speech and language delay and 106 (31%) had a diagnosis on the autistic spectrum(ASD). 12 (3.5%) had behavioural problems and 16 (4.68%) children had a primary diagnosis of intellectual disability. 79 (23.1%) children had cognitive impairment. 47 (13.7%) are awaiting completion of assessment. 22 (40.1%) of the 54 African children, and 42 (41.25%) of the total ethnic minority cohort had an ASD diagnosis. 72(33%) of the Irish children had an ASD diagnosis.

Conclusions: This clinic has a disproportionate number of referrals from ethnic minority backgrounds. The high number of referrals of African children is interesting, especially considering that the African community comprises 0.85% of the Irish population, and that 5.6% of births in 2004 were to African mothers. Children presenting from ethnic minority backgrounds were more likely to have an ASD diagnosis than the Irish children, a feature which requires investigation.

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TRANSANAL IRRIGATION IS A VALID AND SAFE APPROACH FOR NEUROGENIC CONSTIPATION IN MYELOMENINGOCELE CHILDREN

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The aim of this study is to investigate if transanal irrigation is a valid approach for neurogenic constipation in children with myelomeningocele.

100 patients (60 boys and 40 girls; aged 8-20 y) with neurogenic bowel dysfunction were treated with transanal irrigation for six months. A questionnaire on the effects on bowel disturbances, self-management and quality of life related to neurogenic constipation was completed before and after the trial.

At the end of the trial 66% (66/100) of patients referred a successful in constipation and 70% (70/100) regarding faecal incontinence. Questionnaire scores before and at termination of the study showed that neurogenic bowel dysfunction total score (range 0-47, 47= severe bowel dysfunction) was 17.5 (5.2) versus 8.5 (4.3) ($P = .001$), frequency of fecal incontinence (range is 0-13, 13= daily) was 5.5 (1.2) versus 1.3 (1.7) ($P = .01$) and degree of general satisfaction (range 0-10, 10= high satisfaction) was 3.0 (2.4) versus 7.7 (1.5) ($P = .001$).

We observed a moderate reduction of number of urinary tract infections during treatment particularly regarding E.Coli infections: 24 total urinary tract infections (18 by E. Coli) in 6 months before versus 12 (9) during treatment ($P < 0.01$). No changing regarding urodynamic parameters were found. No severe adverse effects were reported and treatment was been well tolerated by younger children too.

Transanal irrigation is a valid approach for managing of neurogenic constipation in fact it improves bowel disturbances, quality of life and seems to reduce urinary tract infections.

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IMPROVING CLINICAL CARE BY ROLLING AUDIT IN A DISTRICT GENERAL HOSPITAL EPILEPSY CLINIC

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Aims: Dedicated paediatric epilepsy clinics are increasingly recognised as good practice within DGH's. We aimed to gather demographics and audit current practice against 2004 NICE guidelines in the context of a data set encouraging clinicians to use the ILAE approach to paediatric epilepsy, forming the basis for a clinically relevant database.

Method: Proforma were completed for all children attending the epilepsy clinic. Demographics and clinical outcomes were measured and audited against NICE guidelines.

Results: 110 children attended clinic of which 83 had epilepsy. 55% were male. 18% presented < 2 years old. Common seizure types were generalised tonic clonic, absence and focal motor. Overall epilepsies were classified as generalised (37%), focal (48%) and encephalopathic (14%). A specific epilepsy syndrome was identified in 86%. Common epilepsy syndromes included symptomatic focal epilepsy, generalised tonic clonic and BECTS. Symptomatic or probably symptomatic aetiology was identified in generalised (29%), focal (68%) and encephalopathic epilepsy (100%). Associated co-morbidities were common (60%). Significant learning difficulties occurred in generalised (19%), focal (25%) and encephalopathic epilepsy (91%). Paediatric neurology was involved in 46%. AED choice was appropriate in 99%. Monotherapy was achieved in 65% requiring AEDs and 14% were on > 2 AEDs. EEG was performed in 100%, MRI in

80% and CT in 47%. Seizures were controlled in 36%, acceptable in 51% and uncontrolled in 15%.

Conclusions: An active database for paediatric epilepsy can provide valuable demographic, clinical and audit data. This improves quality of care and provides opportunities for outcome comparators, targeted audit and future research.

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INTELLECTUAL CAPABILITIES AT CHILDREN WITH EPILEPSY

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Background and aims: To evaluate intellectual potential at children with epilepsy, considering if the intellectual functioning of these children is worsening ; the development of the illness and the basic factors which influence development and intelligence deficit.

Methods: Files of 52 children, patients in our institute, were reviewed with information about their sex, age, pediatric and neurologic status, neuropsychological evaluation of intellectual functioning, EEG results and NMR of the brain, and the therapy that was used and the effect it caused.

Results: 25 girls and 27 boys, at the age of 1 to 18 years. The following results were found: normal intellectual development at 27 children, borderline intellectual functioning at 6 children, mild mental retardation at 15 children, moderate intellectual retardation at 4 children and neurological problems at 8 children; 39 children are on monotherapy, 13 children on polytherapy. The most used antiepileptics are valproate and carbamazepine, but the new generation of antiepileptics are frequently used too. The pharmacoresistant epilepsy is verified in 11 children, and morphological changes of NMR of the brain are visualised at 16 children.

Conclusions: Most of the children with epilepsy show normal intellectual development, with tendency to decrease with the duration of the illness. Intellectual disability is more often found at children with an early beginning of the attacks, initially lower intellectual potential and lower control of attacks. Children with normal NMR of the brain most often have a normal intelligence. Higher intellectual deficit is found at children with pharmacoresistant epilepsy.

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HELICOBACTER PYLORI INFECTION AND HEADACHE IN CHILDREN AND ADOLESCENTS

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Object of study: Headache and migraine is a common problem nowadays for an increasing number of children and adolescents. At the last few years, there are some references in the literature about the correlation in adults between headache and Helicobacter Pylori infection. The aim of the study was the investigation of the correlation between headache and Helicobacter Pylori infection in children.

Method: A total number of 65 children and adolescents aged 7,5 to 17 years were enrolled. All of them suffered from headache or migraine (international criteria 2001) and they were tested firstly using urea breath test(UBT). From the children and adolescents tested with UBT, 17 of them were found positive for Helicobacter Pylori infection. These 17 children and adolescents were investigated with an upper GI endoscopy and received the proper therapy based on Helicobacter Pylori infected tissue culture and antibiogram.

Results: After 4 months of observation, starting 1 month after the end of the anti-helicobacter infection therapy, all 17 children and adolescents were free of headache and migraine symptoms.

Conclusion: Although these are preliminary findings, we can assume that Helicobacter Pylori infection maybe plays a role in the pathogenesis and phenotype expression of headache and migraine in children and adolescents.

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CHANGES OF SERUM FERRITIN AND BLOOD LEAD LEVELS IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

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Objective: To explore the changes of serum ferritin(SF), blood lead(BP) and hemoglobin in children with attention deficit hyperactivity disorder (ADHD).