

2778 FUNCTIONAL NEUROLOGIC DISORDERS: HEALTH CARE UTILISATION AND COSTS

Chinky Goswami, Dean Pike, Michael Merakis, Scott Gelzinnis, Elizabeth Pepper. *Hunter New England Health- John Hunter Hospital, New Lambton, NSW, Australia*

10.1136/bmjno-2023-ANZAN.143

Objectives The health care costs of functional neurological disorder (FND) in Australia are not well described. In this pilot retrospective cohort study we aimed to quantify and compare local health district level health care utilisation for patients with FND and stroke before, during and after inpatient admission, including number of presentations, length of stay and financial cost.

Methods Data was collected from the Activity Based Management database for 87 patients admitted to John Hunter Hospital (JHH) with FND between 1 July 2019 and 30 June 2021. Comparison was made with 92 age and sex matched control stroke patients admitted to JHH in the same time period. For each patient economic and fiscal data was extracted for the index admission and every ED, inpatient and outpatient presentation for two years prior and one year after. Statistical analysis was performed using R version 4.2.0.

Results We present a comparison of total costs and length of stay of FND and stroke patients over 3 years. Preliminary analysis shows Mean LOS was 25.85 days for FND patients FND vs. 29.29 days for stroke patients. FND patients spent a greater length of time in ED. Average total cost of patients with FND was \$46,080 AUD vs. \$50,922 AUD for patients admitted with stroke.

Conclusions Our pilot study provides insight into the previously under-described issue of high health care utilisation and costs of public hospital based care for patients with FND. We hope future larger scale studies will provide a basis for service planning.

2779 PAIN IN FUNCTIONAL NEUROLOGICAL DISORDER

Chinky Goswami*, Karly Potts*, Dean Pike, Gemma Oakley, Elizabeth Pepper. *Hunter New England Health- John Hunter Hospital, New Lambton, NSW, Australia*

10.1136/bmjno-2023-ANZAN.144

Objectives Patients with functional neurological disorder (FND) commonly experience pain. No strong evidence base exists to highlight the importance of integrating pain management in the treatment of FND. The present study aimed to assess the prevalence and nature of pain either as a comorbidity or physical symptom of the disorder itself in hospital patients admitted with FND.

Methods A retrospective chart review was conducted involving 86 patients admitted to the John Hunter Hospital with FND between 1 July 2019 and 30 June 202. Data was extracted from the medical record onto a pre-determined database. Records were examined for presence and type of pain, medications prescribed for pain, utilisation of specialist pain services and length of hospitalisation. Equivalent data was also collected for 92 age and gender matched patients presenting in the same time frame with stroke.

Results Amongst patients with FND 48% experienced acute pain, either as a presenting symptom or a distinct issue during

their admission. Furthermore, a chronic pain comorbidity was noted in 43% of patients. Analgesia was prescribed in 80% of patients, with an average of 2.4 pain medications used. Acute pain was identified in a higher proportion of stroke patients (55%), however chronic pain was less prevalent when compared to FND patients (14%). A lower proportion of stroke patients were prescribed analgesia (60%) and on average fewer modalities were employed (1.7).

Conclusions This study highlights the under recognised issue of pain and its management in FND inpatients and warrants further investigation and development of management guidelines.

2780 PRESENCE OF REFLEXES MAY NOT EXCLUDE A DIAGNOSIS OF CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY (CIDP)

James Strathdee*, Edrich Rodrigues*, Mahima Kapoor, Wen Wen Zhang, Elspeth Hutton, Mark Faragher, Bruce Day, Richard Stark. *Alfred Health, Melbourne, VIC, Australia*

10.1136/bmjno-2023-ANZAN.145

Background The European Academy of Neurology/Peripheral Nerve Society (EAN/PNS) 2021 revision of the diagnostic criteria for Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP) incorporated clinical phenotypes including absence or reduced reflexes before the application of electrodiagnostic criteria.¹

Objective To identify any CIDP patients who do not meet clinical criteria but satisfy electrodiagnostic criteria.

Method We applied the 2021 EAN/PNS criteria to our cohort of 39 patients receiving intravenous immunoglobulin (IVIg) for CIDP. We compared clinical and electrodiagnostic criteria between those who fulfilled electrodiagnostic criteria but not clinical criteria.

Results Of our cohort 39-patients, 21 (53.8%) were classified as CIDP, 6 (15.3%) as possible CIDP and 12 patients did not meet criteria. Of the 10 patients who did not meet clinical criteria, 6/10 (60%) met electrodiagnostic criteria. These patients did not meet clinical criteria due to the presence of reflexes. There were no significant differences in the clinical phenotypes and demographics between these patients and CIDP or possible CIDP patients in our cohort. There was also no significant difference in the electrodiagnostic parameters between these patients and those with CIDP or possible CIDP. However the patients with preserved reflexes tended to have more frequent conduction velocity slowing ($p = 0.08$) than patients with CIDP or possible CIDP.

Conclusion The presence of reflexes should not exclude the diagnosis of CIDP if the patient meets electrodiagnostic criteria. This could be indicative of a subset of patients with CIDP who have more involvement of the intermediate segments of nerve rather than proximal segments.

REFERENCE

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