George Still Forum: ADHD Disorders (ePoster presentations only)

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'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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10.1136/archdischild-2021-rcpch.856

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.

Key search terms: ADHD child and diet included: Child (ren), ADHD, Diet, Feeding, Problems in Child. Key Search terms, Parent's viewpoints: ADHD, Dietary in children, Parent experience, Healthy, Habits and Neurodevelopment. Databases: Google scholar, MEDLINE, APA PsychInfo, CINAHL, ScienceDirect, British Library EtHOS, Child Development and Adolescent Studies.

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
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.**

- Requires persistence, maintenance from parents. ecreased nutritional value diets and Parental experienc
- Three studies included parental viewpoints/coping mechanisms, allowing for recommendations for future service delivery, supporting families in practice.

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 diary, 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.

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

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10.1136/archdischild-2021-rcpch.857

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, sensory 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

lengthy diagnosis process are often left with little information, or understanding of 'what next?'. Having a diagnosis can also help the families understand limitations but also celebrate the strengths and additional support that this brings to their lives.

Families that use the community paediatric service across Bedfordshire and Luton have participated in many service improvement projects and contributed via feedback channels such as focus groups, parent panels and family and friends test surveys. A key theme highlighted by these families was a need for information, resources and support post diagnosis of a neurodevelopmental disorder.

Objectives We have taken up an educational and service improvement project to:

1. co-produce an all-encompassing 'Post Diagnosis Resource Pack' for NDD.
2. host online the resource pack which will include printable resources and multi-media information and support to children, young people and families.

Methods We have set up a series of online meetings involving professionals from our community paediatric services, CAMHS, three local authorities, Parent Carer Forums and third sector stakeholders such as Autism Bedfordshire and FACES (Family and Children's Early-help Services) spectrum support.

We also involved parents/carers, children and young people for their advice and feedback. Parents Carer Forums have 'Frequently Asked Questions' which formed the basis of some of the resources. In addition, many professionals and parents contributed to brief educational videos; technical expertise was enlisted to produce infographics and animations as part of the resource pack.

Results The outcome of the initial discussions was to initiate 14 different work streams within the resource pack project, each with a 'task-and-finish group' with both parental and multiprofessional involvement, ensuring that the project is truly co-produced.

Examples of the topics that have emerged include the following:

- What should I expect at my appointment?
- What do I need to know about medications?
- How can I speak to my child and family about a diagnosis

The project has also addressed the issues of how to develop a holistic approach, discussing strengths and 'positives of neurodiversity', the need for a 'jargon buster', and the provision of information on sensory sensitivities and sleep problems.

Some of the material produced is already available and can be downloaded free from the Trust website – <https://www.cambscommunityservices.nhs.uk/docs/default-source/bedfordshire-childrens-services/Beds—ADHD—Comm-Paeds/how-do-adhd-medications-work—an-interactive-guide.pdf?sfvrsn=0>

Conclusions Psychoeducation involves provision of easy-to-understand and evidence-based information. A user-friendly multimedia resource pack co-produced with user groups aims not only to empower patients and families but also to improve the quality of both service delivery and outcome.

British Society for the History of Paediatrics and Child Health (ePoster presentations only)

1803

THE VARIED GRAMMARS OF INFANT DEATHS: 'FIFTH-NIGHT'S SICKNESS', 'NINTH-DAY SICKNESS' AND THE SCOURGE OF NEONATAL TETANUS IN SCOTLAND

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10.1136/archdischild-2021-rcpch.858

Background Neonatal tetanus has killed many infants. Its impact on human history is difficult to estimate. Even in 2019 fewer than 5% of deaths from this preventable illness were reported to the WHO maternal and neonatal tetanus elimination program. Of the many reasons for under-reporting, variation in its nomenclature within communities remains a challenge.

Objectives To identify names employed to describe infant tetanus in an extensive set of historical documents from Scotland.

Methods The First (Old) Statistical Account of Scotland included population records collected by 900 parish ministers between 1790 and 1799. We carefully examined these to identify information relating to infant deaths. Comparisons have been made with accounts of neonatal deaths in that period from Europe, the Caribbean, southern states of America and Brazil.

Results Records from 1791 described Scottish infants dying of an 'eight-day sickness' in Kilbride, Arran, and a 'fifth-night's sickness' in Stornoway. A visiting surgeon referred to these conditions as infant lockjaw or trismus infantum. In Barvas an illness called five or seven night's sickness was described, in Uig an epilepsy among very young infants. Accounts from Skye recorded infants dying in the first and second weeks of life of 'pleurisy'. No ministers compared cases of this condition with those in neighbouring areas or other countries. The problem was described as having disappeared in Arran by the 1840s, although at this time it became a growing problem on St Kilda.

Joseph Clarke documented clusters of cases of trismus nascentium in the Dublin Lying In Hospital in the 1780s. In 1791 a gold medal was offered in Madrid to find a treatment for the scourge of 'mal de barretas' or 'trisme del nado'. In St Dominigue where infant deaths compromised the growth of the enslaved workforce, the Cercle des Philadelphes published a report on trismus nascentium in 1786. European records included the terms ginklofi or jaw-falling (Iceland), gichterren (Germany), klamper (Norway), mal de sete dias (Portugal and Brazil), mal a machior, pasmo or spasmo (Spain and Puerto Rico). Many sources recorded seizures as a cause of neonatal deaths. Descriptive terminologies focused on the fearsome impacts of tetanus: initially on feeding, then the infant's face or jaw, followed by muscular spasms with gasping. These infants became ill and perished in the first weeks of life. Scottish nomenclature noted more gently the timings of commencement of symptoms.