Conclusions The early weeks of infant existence were poorly documented prior to the nineteenth century. Neonatal tetanus was described earlier in urban and rural settings, temperate or tropical communities, Hospitals and homes. Variation in nosology was one of several factors limiting communications about this fatal illness. This deprived parents of an explanation or causation. Crucially it delayed the sharing of preventive best practices among birth assistants.

George Still Forum: ADHD Disorders (ePoster presentations only)

1804

AUTISM DIAGNOSTIC ASSESSMENT OF PRESCHOOL CHILDREN IN AN INTEGRATED MULTIDISCIPLINARY CHILD DEVELOPMENT TEAM: A QUALITY IMPROVEMENT PROJECT

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Background The ASD diagnostic process can be a source of stress for parents due to the long waits for assessment and poor understanding of the diagnostic process. The pathway should adhere to NICE guidelines, Gaining information about parent's experience of the assessment process can be used to inform adjustments to the current diagnostic pathway.

Objectives

1. To evaluate the current diagnostic pathway for preschool children in a Child Development Centre in South East Essex.
2. To gain understanding of parent's experience of the current ASD diagnostic process

Methods Eighty-four children were assessed by the integrated Child Development Multidisciplinary Team between April 2019 and March 2020. A random sample of 24 children from the cohort of 84 children was used to examine adherence to the National NICE Autism Spectrum Disorder clinical guidance. The information was obtained through clinical records from two electronic record systems used by the MSE Hospital Trust and Essex Partnership University Trust.

All families were sent questionnaires to obtain anonymised qualitative and quantitative data about their experience of assessment. Questions referred to parental understanding of the assessment process, the quality of communication and interactions between the service providers and users, information and knowledge gained through the assessment process. Parents were invited to complete and return the questionnaires by post or electronically. Ethical approval through the Trust's Quality Improvement Department was obtained. The results of the audit and parent's responses on the questionnaire were collated and reviewed.

Results Eighty-three percent of the children received a diagnosis of Autism Spectrum Disorder following assessment. The mean age at the time of diagnosis was 4 years. The mean length of time from referral to completed assessment was 20 months. Children were investigated and treated accordingly for co-morbid conditions.

Speech and language assessments were recorded on 22 of the children. Information used to complete the assessment is stored on two different electronic systems as two NHS providers are involved in the assessment of children with ASD. School information was recorded for the majority of the assessments. It is not clear whether assessment results were always shared with GP.

The response rate for the parent questionnaires was low with 9 parents out of 84 (11% of parents) returning questionnaires.

Conclusions The project revealed compliance with ASD assessment NICE guidelines in relation to collection of medical and neurodevelopmental history, direct observation and involvement of members of the Multidisciplinary team. Parents report overarching positive themes about the entire assessment and the interaction of parents with the Multidisciplinary Team clinicians.

However, areas in need of improvement such as poor recording keeping, information sharing with primary care and lack of post diagnosis training were highlighted. The results of the project has been discussed within our MDT team and resulted in establishment of adjustments to the existing evidence based autism pathway where regular monthly MDA team meetings have been initiated. Protocols for communicating with parents, health and education professionals have been established.

1805

CLINICAL RATIONALE AND EVIDENCE FOR EFFECTIVENESS OF NON-PHARMACOLOGICAL AND BEHAVIOURAL MANAGEMENT OF ADHD IN CHILDREN AND ADOLESCENTS

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Background Children and young people (CYP) with Attention deficit Hyperactivity Disorder (ADHD) often experience a wide range of multi-modal impairments often persisting into adulthood, affecting the patients, their carers and wider society. In addition to the core symptoms of age-inappropriate, persistent, and pervasive inattention and/or hyperactivity/impulsiveness that impairs daily functioning, 65–80% of patients with ADHD have conduct problems and other neurodevelopmental comorbidities, as well as poor social and organizational skills with low academic achievement. 10–30% of CYP with ADHD do not respond to psychostimulants while other children experience significant side effects that prohibit continued use. Some parents may have reservations about psychostimulant use due to concerns about potential side-effects and preference for alternative treatments.

Several national and international professional bodies have recommended that Pharmacological treatment should not be offered as the sole therapeutic intervention, especially for the preschool children.

Objectives We reviewed the extant literature to explore the rationale, principles and effectiveness of different modalities of non-pharmacological interventions for CYP with ADHD.

Methods We conducted a search of electronic database including the OVID, EMBASE, CINHAL and Cochrane's Databases for publications regarding the principles and effectiveness of