children with ASD may help increase awareness and improve the overall quality of care for them.

Objectives The aim of this study was to determine the prevalence of sleep problems and associated factors in a group of Malaysian children aged 6 to 16 years, with ASD.

Methods This is a cross-sectional study at the Child Development Centre of UKM Medical Centre (UKM MC) on ASD children aged 6–16 years. Demographic data was obtained and the Sleep Disturbances Scale for Children (SDSC) questionnaire was completed by the main caregiver. Logistic regression analysis was used to determine factors related to higher total SDSC scores.

Results A total of 128 patients were recruited (111 boys) with a median age of 8 years 3 months (IQR: 2 years 10 months). Forty-seven (36.7%) of them obtained total SDSC scores in the pathological range with 19 (14.8%) scoring high for

overall disturbances and 28 (21.9%) for at least one subtype of sleep disorders: 25 (19.5%) DIMS, 18 (14.1%) SBD, 10 (7.8%) DOES, 5 (3.9%) DOA, 6 (4.7%) SWTD, and 3 (2.3%) SHY. More than half of the children (57.8%) were reported to have sufficient sleep duration of 8–11 hours, but longer sleep latency of at least 15 minutes (82.8%). Half of the ASD children also had co-morbidities in which one-third (34.4%) had attention-deficit hyperactivity disorder (ADHD). Using logistic regression analysis, four factors were significantly associated with higher total SDSC scores; female gender ($p = 0.016$), older age group (11–16 years old) ($p = 0.039$), shorter sleep length ($p = 0.043$) and longer sleep latency ($p < 0.001$).

Conclusions The prevalence of sleep disturbances is high among Malaysian children with ASD, especially DIMS. Female gender, older age group, shorter sleep length and longer sleep latency were found to be associated with the sleep disturbances. Evaluation of sleep problems should form part of the comprehensive care of children with ASD.

Abbreviations: DA, disorders of arousal; DIMS, disorders of initiating and maintaining sleep; DOES, disorders of excessive somnolence; SBD, sleep breathing disorders; SDSC, Sleep Disturbance Scale for Children; SHY, sleep hyperhidrosis; SWTD, sleep-wake transition disorders.

British Association of Perinatal Medicine and Neonatal Society

1059 NON-OCCLUSIVE MESENTERIC ISCHAEMIA (NOMI) IN NEONATES: A DEVASTATING DISEASE

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Background NOMI is an acute mesenteric circulatory disorder characterized by non-organic occlusion of blood vessels. It is an acute neonatal surgical emergency associated with high mortality.

Methods To describe three cases of neonates with NOMI requiring laparotomy and surgical intervention.

Results Three neonates with NOMI are described, all requiring laparotomy and bowel resection for extensive bowel ischaemia. Baby A was a 1900g 34 weeks infant with Trisomy 21, a large patent ductus arteriosus and duodenal stenosis which was surgically corrected on day 2. He developed abdominal distension on day 11 and underwent emergency laparotomy. Baby B was a 3600g term male infant with transposition of great arteries requiring an early balloon atrial septostomy with prostaglandin infusion while awaiting corrective surgery. He developed abdominal distension on day 11 and had extensive bowel ischaemia requiring resection. Both babies A and B developed multiple complications post-operatively and succumbed on day 38 and 66 respectively. Baby C was a 3200g term male infant with Tetralogy of Fallot and severe pulmonary stenosis requiring prostaglandin infusion. He developed abdominal distension on day 8 requiring surgical resection for extensive bowel ischaemia and stoma creation. The stoma was successfully closed following feeding establishment. He remains well at this time of writing.