

of this study was to understand the scope of neurological TSC care delivery across Canada. Methods: A survey was developed after literature review and discussion amongst two Paediatric Epileptologists and one Nurse Practitioner with expertise in TSC. Canadian Paediatric Neurologists participated via an anonymous web-based survey through the Canadian League Against Epilepsy (CLAE) and Canadian Neurological Sciences Federation (CNSF). Results: Fifty-eight responses were received. A dedicated TSC clinic was reported by 24% (n=14). Sixty percent (n= 35) reported performing serial screening EEG monitoring in infants and 58% (n= 34) started prophylactic therapy when EEG abnormalities occurred. Vigabatrin was used in 37% (n=21). For management of drug-resistant epilepsy, surgery was reported as the preferred therapeutic option in 57% (n=32) of respondents. Barriers to treatment identified were a lack of multi-disciplinary care, unfamiliarity with new therapies and insufficient resources. Conclusions: Our findings demonstrate the variability in neurological care delivery of patients with TSC. With few dedicated TSC clinics, there is a need for the establishment of a national network to support clinical practice, research and education.

P.088

Family identified barriers to accessing services for children with attention deficits and neurodevelopmental disorders

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Background: Obtaining early intervention services is crucial for improving outcomes in children with neurodevelopmental disorders (NDDs) such as Autism or Attention Deficit/Hyperactivity Disorder. Identifying barriers in accessing services in the healthcare system is necessary to optimize the Patient and Family-Centered Care approach. Methods: Parents of children with an NDD co-occurring with attention deficits were recruited from the Neurodevelopmental Attention Clinic at the Alberta Children's Hospital. Parents completed a semi-structured interview and the Barriers to Accessing Services (BAS) questionnaire. Results: Nine families participated representing 10 children. Interviews were evenly spread between biological mothers and fathers. All children had attention deficits; 4 children were also diagnosed with Autism and 5 with "other" neurologic conditions. The two barriers most identified by families (67%) through the BAS questionnaire were "Didn't know where to find help" and "Steps to seek help are too overwhelming", consistent with information obtained in the interview. Conclusions: Children with an NDD and attention deficits often have complex medical needs. Parents have identified challenges initiating, and navigating the many steps involved to secure services. We will collect information from more families to determine how services for children with complex medical needs can become more accessible.

P.089

Characteristics of children with cerebral palsy secondary to intrapartum asphyxia in the post-therapeutic hypothermia era

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Background: We explored the profile of children with cerebral palsy (CP) secondary to intrapartum asphyxia (IAP), who were treated with therapeutic hypothermia (TH). We compared neonatal characteristics between children treated with TH with a mild vs severe CP. Methods: We collected perinatal and outcome measures of children treated with TH for IAP. We searched the literature for characteristics of children prior to TH to compare to our cohort. We subdivided our cohort into mild vs. severe CP and compared neonatal characteristics to identify predictors of severe phenotype. Results: We found more children with severe (19/30) compared to mild CP (11/30). Post-TH era children leaned towards a more severe phenotype compared to prior to TH. Children with severe CP had significantly higher mean birth weight, lower 5- and 10-minute Apgars, and more often white matter with associated deep gray matter injury or near-total injury pattern on MRI compared to the mild phenotype group (all $p < 0.05$). Conclusions: Our data leaned to a more severe CP in cooled children compared to pre-TH. Birthweight, 5- and 10-minute Apgars and MRI findings were significantly different between our mild vs severe group. Our findings can guide clinicians how to better weigh these factors when counseling parents in the neonatal period.

P.090

Symptomatic neonatal seizure treatment duration and seizure recurrence: a retrospective single center study

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Background: While seizures have adverse neurological effects, the prescribed antiseizure medications (ASMs) may also have a negative impact on neonatal brains and contribute to detrimental neurodevelopmental outcomes. The objectives were to evaluate: 1) the impact of implementing a neonatal seizure treatment protocol in 2016; 2) the influence of ASM duration and other clinical factors on seizure recurrence and epilepsy onset. Methods: Retrospective chart review of 139 term newborns born