Abstracts

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.

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 16.3 (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.

PO213 SONAR IDENTIFIES RESEARCH TRAINING NEEDS IN A CLINICAL TRAINING PROGRAM

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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 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.

PO214 NEUROPSYCHOLOGICAL SEQUELAE OF VIRAL MENINGITIS

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Aims 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.

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 16.3 (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

Ladan Akbarian-Tefaghi, Thomas Jenkins, Andrew Davidson. Royal Hallamshire Hospital, Sheffield, UK

Aims 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.

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 16.3 (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.

PO216 MOTOR NEURONE DISEASE IN HIV

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Aims 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.

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 16.3 (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.