transfer was prematurity for the neonate, and respiratory failure for paediatrics.

Conclusion Optimizing and aligning practices between sending and receiving hospitals may improve inter-hospital handover efficiency and patient safety. Accurate recording of transfer data may be used to advocate expansion of the transfer service.

P229

NAPKIN PSORIASIS-A REPORT OF TWO CASES

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Introduction Psoriasis is a T-cell mediated chronic inflammatory disorder of the skin. There are three age groups of pediatric psoriasis: infantile psoriasis, early onset psoriasis and pediatric psoriasis with psoriatic arthritis. Upper respiratory infection is the most common trigger of infantile psoriasis. We report two patients of early, Napkin psoriasis.

Case 1. A 5-months old female baby was referred to our Emergency Department due to annular erythematous plaques in forehead, postauricular area, elbows, knees, back and diaper area. Due to suspected infection, ceftriaxone was introduced into therapy. Also, dexamethasone, mupirocin, and clotrimazole were locally applied. As therapy didn't show any clinical effect, punch biopsy was done and showed *psoriasis vulgaris*. Local therapy with acromethasone dipropionate was continued with good clinical response. A child was followed up during one year and no relapse was recorded.

Case 2. Nearly one-year old female baby was referred to our Emergency Department after one week of antibacterial treatment of periorbital rash which was spread to the forehead, postauricular area, elbows, knees, back and diaper area. *Napkin* psoriasis was suspected and dexamethasone was locally applied. As it showed good clinical response, we concluded biopsy was not necessary. None of the children had signs of respiratory infection.

Conclusion Differential diagnosis of diaper dermatitis includes Napkin psoriasis, candidal diaper dermatitis and allergic contact dermatitis. In almost one third of all cases, psoriasis begins in childhood. Infants with psoriasis usually present with a diaper rash that is unresponsive to irritant diaper dermatitis treatment. Therefore all patients with diaper dermatitis should be properly evaluated and followed up.

P230

BARRIERS TO PARTICIPATING IN PHYSICAL ACTIVITY AND EXERCISE IN CHILDREN WITH TYPE 1 DIABETES MELLITUS (T1DM)

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Aims Exercise and physical activity is an important component of a healthy lifestyle in all individuals with T1DM. However, despite efforts to promote an active lifestyle, a significant proportion of children with diabetes remain inactive and do not reach the recommended guidelines for exercise and physical activity. The aim of the current study was to examine barriers to undertaking physical activity in young people with T1DM.

Methods The study was a regional level observational clinical one within the University Hospital Limerick T1DM outpatient clinic, focusing on the perceived barriers to exercise and physical activity using the modified Barriers to physical activity in patient with Diabetes type 1 (BAPAD1) questionnaire. Questionnaires were completed between June and August 2018 and analysed using SPSS statistical software.

Results 55 children completed the survey. 55% of respondents were female and age range was from 5–17 years, with all respondents been diagnosed a minimum of 2 years previously. 5% of respondents felt that having diabetes was a barrier to undertaking physical activity. Half of respondents stated that the risk of hypoglycaemia would be likely or very likely to be a barrier to undertaking physical activity. 29% of respondents said that loss of control of their diabetes was not a barrier to undertaking physical activity. About 30% of respondents felt that the risk of hyperglycaemia was a barrier to undertaking physical activity. 15% of respondents felt that their school schedule was a barrier to undertaking physical activity.

Conclusion The results from this study show that a high proportion of children felt that having T1DM was not a barrier to physical activity. The risk of hypoglycaemia was a significant barrier to activity. Future work should focus on addressing these barriers in more detail and the creation of guidance documents regarding overcoming such barriers.

P231

EXPLORING PARENTAL KNOWLEDGE AND INFORMATION SOURCES PRIOR TO TYPE 1 DIABETES DIAGNOSIS TO INFORM FUTURE HEALTH PROMOTION CAMPAIGNS

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Introduction The diagnosis of Type 1 Diabetes (T1D) can be prolonged with delayed recognition of symptoms and delayed help seeking. Delayed diagnosis can result in the development of Diabetic ketoacidosis (DKA), a potentially fatal metabolic decompensation resulting in a lasting trajectory of poor glycaemic control with increased risk of diabetes related complications. Health promotion campaigns designed to increase awareness of Type 1 diabetes have prompted earlier diagnosis and reduced the number of children and adolescents presenting in DKA at diagnosis in the majority of populations. Targeting of the media used in such health promotion campaigns would be anticipated to increase the effectiveness.

Aim To explore parental knowledge of T1D before their child's diagnosis, the pathway to diagnosis and parents most valued sources of health information to inform future health promotion campaigns.

Methods Parents of young children diagnosed with T1D attending a national patient and family support organisation event, completed a questionnaire exploring diabetes knowledge, symptoms, pathway to diagnosis and information sources.

