Abstract G72 Figure 2

disease (CHD) of which 7 have required catheter or surgical intervention (4% of the new GP referrals for assessment of a murmur). Younger children with murmurs were more likely to have CHD: 9/24 (37.5%) children under 3 months, 9/39 (23%) children between 3 months and one year, 10/58 (17%) children between 1–5 years, 1/14 (7%) between 5–10 years and none over 10 years. Forty nine children (18%) were referred for a family history of cardiac problems (e.g. CHD, cardiomyopathy) with 1 child having CHD that has not needed intervention. Other complaints included chest pain (8), palpitations (19), cyanosis (4) and syncope/dizziness (9). None of these other presenting complaints had any underlying pathology.

Conclusion The finding that a large proportion of children referred by GPs with asymptomatic heart murmurs have CHD supports current GP referral practise and the use of echocardiography for assessing murmurs. Children with a murmur under 3 months of age have the highest risk of CHD. In this review other presenting complaints do not seem to have any associated life-threatening heart disease – these children might initially be safely managed in the community without echocardiography.

G74 **MANAGING THE PATENT DUCTUS ARTERIOSUS – HOW, WHEN AND WHO**

doi:10.1136/archdischild-2013-304107.086

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Aim To compare the differences in the management of the patent ductus arteriosus (PDA) between neonatologists and paediatric cardiologists in the context of the current evidence base.

Method Consultant and registrar neonatologists and paediatric cardiologists throughout the deanery were contacted via email to complete an online cross-sectional survey collecting quantitative and qualitative data on the management of a neonatal PDA. The

survey included 26 points and was largely scenario based. The questionnaire was validated through an initial local pilot. No ethical approval was required.

Results Of the 53 physicians contacted, 20 neonatologists and 26 paediatric cardiologists completed the questionnaire (87% response rate). Paediatric cardiologists are significantly more likely than neonatologists (60% vs 31%; $p < 0.05$) to use indomethacin as first-line medical management vs. ibuprofen. Furthermore, in complicated treatment refractory cases paediatric cardiologists are significantly more likely to consider ligation than neonatologists, the latter generally preferring a conservative 'no action' management decision (40% vs. 0%; $p < 0.05$). In addition, with respect to ligation, neonatologists considered haemodynamic effect significantly more important (4.4 ± 0.2 vs. 3.5 ± 0.2 ; $p < 0.05$) than paediatric cardiologists, although both neonatologists and paediatric cardiologists regarded patients symptoms as the most important determinant. In terms of knowledge of the current evidence base regarding prognosis there was no significant difference between paediatric cardiologists and neonatologists, however both varied considerably from published data, generally with an overly favourable outlook. Only 3% of respondents felt current guidelines were sufficient for PDA management.

Conclusion For the first time we have shown that the practises of paediatric cardiologists vary significantly from those of neonatologist when managing a PDA. These differences may reflect a lack of consistent data regarding PDA closure and highlight the need for greater guidance in this controversial area. We have shown such guidance to be in strong demand by physicians. Moreover, such work could facilitate a practise that better reflects the current best-evidence.

G75 **'A BOLT FROM BLUE – BE AWARE!!'**

doi:10.1136/archdischild-2013-304107.087

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