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ASSOCIATION OF DIGITAL MEDIA EXPOSURE AND ADDICTION WITH CHILD DEVELOPMENT AND BEHAVIOUR- A CROSS-SECTIONAL STUDY

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Background Digital media has undergone explosive revolution with the advent of portable gadgets and instant internet access. Early exposure and excessive screen use has negative influences across domains of early child development and also causes behaviour problems. There is paucity of data in our population with regard to the impact of latest technology gadgets as well as screen addiction.

Objectives Estimate the exposure and addiction of screen media among children in a developing country and its influence on early child development and behaviour.

Methods We included 613 children between 18 months and 12 years who visited the paediatric out-patient department for a well or a sick visit. Children with already diagnosed developmental delays and neurodevelopmental disorders were excluded. Their media exposure was analysed along with Problematic Media Use Measure Short Form (PMUM-SF) for addiction. They were screened for behaviour problems using the Child Behaviour Checklist (CBCL) for 1.5 to 5 years and Strengths and Difficulties Questionnaire (SDQ) for those beyond 5 upto 12 years. Those under five years were also subjected to a developmental screening using Ages and Stages Questionnaire (ASQ3).

Results The most common gadget used was television followed by smartphones. Median average daily screen time was 1.6 hours(inter-quartile range 1–3 hours). Female gender (OR 0.26 (95% CI 0.11 – 0.63); $p=0.003$) and children with average daily screen time of less than two hours [OR 0.092 (95% CI 0.018 – 0.48); $p=0.003$] had lesser chance of having concerns in the communication domain. Female gender also had less chance for pervasive developmental problems. Children with no physical activity (OR 8.5 (95% CI 1.48 – 48.57); $p=0.016$) use of tablet gadget (OR 3.1 (95% CI 1.07 – 9.02); $p=0.037$) and those with average daily screen time of greater than two hours (OR 3.95 (95% CI 1.34 – 11.67); $p=0.013$) had more chance of affective problems in the under five age group. Below average school performance, median average daily screen time of children, watching handheld video games, and parental concerns about child's media use with regard to addiction, exposure to violence, adult content and bad language, were found as significant predictors for screen addiction. Increased screen time and media addiction were significantly associated with concerns in communication, problem-solving and personal-social domains, as well as various behaviour problems. The most common device associated with addiction was tablet in the under five age group whereas it included smartphones, computer and video games in the older age group.

Conclusions We conclude that paediatricians should look into media use among children in their regular visit and formulate regional media guidelines for children to enhance digital literacy. This study done prior to the coronavirus disease (COVID) era, can serve as a baseline to assess further increase in screen time during the current COVID pandemic.

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THE USE OF TRANSITION TRANSFER DOCUMENTS TO FACILITATE TRANSITION FOR YOUNG PEOPLE WITH NEURODEVELOPMENTAL HEALTH NEEDS TO ADULT SERVICES

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Background The importance of a holistic transfer document highlighting a young person's (YP) needs to enable a smooth transition from paediatric to adult services has been well recognised. This has become especially apparent for young people living with neurodevelopmental health needs in recent years. To facilitate this process, a 'Transition transfer document' (TTD) exemplar for YP with a complex neuro-disability was co-produced with families and professionals.

Objectives

- To determine if transition transfer documents were routinely developed for YP with complex health needs by the age of 17.
- To determine if clinicians found the transition transfer documents or exemplar document useful.

Methods A search of electronic patient records was undertaken to identify young people aged 17 to 18 as of 01/07/2019 with a complex neuro-disability and an educational health care plan. 60 were identified and their records were reviewed. A SurveyMonkey questionnaire was sent to 11 paediatricians and 64 General Practitioners (GPs) alongside a TTD exemplar document. Data was entered and analysed using the Microsoft Excel formulaic analysis.

Results Complete documentation was available on 43 young people. One person had a TTD; the most appropriate clinic letter, containing the most relevant details to the transition

Abstract 175 Table 1 Summary of Analysis of TTDs and Clinic Letters

TTD or Clinic Letters indicating a clear statement of	Percentage
Diagnosis and health problems	95.3%
Learning abilities	58.1%
Medication	85.0%
Professional responsible for monitoring medication	32.5%
Professionals transferred to in adult services	37.2%
Discussion of an advanced care plan	5.3%
Equipment required in adulthood	34.9%
Young person involved in discussion	42.5%
Parents/carers consulted	97.7%
Psychosocial status considered	67.4%
YP's (and/or parents') personal goals and outcomes considered	53.5%
Contribution from other professionals	48.8%
Clinic/transfer letter easy to locate on SystemOne	0.0%