Results Parents of twenty-five children participated. Median age at diagnosis was 5.0 (range 0.6–9.3) years. Median time since diagnosis was 1.8 (0.1–10.25) years. Parents reported the classic T1D symptoms and suspected T1D in 56% of cases. Pre-diagnosis 80% knew someone with T1D. Median duration

of symptoms was 14 days (range 0–120) with median duration from symptom onset to medical advice was 3.5 days (range 0–28). Same-day diagnosis occurred in 84%. Nine patients (36%) and all with delayed diagnosis presented in Diabetic Ketoacidosis (DKA). Sixty percent had visited their GP at least once in the preceding year. Pre-diagnosis, Parents' main sources of healthcare advice were: their GP (44%); Friend/relatives (20%); Pharmacist (16%); Pharmacist and GP (8%); or relative and GP (8%). Sixty six percent (21/25) had not used the web for Health Information. Parents' reported the following sources as most likely to be influential prior to diagnosis: TV adverts; Facebook; Local Radio Adverts/GP posters; GP Videos/School Poster; GP Leaflets; Twitter; Adverts in National or Local Papers.

Conclusions There is a wide range of symptom duration in T1D and time to seeking medical advice. The main sources of healthcare advice for parents are GPs, pharmacists and relatives. Surprisingly the majority did not access the internet for health information prior to diabetes diagnosis. To promote early diagnosis of T1D wide community involvement is required using targeted health information sources to prompt early help seeking and DKA prevention.

P232 QUALITY OF LIFE DIMENSIONS IN CHILDREN WITH TYPE 1 DIABETES MELLITUS (T1DM)

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Aims T1DM is one of the most prevalent chronic health conditions in youth with a rising incidence. Management regimes are often complex and demanding, being a source of significant stress for children and their families. The aim of this current study was to examine quality of life dimensions amongst young people with T1DM.

Methods The study was a regional level observational study within the University Hospital Limerick T1DM outpatient clinic, focusing on Quality of life dimensions measured using KIDSCREEN generic quality of life measures, a project funded by the European Commission. Questionnaires were completed between June and August 2018 and analysed using SPSS statistical software.

Results 55 children completed the survey. 55% of respondents were female and age range was from 5 – 17 years, with all respondents being diagnosed a minimum of 2 years previously. 92% of respondents stated that their general level of health was good, very good or excellent, with two-thirds being either very or extremely fit and well. 90% of respondents stated that life has been either very or extremely enjoyable with about 15% saying they were quiet often or very often sad. 85% of respondents stated that they would not change anything about their body. Over three-quarters stated that they were always or very often able to do the things they wanted to do. Over 80% of respondents felt that their parents were very or extremely understanding with 96% feeling very or extremely loved. Over 80% of respondents were very or extremely happy at school with 5% stated that they felt quite often bullied by other girls and boys.

Conclusion The results from this study show that despite the diagnosis and implications regarding T1DM, the children

interviewed showed a high level of positivity and enthusiasm regarding home and school life as well as undertaking activities.

P233 ONE YEAR POST-INTRODUCTION OF CENTRALLY-FUNDED FLASH GLUCOSE MONITORING IN PAEDIATRIC TYPE 1 DIABETES: A REGIONAL CENTRE'S EXPERIENCE

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Background The *FreeStyleLibre* Flash Glucose Monitoring system (FGMS) continuously measures glucose concentration in the interstitial fluid. It was approved under the Community Drug Scheme in Ireland from 1st April 2018; making this technology available to all children ≥ 4 years with type 1 diabetes using intensive insulin regimens.

Aim To assess the effect of FGMS on glycaemic control and to explore engagement of patients with the technology; looking at frequency of self-monitoring and of uploads to the web-based clinic interface *LibreView*.

Methods This was a single centre observational study. All patients receiving FGMS were identified. HbA1c at quarterly intervals from 3 months prior to 6 months post introduction of the FGMS were extracted. We assessed level of engagement by reviewing the frequency of data uploading to the LibreView system. We also quantified frequency of self-monitoring overtime via 'flashes per day'.

Results Of 215 active patients, 108 patients (50%) commenced using FGMS during the study; 58 (54%) male and 50 (46%) female. Thirty two (30%) were using continuous subcutaneous insulin infusion (CSII) and 76 (70%) injectable regimes. Mean age was 11.6 ± 3.9 years (4.7–18.5 years). Mean duration of diabetes was 5.1 ± 3.7 years. The mean HbA1c in the cohort improved across the study period from $8.0 \pm 1.1\%$ at 3 months prior, to $7.7 \pm 0.9\%$ at 6 months post-initiation.

Technology engagement was assessed in 93 patients utilising the FGMS >1 month. Only 25 (26%) patients uploaded ≥ 1 within the first 3 months, and only 9 (17%) of eligible patients in the second 3 month period; the frequency of uploading was hugely variable. Mean flashes per day was 9.9 (0–29) in the first and 9.7(0–38) in the second 3 month period.

Conclusion Improvement was demonstrated in the mean HbA1c overtime, in keeping with the limited available evidence in other paediatric cohorts (1). Low rates of engagement with uploading data were observed, with decreasing engagement over time. This is a potential area to target improvement as having an ambulatory glucose profile to review remotely could aid in pattern recognition and insulin dose adjustment, thus impacting glycaemic control. Having improved engagement with the LibreView would also allow analysis of time in target range and glucose variability, which are recognised as important targets for users of continuous glucose monitoring systems.

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