Young People's Health Special Interest Group

733 AN OVERVIEW OF ADOLESCENTS PRESENTING TO A TERTIARY CENTRE WITH LOW WEIGHT

Stephanie Proulx-Cabana, Ngozi Oketah, Terry Segal. *University College of London Hospital*

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Background Low weight in young children is a common presentation in paediatrics and often easily recognised by paediatricians but not as easily identified in the adolescent population. Underweight in adolescents can be a sign of eating disorders or other medical illnesses that can affect their energy levels, growth and development and occasionally be life-threatening.

Objectives The aim of this study was to identify all adolescents referred to our secondary and tertiary service that were identified as being underweight or having sudden onset weight loss and to describe their presentation, management and outcomes.

Methods Patients were identified using the electronic health record system. Their records were searched to obtain information on their referral reason, weight on referral, symptoms, diagnosis including mental health co-morbidities if present and their follow-up outcomes.

Results 55 patients were identified from our database, of which 4 were excluded because they were referred but attended their appointment at the Adolescent Clinic. Our sample was composed of 76% of female. The average age at presentation was 15.6 years old (11.6–18.8). The average BMI at presentation was 18.1 kg/m² (13.27–27.94). 25% of our sample presented with a weight for height <80%. Patients had one or two reasons for referral. The most common reasons for referral were suspected chronic fatigue syndrome (47%), underweight (25%), weight loss (23%) and abdominal pain or headaches (16%). Concerns about weight were only mentioned in the referral letter for 27 out of the 37 adolescents who received the diagnosis of underweight or weight loss at initial presentation. Another 25% (13/51) of adolescent develop a new-onset weight loss while they were followed-up with our team. Abdominal symptoms were present in 68% of adolescents of which abdominal pain was the most common (17/35). Of the patient presenting abdominal symptoms, 16/35 (46%) were reviewed by gastroenterology and 9/35 (26%) were diagnosed with Functional gastro-intestinal disorders. Of our sample, 19/51 (37%) were diagnosed with an eating disorder and were referred to mental health services. Other common mental health co-morbidities included anxiety (27%) and low mood (25%).

27/51 (52%) of our patients were referred to a dietician and of these, 85% had improved their weight at the end of follow-up. Of those who deteriorated during follow-up, 2 were diagnosed with an eating disorder, 1 was suspected to have an eating disorders and 1 had gastroparesis.

Conclusions Our study reveals the importance of early identification and management of underweight in adolescents. Underweight is not being recognised sufficiently, as concern about weight was not identified in the referral letter of almost a third of patient who were diagnosed with low weight or weight loss at their first assessment by our team. Most Eating disorders peak in adolescents and studies have shown that poor recognition leads to chronicity into adulthood with

significant impact on adolescent growth, puberty and psychological development.

British Paediatric Neurology Association

734 SODIUM VALPROATE IN FEMALES: IS IT EVER A GOOD IDEA?

Matthew Sayers, Nicola Bailie. *Northern Health and Social Care Trust*

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Background Sodium Valproate is a common and effective anti-epileptic medication for a range of seizure disorders. Its use has been markedly reduced in females due to known teratogenicity.

Objectives This audit aimed to examine the epidemiology of the female patients taking Sodium Valproate in a district general epilepsy service, and to assess the indications and monitoring around this.

Methods A proforma was designed to collect data on the clinical characteristics of the female patients attending the paediatric epilepsy service in a district general hospital. This took into account their age, epilepsy diagnosis, current and previous anti-epileptic drug treatment, ongoing indication for Sodium Valproate, and if they had recently completed the MHRA documentation appropriate for their age. Data on all 17 patients who matched the inclusion criteria was collected.

Results 14 patients were under the age of 10, and of the 3 aged over 10 years old, 2 had severe learning difficulties and were felt very unlikely to become pregnant. 5 children were being treated for Childhood Absence Epilepsy, 5 for various Intractable Epilepsies under supervision of Paediatric Neurology, 5 for focal epilepsy, 1 for Idiopathic Generalised Epilepsy and 1 for Benign Infantile Seizures. In 9 cases care was shared with Paediatric Neurology. In 3 cases changing to an alternative antiepileptic had been suggested but had been refused by the child's parents. All children had up to date, age appropriate MHRA documentation completed.

Conclusions Sodium Valproate continues to be used as a well-tolerated and efficacious antiepileptic medication in district general settings. Although it should be used with care in female patients due to its risks of pregnancy, this audit supports its use in the appropriate clinical context.

British Paediatric Respiratory Society

736 CHANGING HORIZON OF ASTHMA MANAGEMENT IN CHILDREN DURING COVID – 19 PANDEMIC

¹Caroline Ponmani, ²Chandu Wickramarachchi, ²Louise Mathers, ²Harinder Sahota, ²Venkata Bhuruganda. ¹BHRUT; ²Barking Havering and Redbridge NHS Trust

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Background An unprecedented reduction in the number of children presenting to the Paediatric Emergency Department (PED) with asthma and viral induced wheeze (VIW) was observed in the trust during the pandemic. The PED in the trust receives 3300 attendances of paediatric asthma and VIW annually with 780 hospitalisations. There is a cohort of 120 children attending 3 or more times in a year. The common