

We will be presenting the findings from a random sample of our ADHD patients and recommendations from this QIP.

Conclusion NICE guidelines are now a decade old and RCPCH expects the next epidemic affecting children to be mental health problems. Services around the UK are still quite poor. Further improve our services based on audit findings.

G657 THE EXPERIENCE OF USING THE INTERNET AMONG CHILDREN AND YOUNG PEOPLE WITH ADHD

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Background The internet plays an important role in healthcare with both beneficial and detrimental effects. 99% of 12–15 year olds and 94% of 8–11 year olds have access to the internet either in or out of home¹. Internet use may impact on symptoms and management of ADHD, or be more (or less) prevalent amongst children and young people (CYP) with ADHD than their peers without ADHD, or both.

Aims

- To evaluate the current evidence for differences in internet use and possible detrimental or beneficial effects on CYP with ADHD.
- To explore availability of mobile apps on the internet stores which may be helpful in the management of CYP with ADHD in the UK.

Methods A search was performed on Medline, Embase and Psychinfo databases for published articles relating to ADHD and internet use, using relevant search terms. A search was also performed for apps relevant to CYP with ADHD on the 2 most popular mobile platforms in the UK, the Android and Apple systems.

Results A total of 45 articles relevant to internet use and ADHD in CYP were identified. The majority of studies targeted the relationship between internet addiction and ADHD, closely followed by the internet use behaviours of parents and ADHD patients. Less common themes included sleep, behaviour therapy, mobile apps, bullying and safe use of the internet.

A total of 245 Android and 102 Apple apps were found. Many of these apps were aimed towards users making a self-diagnosis of ADHD, and a few others aimed at improving ADHD management. A large number of the apps were targeted for adult use and were mostly based on non-existent or poor-quality evidence base, thereby limiting their usefulness among CYP with ADHD.

Internet use by CYP with ADHD was found to be almost universal. Most CYP and their parents have never received professional advice about reliable and validated internet resources to use for facilitating the management of ADHD.

Conclusions Internet use may be higher in CYP with ADHD but to date there is no evidence for the direction of causality.

There are a large number of online/mobile apps available to health professionals and the public, though the evidence base for these is weak. We have compiled a smaller list of

potentially useful apps which may be worthy of further investigation.

A questionnaire to assess internet use amongst children with ADHD in our service will be co-produced with CYP with ADHD and parents, with information derived from the literature review as a starting point.

Further research is needed in order to develop evidence-based recommendations about user-friendly internet resources which are useful for ADHD patients and their parents and to investigate effects of internet use on ADHD, or vice versa.

REFERENCE

1. Ofcom. UK children's media literacy. April 2011.

G658 A REVIEW OF THE EVIDENCE FOR THE DIAGNOSIS AND MANAGEMENT OF PRE-SCHOOL ADHD

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Background NICE guidelines (NG87)¹ recognises the under 5 or pre-school ADHD and recommends ADHD-focused group-based parent-training programme as the first-line treatment and taking advice from a specialist ADHD service/or tertiary service if above fails. NICE also reported that there was limited evidence on the efficacy of medication, with concerns and lack of evidence about the long-term effects of medication, in terms of growth and development among pre-school ADHD children.

However, NICE also commented that untreated ADHD can have far-reaching, long-lasting negative impacts on a child's life and further specialist advice, ideally from a tertiary service should be sought if Parent-training programme and environmental modifications are not effective.

The recommendations from the American Academy of Child and Adolescent Psychiatrist (AACAP) and the The American Academy of pediatrics (AAP)² are slightly different. The AAP recommends that the primary care clinician should prescribe evidence-based parent- and/or teacher-administered behavior therapy as first line treatment and may prescribe Methylphenidate if the behavior therapy does not provide significant improvement. They recommend that in areas where evidence-based behavioral therapy is not available, the clinician needs to weigh the risks of starting medication at an early age against the harm of delaying diagnosis and treatment.

Methods A review of recently published literature was conducted, including meta-analyses and national guidelines. A survey of clinical experience among a cohort of ADHD specialists across the UK was also conducted. Three illustrative cases of preschool ADHD is presented to highlight the variable management approaches used.

Results The literature review showed few studies on preschool ADHD from Europe/UK.

A review of 'Pre School ADHD Treatment Study (PATS)³ on Efficacy and safety of immediate release Methylphenidate in preschool children (Greenhill et al 2006) suggested that Methylphenidate in 2.5-, 5-, and 7.5 mg doses three times daily, produced significant reductions on ADHD symptom scales compared to placebo, although effect sizes (0.4–0.8) were smaller than those cited for school-age children on the same medication.

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