paroxysmal slow wave discharges, sharp waves, spikes and spike-wave complexes were considered EEG abnormalities.
Results: The median ages of TTH patients (13.00±2.37 years) were statistically higher than the migraine patients (10.62±3.21 years). Thirty-six percent (n = 18) of the migraine patients and 12 percent (n = 6) of the TTH patients revealed specific EEG abnormalities in ictal EEGs. When interictal EEGs are considered, 16% (n = 8) of the migraine group and 2% (n = 1) of the TTH group revealed abnormalities. The frequency of specific EEG abnormalities were significantly higher in migraine patients than TTH patients both ictal EEGs and interictal EEGs. Voltage suppression was detected in 14 percent (n = 7) of the TTH patients, whilst in none of the migraineurs.
Conclusions: According to our results, paroxysmal EEG abnormalities are in favour of migraine. But voltage suppression is in favour of TTH. This is the first prospective study comparing migraine and TTH patients with their ictal and interictal EEGs in paediatric age group. Based on the findings, we believe that this study will contribute to the current literature and play a crucial role in distinguishing between these two clinically encountered ailments.

P045 Sleep patterns in patients with neurological and neuropsychiatric disorders and controls

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Objective: To report information on sleep patterns of patients with neurological and neuropsychiatric disorders and controls, collected during validation of the parent-rated Children's Sleep Habits Questionnaire (CSHQ)-Greek version.
Methods: For the standardization and validation of the questionnaire, 531 children (316 males), mean age 8.9 years±3.2 (range: 2–18) were recruited; 330 (62.1%) patients (210 with neurological, 120 with neuropsychiatric disorders), 201(37.9%) controls.
Results:

a. Cronbach's alpha for the total CSHQ score was high (0.88 for patients, 0.75 for controls). Alphas for individual subscales were mostly satisfactory, as were intercorrelations among subscales.
b. Mean GSHQ total score for controls was 44.8±6.2; for patients, 51.0±11.3. ANCOVA controlling for age revealed significantly greater mean GSHQ score for patients ($p < 0.001$); 26% were one SD above the mean of controls. All subscale scores except Sleep Onset Delay, were significantly higher for patients. Sleep anxiety and Bedtime resistance were the most highly correlated subscales (controls r = 0.78, patients r = 0.76).
c. Mean weekday sleep duration: 9.5 hours±0.68 (range: 7–11.3) in controls, 9.7 hours±1.23 (range: 6–13.5) in patients. Patients sleep significantly more than controls (ANCOVA: F(520,1)=7.82; $p = 0.005$, after controlling for age). No significant correlation between age and sleep duration in controls (r=0.02, $p = 0.774$); significant negative correlation in patients (r=0.54, $p < 0.001$). No significant gender differences in sleep duration (controls $p = 0.865$, patients $p = 0.126$).

Conclusions: GSHQ-Greek version was valid, with satisfactory psychometric properties. Greater mean CSHQ scores in patients than controls indicate higher likelihood for parent-reported sleep problems. Sleep duration was significantly higher in patients than in controls.

P046 When EEG is indicated in developmental attention and learning disorders?

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EEG examinations are not routinely performed in the assessment of developmental attention and learning disorders (DA-LD). Clinicians order EEG examination in limited conditions as the presence of seizures or family history of epilepsy, head trauma, fluctuating academic or behavioral manifestations. We aimed to study the reliability of various clinical parameters as a possible indication to do EEG examinations in children with DA-LD.
Material and Methods: One-hour EEG recording with a minimum 20 minute-sleep time were done in 193 children (50 girls, aged 6 to 16 years) diagnosed as DA-LD according to DSM-IV criteria. The presence of febrile convulsions (FC), head trauma (without any focal neurological signs), fluctuating academic or social behavior, speech delay, reading, writing and math disorder and phonemic difficulties, low performance or verbal IQ and history of perinatal distress or family history of seizures have been assessed.
Results: EEG recordings were abnormal in 66 (34%) patients Univariate analysis showed that speech delay, writing disorder and phonemic difficulties were significant risk factors ($p < 0.05$). According to multivariate analyses, only phonemic difficulties was selected as a predictive risk factor (OR=4.74; %95 CI=2.153–10.420).
Conclusion: We recommend performing EEG in DA-LD children with developmental language disorders, especially phonemic difficulties. The traditional indications to order EEG in children can be excluded.

P047 Familial Idiopathic Intracranial Hypertension with variable phenotype

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Introduction: Familial occurrence of Idiopathic Intracranial Hypertension (IIH) has been rarely reported in literature. Idiopathic intracranial hypertension without papilloedema (IIHWOP) has been described along with IIH only in two families. We report a family of mother and her two daughters who were diagnosed with IIH and IIHWOP.
Results: A 37 year old woman was diagnosed with IIH. Her 7 year old, younger daughter presented a year later with similar symptoms. She didn't respond to medical treatment and had restricted visual fields. She required Lumboperitoneal shunt, Ventriculo-peritoneal shunt and bilateral sub-temporal decompression due to persistent headaches and visual symptoms. Her elder daughter later presented with headaches without papilloedema and had IIHWOP diagnosed at the age of 13 years. Both mother and her elder daughter were managed with medical therapy and repeated lumbar punctures, and haven't needed any surgical intervention.
Conclusion: Familial IIH is more common than previously thought. This is the third and youngest family reported with variable phenotype of both, with and without papilloedema. Further insight into the patterns of inheritance is required. Other family members should be considered for screening of IIH even if papilloedema is not present.