with chronic headache, and 3/35 (9%) were diagnosed with non-specific headache. None were diagnosed with tension-type headache.

15/35 (44%) had a head MRI, which was normal in all.

Only 5/35 (14%) patients were recommended a headache diary. 3/8 (38%) with migraine and one patient whose headache was not classified were given duo-therapy consisting of a triptan and NSAID. A further 2/8 (25%) with migraine, and two patients whose headaches were not classified, were prescribed a triptan. Five patients without a headache diagnosis, three with chronic headache, one with migraine, one with secondary headache, one with non-specific headache were treated with NSAIDs only. 3/8 (38%) patients with migraines, six with undiagnosed headache, and one with chronic headache were given pizotifen prophylaxis.

Advice about Medication Overuse Headache was documented in six patients.

9/35 (26%), including 4/8 (50%) patients with migraine, four with unclassified headache, and one with non-specific headache were discharged after the initial consult. 2/35 (6%), including one patient with secondary headache, and one non-specific headache were referred to tertiary care after initial consult.

The mean follow-up period after initial consult was nine months. 1/8 (13%) patients with migraine, and seven patients with unclassified headache were discharged after the first follow-up; 1/8 (13%) with migraine, two with unclassified headache, and two patients with chronic headache were discharged after the second follow-up. One patient with unclassified headache was discharged after the third follow-up. Six patients did not have their headaches discussed in subsequent visits and three patients are still being followed-up. Two patients have been lost to follow up.

15/22 (68%) evaluable, who had a follow-up, experienced an improvement in their symptoms.

Conclusions There was a good attempt at describing headaches, but many patients were not given a specific diagnosis as recommended by NICE. Also, fewer patients should have undergone brain imaging, more should have had advice about using headache diaries, and Medication Overuse Headache. We recommend a template to help diagnose and manage headaches in the clinic and a remote follow-up system for patients after discharge.

REFERENCE

- 1.. <https://www.nice.org.uk/guidance/qs42>

Child Protection Special Interest Group

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BARRIERS TO IDENTIFICATION AND REPORTING OF CHILD ABUSE CASES AT THE EMERGENCY DEPARTMENT, KHARTOUM, SUDAN

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Background Early diagnosis and intervention of Child Abuse is crucial where it prevents approximately one in three children from suffering subsequent abuse. Family and Child Protection Units (FCPU) in Sudan frequently receive cases of abuse. Nevertheless, it is observed that a number of children victims in the community never make it to any FCPU, therefore never

get appropriate management. On the other hand, the emergency department (ED) acts as the main entry of crisis-based health care visits, thus it is assumed to be the first encounter with a health care service for the abused child and therefore the main opportunity for such cases to be identified and managed, yet it is believed that in Khartoum a number of children come to the casualty with signs of abuse disguised in the form of related or unrelated medical complaints, but they tend to be missed or neglected.

Objectives The objectives of the study were to determine knowledge of medical personnel about the common child abuse signs at presentation to the ED, identify reasons behind not reporting, measures they take when identifying such cases and if there is any relationship between received training and the ability to detect and report the cases.

Methods The study was conducted in December 2017 in a hospital setting, in a descriptive exploratory cross-sectional study-design. Stratified sampling was used, where three main public hospitals were chosen via simple random sampling from a list of public hospitals in Khartoum State. Furthermore, proportionate number of medical personnel was taken from each ED in each of the three hospitals, from whom data was collected using a semi-structured questionnaire derived from a previous study by Intima Alrimawi et al, in 2014. Data analysis was done to obtain the frequencies and descriptive statistics, and Chi-square statistical test was carried out to analyze the relationship between the different variables.

Results In order for medical personnel to consider reporting, suspicion of a child abuse must precede, unfortunately only 31.1% of them have had previous training and thus knowledge on the presentation of suspected cases. The majority of those with previous training were always able to detect signs of child abuse. Furthermore, a significant relationship was found between receiving training and the ability to identify a case of child abuse (P -value=0.000), but no impact on the actual attitude of reporting the cases.

It was also found that most of the medical personnel do not consider reporting of child abuse cases, but they would take a detailed history to screen the case without knowing the next step (64.9%). In more than half, the main reasons that impeded them from reporting was to avoid getting in troubles with the victims' family by getting sued for considering such a stigmatizing finding. Only 4.5% attributed it to the absence of a clear protocol and reporting system for such cases.

Conclusions The study revealed a low level of knowledge on detection of child abuse cases, and further, lack of supporting law and protocol to deal with such sensitive cases to allow doctors to confidently report them.

Young People's Health Special Interest Group

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VIRTUAL REALITY HOSPITAL: DEVELOPING A PATIENT CENTRED VIRTUAL ENVIRONMENT TO REDUCE PREPROCEDURAL ANXIETY IN CHILDREN AND YOUNG PEOPLE

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Background Anxiety is a common experience among Children and Young People (CYP) attending hospital for a procedure