Paediatric Educators' Special Interest Group

1100 YOUNG PERSON'S PEER-TO-PEER 'PILL SWALLOWING' TRAINING VIA VIDEO-LINK. A KIDZMED PILOT STUDY

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Background The ability to swallow pills is an important life skill for children and young people (CYP) to learn coupled with pills having multiple advantages over suspensions for pre-scribers, patients and their families. Many CYP struggle to swallow pills and the prospect of changing from suspensions to tablets induces anxiety.

Pill swallowing training was originally run by specialist nurses or play staff in hospital. This service was disrupted due to the Covid-19 pandemic with the majority of non-urgent care being delivered remotely by telephone or video link. We devised an online module to teach young people how to swallow pills. In addition, we trialled the use of YP volunteers as peer-to-peer trainers.

Objectives

1. To evaluate the feasibility of delivering pill swallowing teaching to YP via video-link/online
2. To evaluate the feasibility of young people as peer-educators

Methods 10 young people were recruited and completed training on an evidence-based pill swallowing technique. Once trained, volunteers were provided with electronic resources and attempted to teach a convenience sample of their peers how to swallow pills using the same technique. Teaching was delivered on a 1:1 basis and excluded any participants with oro-motor difficulties. Pre- and post-intervention questionnaires were administered, including a validated questionnaire (Pill-5) assessing respondents' ability and anxiety related to pill swallowing. Data analysis included qualitative input from the YP volunteers.

Results 54 YP received the teaching. Median age was 15 years (11 – 18 years). Baseline data showed that while 64% (35/54) almost never had physical difficulties swallowing pills (e.g. getting 'stuck') 69% (38/54) reported some fear of swallowing pills.

We had a 62% (34/54) respondent rate for post-intervention data. Reductions of negative indicators on the validated questionnaire were seen in all domains but most were not statistically significant. We did find a significant reduction in fear surrounding pill swallowing (39%, $p = 0.017$).

YP told us the module was 'super helpful, (I) feel a lot more confident now' and 'I've been able to swallow some pills which I couldn't before. Thank you!'. They reported the teaching materials were appropriate, easy to understand and do and had no objections to the online delivery.

Conclusions Our results indicate that using YP to teach pill swallowing using a live, online mode of delivery is feasible and well-received. We attribute most of the non-significant findings to the fact the study population was a convenience sample to pilot the mode of delivery, rather than being a targeted population of CYP who find pill swallowing a challenge.

Nonetheless, our data indicates that even amongst YP who can swallow pills, there remains a high frequency of anxiety.

A single session giving YP structured instructions and practise at swallowing pills was associated with significantly reducing this anxiety. Further work should evaluate the impact of this intervention in larger, targeted groups. Peer-to-peer training gives this the potential to be used in schools and social settings as a pre-emptory model to improve children's ability to swallow pills.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1101 REDUCED PRESENTATION OF BILIARY ATRESIA DURING THE COVID-19 LOCKDOWN – A POPULATION BASED OBSERVATIONAL STUDY

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Background Biliary Atresia (BA) is the commonest surgical cause of cholestasis in infancy, affecting 1 in 1700 live births in England and Wales. Previous reports have demonstrated an average of 50 BA cases every year across the three UK centres, however observations from clinicians across these three centers have suggested a reduction in the number of presenting cases during the COVID-19 lockdown.

Objectives The aim of this study was to assess whether there has been a change in presentations of Biliary Atresia (BA) in England and Wales during the first COVID-19 lockdown (January – July 2020).

Methods This population study assessed all confirmed cases of BA, from January 2020 to July 2020, across the 3 UK paediatric liver centers originating from England and Wales. Data was then compared to the incidence of confirmed BA cases from January - July 2017, 2018 and 2019, as documented within the Biliary Atresia National Registry.

Results From January – July 2020, there were only 8 presenting cases of BA in England and Wales, compared to 24, 17 and 20 for the same time periods in 2017, 2018 and 2019 respectively. This difference was significant in a two-sided t-test ($p = 0.0150$). While the mean days to Kasai procedure was longer in 2020 compared to 2016–2019 (64.6 vs. 56.6), this difference was not observed to be significant ($p=0.551$).

Conclusions There was a significant reduction in the presenting cases of BA during the first COVID-19 lockdown. This could either be due to a reduction in referrals or from a reduction in incidence of the condition, potentially due to an infectious cause being less prevalent during the national lockdown. If the former is correct there is potential for a significant number of BA babies with cholestatic jaundice remaining within the community. General practitioners and community paediatricians should be alert for these patients.