streptococcal infection, and were prescribed courses of antibiotics of varying duration. Other treatments used included symptomatic treatment with anticonvulsants and neuroleptics. Approximately a quarter of cases (22%) received immunomodulatory treatment with steroids or immunoglobulins. Please note: as we are still pursuing the final responses these figures remain provisional.

Conclusions Whilst SC remains a rare condition, our findings confirm that it is not 'a thing of the past', and that clinicians across paediatrics and child psychiatry should remain aware of the presenting features. Clinical management appears variable, suggesting the potential to explore 'best practice' through consensus development and further research. In the next phase of this study we will also follow-up cases with their clinicians at 12 months and 24 months post notification, to study the course and outcomes of the condition. This will allow us to provide fuller information for families as well as to better define parameters for research.

Thank you to the BPSU, our Steering Group and the Sydenham's Chorea Association for their on-going support and to the BACD Paul Polani Prize for funding assistance.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1098 HOW USEFUL ARE DAILY REFEEDING BLOODS IN PAEDIATRIC PATIENTS WITH ANOREXIA NERVOSA?

¹Aashka Murdeshwar, ²Paul Heaton, ²Siba Paul. ¹University of Exeter; ²Yeovil District Hospital

10.1136/archdischild-2021-rcpch.395

Background The National Institute for Health Care Excellence (NICE) have no specific guidance on managing refeeding syndrome in paediatric patients. Current recommendations are based on the 2012 Junior Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) report which recommended that, because of the risk of refeeding syndrome characterised by low serum phosphate (PO₄) levels less than 0.5mmol/L, paediatric inpatients require daily blood tests during the first 5 days of admission.

Objectives To determine the utility of daily blood testing during the first 5 days of admission, and whether blood investigations could be minimised.

Methods A single centre retrospective case note review of patients admitted to the paediatric Community Eating Disorder Service (CEDS) for inpatient treatment of anorexia nervosa January 2018- August 2020. Patients identified through hospital discharge coded diagnosis. Demographic data and refeeding biochemistry acquired through the online reporting and ordering system recorded onto Microsoft Excel for analysis. Daily results were recorded for Haemoglobin; white blood cell, neutrophil, and lymphocyte counts; urea, sodium, potassium, creatinine, phosphate, calcium and magnesium levels.

Results There were 37 patients, all were female; ages ranging from 11–17 years old, weight ranging from 21.4 - 61.75Kg. Body Mass Index (BMI) on admission ranged from 11.6- 22.1 Kg/m², mean 16.56, median 16.4. The range of PO₄ levels was 0.6–1.6 mmol/L. Mean PO₄ levels were 1.22 on admission and 1.16, 1.22, 1.20, 1.19 over the remaining days. These were all within the reference range (0.8–1.5mmol/L).

Over the 5 days of testing, the mean and median values of all blood results remained within the reference ranges. No phosphate supplementation was given during the study period, and no medical intervention was needed.

Conclusions No patients had any biochemical indication of refeeding syndrome during the first 5 days of their in-patient treatment for anorexia nervosa. We propose that there is limited utility in routine daily blood testing of all patients during the first 5 days of admission.

British Association of Child and Adolescent Public Health

1099 AN ANALYSIS OF STUNTING IN ENGLAND USING NATIONAL DATA FROM THE NATIONAL CHILD MEASUREMENT PROGRAMME

¹Joanna Orr, ¹Joseph Freer, ²Joan K Morris, ³Caroline Hancock, ¹Robert Walton, ¹Leo Dunkel, ¹Helen L Storr, ¹Andrew J Prendergast. ¹Queen Mary University of London; ²St George's, University of London; ³Public Health UK

10.1136/archdischild-2021-rcpch.396

Background Stunting, defined as height-for-age under 2 standard deviations below the population median, is an important indicator of child health. Stunting has been extensively researched in low-and-middle income countries, but less is known about the extent and burden in high income settings.

Objectives To map stunting prevalence in children aged 4–5 years in England between 2006 and 2019.

Methods We used data from the National Child Measurement Programme (NCMP) for the school years 2006/07 to 2018/19. All children attending state-maintained primary schools in England are invited to participate in the NCMP, which has an average response rate of 93%. We used spatial analyses in SatScan to assess geographic clustering of stunting. A total of 7,062,071 children aged 4–5 years were analysed, and a subsample of 5,765,707 children with valid ethnicity and area-level deprivation data were included in adjusted analyses.

Results The prevalence of stunting in England was 1.93% (95% confidence interval (95%CI) 1.92 to 1.94). Spatial analysis showed geographic heterogeneity in stunting, with high prevalence clusters more likely in the North and Midlands, leading to 4-fold variation between local authorities with highest and lowest stunting prevalence. Girls were more likely to be stunted than boys (2.09% (2.07 to 2.10) vs 1.77% (1.76 to 1.78), respectively). There was ethnic heterogeneity: stunting prevalence was lowest in Black children (0.64% (95%CI: 0.61 to 0.67)) and highest in Indian children (2.52% (2.45 to 2.60) and children in other ethnic categories (2.57% (2.51 to 2.64)). Stunting was linearly associated with IMD, with almost 2-fold higher prevalence in the most compared to least deprived decile (2.56% vs 1.38%; P<0.001). Stunting prevalence declined over time, from 2.03% (95%CI 2.01 to 2.05) in 2006–2010, to 1.82% (1.80 to 1.84) in 2016–2019. Stunting declined at all levels of area-deprivation, with faster declines in more deprived areas, but disparities by IMD quintile were persistent.

Conclusions There is a clear social gradient and substantial regional variation in stunting across England. Many children in the most deprived areas of the country may be failing to reach their full growth potential.