

decrease. This creates a need to develop new approaches for surveillance.

As a solution, Tukes is directing its actions and prioritizations towards more risk-informed decision-making (RIDM). The aim is to find methods for efficient implementation of risk-informed prioritisation and thus new ways to promote safety. RIDM can be applied in the selection of the targets and/or the methods of the operations. The challenge is to create efficient and reliable processes for this.

Methods Tukes' main processes are surveillance and enforcement, communications and development. RIDM can be applied to all of these, but the areas require different approaches. Currently Tukes is developing and testing methods especially for surveillance and enforcement.

Results The development work is in progress and results will be ready to be presented in Safety 2016 conference.

Conclusions As the safety field is getting more complex and at the same time available resources for safety promotion and surveillance are decreasing, new ways to develop safety are needed. RIDM allows Tukes to develop more efficient ways to promote safety and to direct the actions to the areas which have the most or highest risks.

Disabled Persons and Safety

Parallel Tue 3.6

355 THE RISK OF INJURIES IN CHILDREN WITH ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) IN ENGLAND

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Background Attention deficit-hyperactivity disorder (ADHD) is a common in children with a prevalence of 5%. Injuries are common and are a leading cause of morbidity and mortality in England and worldwide. ADHD may be associated with an increased risk of injuries but accurate and detailed risk estimates are lacking.

Methods A cohort study was conducted using primary care and hospital records from the Clinical Practice Research Datalink (CPRD) (1998 to 2012). All children with ADHD (aged 3 to 17 years) were frequency-matched, by age band, to up to twenty children without ADHD. Hazard ratios for (long bone) fractures, thermal injuries and poisonings were estimated using Cox regression and adjusted for age, sex, strategic health authority region, area-level deprivation quintile (measured using Index of Multiple Deprivation) and the calendar year when the child entered the study.

Results There were 15,737 children with and 291,894 without ADHD. 84.6% with ADHD were boys compared to 50.7% without ADHD. The adjusted risk of fractures in children with ADHD was 28% greater than in children without (HR = 1.28 (1.22 to 1.35)). The adjusted risk of thermal injuries in children with ADHD was more than double the risk in children without (HR = 2.04 (1.80 to 2.31)). The adjusted risk of poisonings was

nearly 4 times greater in children with ADHD compared to children without (HR = 3.99 (3.58 to 4.44)). The adjusted risk of long bone fractures was similar to the risk of any fractures (HR = 1.23 (1.16 to 1.31)).

Conclusions Children with ADHD are at a greater risk of fractures, thermal injuries and poisonings than children without. All services involved in the care and education of children with ADHD should be aware of the risks. The estimated risks of injury should be communicated to children and their parents at the time of diagnosis, medication reviews and follow-up visits.

356 IS ADHD ASSOCIATED WITH UNINTENTIONAL INJURIES AMONG CHILDREN? A MATCHED CASE CONTROL STUDY PAKISTAN

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Background ADHD and unintentional injuries are common among young children. However, epidemiological data investigating association between ADHD and unintentional injuries is scarce, both from developed and developing countries.

Method A hospital based case control study was conducted. A total of 300 children, 4–11 years of age with unintentional injuries (case) and 600 children with health conditions other than unintentional injuries (two controls for each case), matched for age and gender, were recruited from the emergency room (ER) of three tertiary care hospitals of Karachi: on each belonging to public and private sector. Unintentional injuries (cases) were falls, burns, drowning, poisoning and road traffic injuries, as defined by the consulting physician in the ER. Children with complaints and diagnosis other than injuries (controls) were selected from the same hospital ER within a week of case recruitment. ADHD was defined by administering strength and difficulty questionnaire (SDQ), a validated instrument for screening of ADHD, to the primary care givers of the children (parents or guardians). Conditional logistic regression was conducted to determine association of ADHD with unintentional injuries, adjusting for potential confounders.

Results Children with ADHD were twice likely (mOR = 2.2, 95% CI: 1.5–3.0) to have unintentional injury. In addition, children with low socio-economic status (mOR = 1.7, 95% CI: 1.1–2.4), more than two siblings (mOR = 2.1, 95% CI: 1.1–4.4), low mother education (mOR = 2.0, 95% CI: 1.3–3.0) and history of previous injuries (mOR = 1.9, 95% CI: 1.4–2.7) were independently related to unintentional injuries.

Conclusion Screening of ADHD among young age children along with parental counselling for the prevention of injuries would help in decreasing the disease burden. Prevention plans focusing on low socio-economic background children and with children of mother with low education may further reduce the incidence of unintentional injuries.