Results Prevalence of CD in T1D children and young persons within our trust is 7.6%

All hospitals within the region used coeliac serology rather than HLA specific alleles for initial screening for CD

There is regional variation regarding the frequency of ongoing surveillance for CD reflecting a national and international lack of consensus.

HLA allele testing at diagnosis is significantly more expensive even though it reduces eventual number of surveillance serology testing.

Conclusion All hospitals within the region are compliant with guidelines regarding screening for CD in T1D in children and young people at diagnosis

Although none of the hospitals used HLA specific alleles as suggested by joint Coeliac UK and BSPGHAN,³ we felt this was not cost effective and would only reduce a small number of repeat testing

We propose a unified region wide ongoing surveillance of once every 3 to 4 years.

REFERENCES

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G227(P) A QUALITATIVE STUDY TO CAPTURE PARENTAL VIEWS ON THE TRANSITION OF CARE PROCESS FROM PAEDIATRIC TO YOUNG ADULT DIABETES SERVICES

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Aims An increasing number of children are presenting with long-term conditions that require transition into adult services. This can be a stressful and daunting prospect for both the child and their parents.

The aim of this pilot study was to collate the views of parents of children with Type 1 diabetes, whom would be transitioning in the near future. Eliciting their understanding and concerns relating to this process should help our transition team make appropriate changes, to ensure adequate support, preparation and explanations are given to current and future applicable families.

Methods An online anonymous survey (using Survey Monkey® software) was sent to 37 parents of children, aged 13 to 17 years, within our Paediatric Diabetes service.

Results We received 18 responses from a total of 37 parents. 56% of parents had not heard of transition of care services prior to this survey. 88% were unsure about what transition entailed, and in a free-text box expressed concerns about a lack of knowledge regarding this process. 72% of parents felt that transition of care had not been appropriately discussed – 100% wanted more information. 72% of responders would appreciate a group transition meeting with other families, whom are also soon to transition.

Conclusions Our Paediatric Diabetes service is not adequately discussing and involving patients and parents in transition of care from an early stage, which is causing parental concern. All responders requested more information about the process of transition. Further education should therefore be provided to applicable parents and patients, including the opportunity to attend group meetings, which will allow for additional peer-support.

Limitations of this pilot included a low response rate (49%), with only the views of parents being obtained and considered. We therefore plan to replicate this qualitative survey in February 2018, after a collaborative parent and patient transition evening, with the aim to capture both parental and patient views. Furthermore, we plan to use our experiences and feedback to assist with the development of other transition services with our Trust and the local Diabetes Network.

G228(P) PAEDIATRIC TO YOUNG ADULT TRANSITION DIABETES SERVICE EVALUATION PROJECT

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Aims To explore any glycaemia changes from paediatric to young adult transition; non-attendances to young adult clinics and impact on diabetes related admissions.

Methods Data on adolescents with diabetes who went into young adult service from January to December 2016 was reviewed. HbA_{1c} at the last paediatric clinic (PC), transition clinic (TC) and first young adult clinic (YAC) appointments were collected. Comparison between group means was done by ANOVA and paired t-test; the differences between frequencies/proportions by chi-square test and for statistical significance P value of <0.05 was used.

Results Demographics of the cohort (n=23): males 43%; Caucasian 100%. Age when diabetes diagnosed 8.0±4.5 years (mean ±sd). Age at last PC and the first YAC: 17±0.3 and 18.1±0.4 years respectively. HbA_{1c} at PC correlated significantly with the HbA_{1c} in the YAC (r=0.78, r²=0.61; p=0.001). HbA_{1c} was higher at YAC compared to that at the last PC visit (88.4 vs. 79.4 mmol/mol; p=0.001) but not significantly different to that in TC.

Non-attendance rate in YAC was 56.5% and diabetes related admission (DKA, Hypoglycaemia) occurred in 30.4%. HbA_{1c} at YAC was significantly higher in those hospitalised (113 vs. 76 mmol/mol; p=0.007). Comparing those with non-attendances vs. those who attended the YAC their HbA_{1c} 99.8 vs. 78.4 mmol/mol (p=0.13). There were no differences in the age, age diagnosed diabetes and BMI in those with or without admissions for diabetes and those with DNA compared to non-attendances. Non-attendances to the YAC had higher rates of admission (38.5% vs. 28.6%).

Discussion Non-attendance to young adult clinics is associated with higher rates of hospitalisations for diabetes related complications and possibly associated poor glycaemia. In the transition from paediatrics to young adult diabetes services and change in responsibility from parents to child, patients may struggle to deal with compliance and service attendance.