George Still Forum: ADHD Disorders (ePoster presentations only)

1799 'DOES DIET INFLUENCE THE BEHAVIOUR OF THE CHILD WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)? RECOMMENDATIONS FOR PRACTICE AS A SPECIALIST ADHD NURSE

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Background

Introduction This poster presents research pertaining to diet and effect on ADHD children, to inform nursing practice. It will develop recommendations for future service pathway, while further embedding research into practice. Background Kent has the highest cost for prescribing ADHD medication (Henry 2017). Thus healthy eating discussions could be useful in nurse review clinic (NICE 2020).

Objectives

Aims and Objectives
• Literature review, deriving key themes: Diet and ADHD.
• Ascertain parental belief systems and coping mechanisms.
• Recommend for future practice, how the nurse can integrate findings.

Methods

Methodology Literature inclusion criteria: Participants below 18 years, papers from various countries and English written, research from 2005 onwards. Exclusion criteria: - Adults, conditions linked with ADHD. Papers were selected: some countries had comparable healthcare systems, while others had limited resources; this gave overview of variable diets. Allowing for holistic review regards diet and ADHD.


Results

Results and Findings Ten papers were reviewed: Six papers used quantitative research, which included: Randomised control trialled research and meta-analysis studies. One paper qualitative and three papers mixed method. Literature on parental viewpoints was low. The key areas are listed below:

1. Poor Nutrition and Behaviour:
   ○ Poor nutrition, increases risk of ADHD and poor weight gain mechanisms, allowing for recommendations for future service delivery, supporting families in practice.

2. Artificial Food Colourings (AFCs) and Supplements
   ○ AFCs increase hyperactivity.
   ○ Improved behaviour using free fatty acid supplementation.
   ○ Minerals: calcium, selenium, zinc and phosphorous protective against ADHD.

3. Decreased Nutritional value diets and Parental experiences.
   ○ Diet of fruit and vegetables reduce risk of ADHD.
   ○ Western diet attributes to ADHD.

4. Restricted elimination diet.

Developing practice

Poor Nutrition and Behaviour.

- Mealtime management through virtual observations, regular review of growth and Mid Upper Arm Circumference (MUAC).
- Nurse to discuss safety using supplements.
- Parents keep food diaries, reviewed regularly by professionals.
- Parental belief systems impact interventions chosen. Nurse to promote healthy eating.
- Diet high in refined grains, sugar, saturated fat, low in dairy, calcium and vitamin B2 linked to ADHD. Parents may use food as reward. Nurse to guide behavioural management.

Conclusions

Discussion A healthy diet discussion should take place by the nurse, to enable for a holistic assessment and build a therapeutic relationship. The nurse must not exclude, from the assessment process parent’s nor child’s beliefs systems, this will allow for understanding of how best to support the child’s ongoing needs and how to formulate the conversation of healthy diet into practice. It highlights, parental views and education of what constitutes a healthy diet, could be led by the nurse; this maybe be facilitated through integrated ‘patient involvement groups’ and further reviewed in nurse led clinics, obtaining essential feedback.

Conclusion The research reviewed derived key themes, which gives evidence, that diet can affect a child with ADHD behaviours; healthy diets can be used as a compliment to ADHD medication. Parental involvement in dietary management is essential in supporting the child to follow a healthy diet. Equally, the nurse’s holistic assessment will allow incorporation of strategies; that take in to account parental belief systems and coping mechanisms, in order to achieve the best outcomes for the child’s needs. The literature reviewed has also allowed for recommendations for future practice.

1800 AN EDUCATIONAL PROJECT TO DEVELOP AND COPRODUCE NDD POST-DIAGNOSIS RESOURCE PACK FOR CHILDREN AND FAMILIES


Background Neurodevelopmental disorders (NDD) are a complex group of conditions that include ADHD and autism as common presenting problems in childhood; they are frequently associated with comorbidities such as behavioural, sensori and sleep difficulties, resulting in a negative impact on the quality of life of the affected individual.

Families have described the experience of receiving a diagnosis for their child as ‘like a bereavement’ and following the