missed due to minor injury, four to COVID-related issues, and four miscellaneous. Prescribed HR and RPE ranges were exceeded in all training blocks. In block two, participants exceeded 85% maximum HR for more than 30 minutes. Positive effects were observed for fatigue, sleep and UPDRS-motor outcomes. Group camaraderie was reported as a highlight.

Conclusions It is feasible and safe for individuals with early stage PD to complete a block periodized boxing training program with high physical and cognitive demands.

2240 THE AUSTRALIAN NEUROMUSCULAR DISEASE REGISTRY (ANMDR) – WHAT IS IT AND WHY NOW?

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Background The Australian Neuromuscular Disease Registry (ANMDR) is the only national neuromuscular disease registry. Established in January 2020, we collect clinical and genetic data on Australians of all ages living with neuromuscular disorders to assist facilitating clinical research, best practice care and service provision. ANMDR is a member of the TREAT-NMD global registries network.

Objectives The ANMDR is establishing a longitudinal, validated database that researchers and industry can utilise for clinical research and enable access and enrolment into clinical trials. Data collected is also essential for post-exposure safety and efficacy monitoring. We will provide an update on the first 2 years of data collection, registry utilisation, unexpected challenges, and future directions.

Methods Subjects enrolled in the ANMDR are interviewed to collect baseline demographic, clinical and genetic data. Participant information is updated every 6 months for individuals with Spinal Muscular Atrophy (SMA), and yearly for subjects with Duchenne Muscular Dystrophy (DMD) or other neuromuscular disorders.

Results In the 2 years since the ANMDR was established, 459 individuals with genetically confirmed neuromuscular disorders have been enrolled. Engagement has been secured with patients, consumer advocacy groups, the federal government, and industry. The Registry has taken the lead with the organisation TREAT-NMD on alpha-testing an expanded SMA and DMD datasets and is recognised by TREAT-NMD as a leader in the global registry field.

Conclusions The ANMDR is an invaluable resource to the Australian neuromuscular community, the importance of which will only continue increasing as clinical trial activity expands and new therapeutics are launched.

2245 WORTH THE RISK? CONTEMPORARY INDICATIONS, YIELD, AND COMPLICATIONS OF LUMBAR PUNCTURES IN A METROPOLITAN AUSTRALIAN HEALTH SERVICE

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Objectives To evaluate the contemporary indications, cerebrospinal fluid findings, and complications of lumbar punctures in a metropolitan Australian health service.

Methods A retrospective electronic medical records audit of lumbar punctures in 525 adults within three acute hospitals between 1 July 2018 and 30 June 2019 was performed. Our main outcome measures included the frequency of indication for lumbar puncture by category, normal vs abnormal cerebrospinal fluid for each indication category, and the frequency, severity, and type of complications of lumbar punctures.

Results The most common indications were acute severe headache with features of meningism (156 procedures, 29.7%) and encephalopathy (128 procedures, 24.4%). Other major indications for lumbar puncture included investigation of a suspected neuroinflammatory condition (83; 15.8%), administration of intrathecal chemotherapy (59; 11.2%), thunderclap headache (38;7.2%), chronic headache (23; 4.4%), and suspected malignancy (18; 3.4%). The yield of abnormal results varied by indication, with lumbar punctures for acute severe headache with features of meningism yielding abnormal results in 85 cases (54.5%), with specific Gram stain or PCR findings in 27 cases (17.3%). The majority of the complications were minor (45; 8.6%), and most frequently consisted of post-dural puncture headache (PDPH). The 9 more severe complications were all related to severity of PDPH, and 2 (0.4%) of these required a blood patch.

Conclusion In the era of an increased reliance on neuroimaging, lumbar puncture has a high diagnostic yield with a low rate of major complications. The most common complication is PDPH which is mild and self-limiting in most cases.

2246 CHRONIC NORMOCALCAEMIC TETANY FOLLOWING PARATHYROIDECTOMY

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A 33-year-old woman developed generalised muscle twitching and cramps 4 months following a minimally invasive parathyroidectomy for a parathyroid adenoma. Neurological examination was normal apart from intermittent lip twitching, carpopedal spasm and positive Chvostek and Trousseau's signs. Parathyroid hormone level remained within normal range post-operatively. Calcium (2.3–2.5 mmol/L; normal range 2.1–2.6 mmol/L), magnesium (0.7–0.9 mmol/L: normal range 0.7–1.1 mmol/L) and 25-hydroxycholecalciferol (86 nmol/L; normal range >50 nmol/L) levels were persistently normal post-operatively. Nerve conduction studies were unremarkable. Concentric needle electromyography

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