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PO213Sonar identifies research training needs in a clinical training program

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99 mmol/L]. 11 (31.4%) subjects were insufficient and 11 (31.4%) were severely deficient.
Conclusions Prevalence of VitD deficiency was 62%. Testing and supplementation is cheap: test costs 70 p, supplementation costs £8 – £12. A simple test, treatment alleviates symptoms and may reduce fractures in fall prone patients.

PO213 SONAR IDENTIFIES RESEARCH TRAINING NEEDS IN A CLINICAL TRAINING PROGRAM

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Introduction Successful Trainee Clinical Research Networks have been established since 2007 and are primarily run by Surgical and Anaesthetic Trainees. In the southwest peninsula we have set up the first UK Neurology Trainee Audit and Research Collaborative to deliver clinical studies. Ensuring all trainees have appropriate training is a key requirement; we aimed to ascertain the training needs of our network members.
Method A survey was sent to all 9 neurology trainees in the Peninsula Deanery. It comprised 5 questions to establish trainee clinical research training and experience.
Results Response rate was 100%. Training level varied from ST3–5; 22% had previously completed higher degrees. 40% of trainees had not been involved in clinical research. One trainee had not had formal good clinical practice (GCP) training and none had formal Informed Consent training. Of those who had been involved in research, there had been limited involvement in project design, ethics approval processes, data analysis, manuscript preparation or findings presentation.
Conclusion We identified a training need in our Trainee Audit and Research Network. In order to address this, we have organised formal GCP and Informed Consent training; to broaden the research experience of network members, we are planning our first collaborative research project.

PO214 NEUROPSYCHOLOGICAL SEQUELAE OF VIRAL MENINGITIS

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Background Survivors of bacterial meningitis are known to suffer neuropsychological deficits after their acute illness. Previous studies have suggested that viral meningitis may also cause cognitive problems.
Primary and Objective We aimed to determine what the neuropsychological problems encountered by adults with viral meningitis were compared to healthy patients without meningitis and how long their problems lasted.
Methods Patients with viral meningitis and healthy controls completed the 'Aldenkamp and Baker Neuropsychological Assessment Schedule (ABNAS)', a 24 item self-administered questionnaire. Patients completed the ABNAS at 4 time points – 6, 12, 24 and 48 weeks post acute illness. Higher ABNAS scores correspond to greater levels of neuropsychological dysfunction, with a worst score possible of 72.
Results Healthy controls (n=224) had a mean total ABNAS score of 7. Comparatively, the patients with viral meningitis had significantly worse scores at all 4 time points. At 6 weeks scoring 22 ($p<0.001$) (n=73), at 12 Weeks 19.5 ($p<0.001$) (n=102), at 24 weeks 13.5 (p 0.002) (n=86) and at 48 weeks 16.5 ($p<0.001$) (n=76).
Conclusions Patients with viral meningitis have significantly worse neuropsychological deficits compared to healthy controls. The deficits showed some improvement initially but failed to improve significantly beyond 24 weeks.

PO215 OUTCOMES OF NEUROLOGY ADMISSIONS TO CRITICAL CARE

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Aims To assess neurological admissions to the critical care unit in our centre according to published prioritisation criteria and evaluate predictors of outcome.
Methods We reviewed 39 patient records between November 2012-April 2015, and ranked from 1 to 4 according to prioritisation criteria. We evaluated predictors of outcome, including length of stay, using regression modelling.
Results 18 females and 21 males were assessed with a mean age of 41 years (range 23–83). Twelve patients had strokes, 6 status epilepticus, 16 neuromuscular disorders, 1 post-arrest hypoxia-ischaemia, 3 metabolic problems and 1 meningitis. Six patients had serious co-morbidities. Mean time from ward to critical care was 5 days (range 0–39), time on critical care was 10 days (0–45), and time from critical care to home 23 days (2–84). Sixty-six percent received non-invasive ventilation, 51% intubation and ventilation, 27% tracheostomy and 8% inotropes. 23 patients were classed priority 1, 9 priority 2 and 7 priority 3. Seventy-four percent survived to discharge to the ward and of these 93% went home. Of survivors, 62% had a Rankin score 1–2. All the priority 3 patients died. There was no association between length of stay and outcome.
Conclusions Neurological patients in critical care generally have good outcomes, even with prolonged stays. Meeting priority 3 criteria was associated with poor prognosis.

PO216 MOTOR NEURONE DISEASE IN HIV

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Motor Neurone Disease (MND) is more common in the HIV positive population, for reasons that are unclear. MND in these patients is indistinguishable from sporadic MND. Recent evidence proposes a role for endogenous retroviruses in