Results 30% of YP consented to take part. Data are available for the first 94 participants (mean [SD] age: 15.16 [1.24] years; 96% female). Those with learning disability and young people of black ethnicity were over-represented compared to the local population (18% *vs*. 2.5%, and 23% *vs*. 11%, respectively).

15% had a history of previous non-consensual sex and 44% were known to social services. 39% had sought help for mental health difficulties in the previous year and 37% had previously self-harmed.

Participants experienced vaginal rape in 72% of cases, oral rape in 40% and anal rape in 13%. 44% of assaults involved physical violence and 9% involved a weapon. 29% involved alcohol and 14% involved drugs. 36% were stranger assaults, 47% involved an acquaintance and the remainder involved partners or ex-partners (3%), or a relative (5%). Assailants were most commonly aged 15–20 (41%) or 21–30 (22%), with 12% <15 years.

Early psychological outcomes: 73% had significant depressive symptoms, 90% had a high likelihood of post-traumatic stress disorder, 69% met criteria for panic disorder or significant somatic symptoms, and 60% met criteria for generalised anxiety disorder.

Conclusions Adolescents accessing SARCs are a vulnerable population and exhibit high levels of psychological morbidity within six weeks of sexual assault. Longitudinal research is critically important for evaluating outcomes over time and to inform interventions and preventive programmes.

P04 RCT OF A MOTIVATIONAL LIFESTYLE INTERVENTION (THE HEALTHY EATING AND LIFESTYLE PROGRAMME (HELP)) FOR OBESE YOUNG PEOPLE

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Aims To assess whether a motivational multi-component lifestyle intervention delivered in the community was effective in reducing body mass index (BMI) and improving related health outcomes in obese adolescents.

Methods 174 obese adolescents (13–17 years old; 109 females) from a UK community setting were randomised into intervention or control arms. Intervention participants received 12 sessions across 6 months, addressing lifestyle behaviours and focusing on motivation to change and self-esteem rather than weight change. The intervention was delivered by trained Graduate Health Workers in community settings. Control participants received a single 2 h nurse-delivered session providing didactic weight management advice. The primary outcome was BMI change at 6 months. Secondary outcomes included body fat (impedance;), dieting behaviours, self-esteem and quality of life. Random-effects linear regression was used to detect differences in end-point outcomes between Intervention and control groups, adjusting for sex, age, and outcome value at the beginning of the intervention. The primary analyses used the intention to treat sample.

Results 145 (83.3%) adolescents completed the intervention. Mean BMI across the whole group was 32.3 kg/m^2 (SD 4.4) at start and 32.6 kg/m^2 (SD 4.7) at the end of the intervention. We found no significant difference in the primary outcome (BMI) at 6 months: effect estimate -0.06 (95% CI: -0.57 to 0.45) p = 0.8). No significant differences were observed for changes in secondary outcomes (all p > 0.4) between intervention and control groups at 6 months. Fidelity monitoring showed moderately strong fidelity to treatment. The process evaluation found that participants and their families found the intervention highly engaging, respectful and helpful in making behavioural changes.

Discussion We did not find evidence that a motivational multi-component lifestyle modification intervention delivered in the community was effective in reducing BMI or improving health and well-being in a community sample of obese adolescents, despite moderately strong fidelity and process evidence that young people used the intervention to make changes in their lifestyle. Our findings suggest that obesity interventions with a strong theoretical basis and evidence of effectiveness when delivered by trained psychologists may not be effective when delivered at lower intensity in the community by entry-level health workers.

P05 LONG-TERM EFFECTS OF ACUTE MALNUTRITION ON GROWTH AND BODY COMPOSITION IN MALAWIAN CHILDREN

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Aims Severe Acute malnutrition (SAM) is an important cause of child mortality worldwide and most treatment to date has focused on reducing those deaths. However, with emerging evidence that early nutritional adversity affects adult health, it is vital that treatment strategies also start looking beyond short term outcomes at programme discharge. To do this, improved evidence on the long term implications is needed; in this study, we examined growth and body composition 7 years after an episode of SAM.

Methods We present latest data from a follow-up of 462 ex-malnourished Malawian children, comparing their growth and body composition to both siblings and age/sex matched community controls. These are the known survivors of an original cohort of 1024 children admitted to a large Malawian nutrition ward, from 2006 to 2007, for treatment of SAM. The current round of follow-up is 7 years after the original episode of malnutrition. Linear regression is used to analyse interim anthropometric data.

Results To date, 321/412 (78%) of searches have been successful. Median age of the ex-malnourished 'case' children was 9 yrs 2 months (range: 7–20 years). 79/321 (25%) are HIV positive; 35/321 (11%) died in the last six years. Cases are significantly more stunted and underweight than community controls. Waist-hip ratio was significantly higher for cases suggestive of adverse body composition, however skinfold thickness ratio (subscapular +waist/tricep) was not significantly different between the groups. Sitting height ratio was also significantly higher for case children suggesting that torso length has been preserved and limb growth compromised. In addition, ex-malnourished case children had evidence of functional impairment with their hand-grip strength