other supports in their communities (e.g. family, school, and other parents of children living with type 1 diabetes). Parents described the process of learning how to manage type 1 diabetes with many relying on the diabetes team as a source of information. Most parents noted that how they felt about their child's type 1 diabetes had changed over time; however many stated that being involved in their child's self-management of type 1 diabetes continued to have an impact of their own well-being.

Conclusions It is important that parents are supported as they deal with their own emotions in relation to their child's type 1 diabetes diagnosis. Understanding the impact of a type 1 diabetes diagnosis on parents may enable healthcare professionals to provide more effective support to parents as they come to terms with their child's diagnosis and learn to manage type 1 diabetes. Ensuring that parents are supported as their role in their child's type 1 diabetes management changes over time may subsequently impact the negotiation of self-management between parents and adolescents as adolescents take on increasing levels of responsibility.

P237 AN ASSESSMENT OF CONFIDENCE AND KNOWLEDGE REGARDING SELF-MANAGEMENT OF TYPE 1 DIABETES AMONGST ADOLESCENTS ATTENDING A DIABETES TRANSITION CLINIC

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Aims To collate the questionnaire responses of adolescents with Type 1 Diabetes Mellitus (T1DM) who attended a transition clinic between paediatric and adult diabetes care in University Hospital Limerick (UHL) and to analyse their confidence levels in specific parts of their diabetes management (hypoglycaemia, insulin dose adjustment, carbohydrate counting) and their knowledge levels around sexual health, alcohol safety, safe driving and smoking.

Results 100% of patients said their expectations of the clinic were met. 100% of patients felt that they had adequate information and education on the management of hypoglycaemia, high glucose and ketones. 14% felt they did not have adequate information on insulin dose adjustment and carbohydrate counting. When it came to adolescent specific topics, 100% of patients felt they had adequate information on the effects of alcohol and smoking on diabetes management, with 29% stating they did not have adequate knowledge on sexual health and safe driving education prior to this clinic. 86% of patients said that they felt 'more confident' about transitioning to adult diabetes care after attending this transition clinic.

Conclusion The transition from childhood to adulthood can be a difficult and turbulent period for any child, but especially more so for those with T1DM. Along with increased autonomy comes an increased risk of poor glycaemic control due to changes in health needs, management, and providers. This study allows us to assess the need for and the benefits gained from this new transition clinic initiative whilst also highlighting areas where diabetes education may be lacking in some adolescents, allowing us to fill these knowledge gaps prior to their transition to adult diabetes care.

P238 EXERCISE AND ACTIVITIES UNDERTAKEN BY CHILDREN WITH TYPE 1 DIABETES MELLITUS (T1DM)

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Aims A physically active lifestyle helps with managing diabetes by improving cardiovascular fitness, increasing insulin sensitivity, improving school performance, cognition, and enhancing quality of life. However, despite efforts to promote an active lifestyle, a significant proportion of children with T1DM remain inactive. The aim of this study was to examine exercise and activities undertaken by young people with T1DM.

Methods The study was a regional level observational clinical trial within the University Hospital Limerick T1DM outpatient clinic, focusing on self-reporting of activity using the Children's sport participation and physical activity study (CSPPA) 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 being diagnosed a minimum of 2 years previously. 64% of respondents were based in a rural location. Almost two-thirds of respondents undertook between 60 and 180 min of physical activity per weekday. 83% of respondents watched television with one-third watching daily. 57% of respondents used computers with two-thirds daily. 20% of respondents used a mobile phone with one-third using daily. 83% of respondents travelled to school by car or bus with two-thirds living within 5k of school. The most common reason for using a car or bus was for road safety reasons with only 4% stating becoming hypoglycaemic was an issue.

Conclusion The results from this study show that there was a variable level of activity amongst children with T1DM. The majority watched television on a daily basis while most were transported to school on the basis of road safety. Future work in this area should be to further promote undertaking activity, including the provision of schemes to help promote activities such as walking or cycling to school.

P239 QUALITY OF OUTPATIENT CARE RECEIVED BY CHILDREN AND YOUNG PEOPLE WITH TYPE 1 DIABETES MELLITUS (T1DM) IN A PERIPHERAL HOSPITAL

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Introduction Type 1 Diabetes Mellitus (T1DM) is a common health condition affecting children and young people. T1DM is managed largely in the outpatient setting. Regular and ongoing outpatient care is essential to maintain optimal glycaemic control and to monitor for complications.

Aims The objective of this study was (1) to examine the quality of outpatient care received by children and young people with T1DM in a peripheral hospital and (2) to suggest ways to improve the service in peripheral hospitals in Ireland. A re-audit could be done after implementation of such suggestions.

Methods This was a retrospective study where patients (0 to 16 years old) with T1DM were identified by an electronic search of the Hospital In-Patient Enquiry (HIPE) system

between 01/01/2017 to 31/12/2018. Statistical analysis was completed using Microsoft Excel 2011.

Results We identified 52 patients, 33 males (63%) and 19 females (37%). The median age of the patients was 12 years. 33 patients (63%) were under 'shared care' with a tertiary centre. During the study period, the median number of OPD appointments was 4 (with a standard deviation of 2.2).

The International Society for Paediatric and Adolescent Diabetes (ISPAD) Clinical Practice Consensus Guidelines 2014 Compendium recommends an HbA1c target of < 7.5% (58 mmol/mol) for all patients younger than 18 years of age. 'Good control' was achieved by 8 (15%) patients. 15 (29%) patients had 'poor control' (HbA1c > 80 mmol/mol). 13 (25%) patients did not have a lab HbA1c measured during the study period.

ISPAD recommends screening thyroid function every second year in asymptomatic individuals and screening for celiac disease every 1–2 years. 8 patients (15%) did not undergo thyroid function screening during the study period. 9 patients (17%) did not undergo screening for celiac disease during the study period.

Conclusion The results of this study highlight 'good glycemic control' was less frequent and 'poor glycemic control' was more frequent in our patient population. Further, this study highlights a lack of consistency in screening for diabetes-associated conditions. Currently, children and young people with T1DM attend a general paediatrics outpatient clinic at our hospital. This patient population would benefit greatly from a paediatrics diabetes specific clinic. Additional ways to improve the service locally include adding a 'T1DM care' performa to charts for all clinics visits. This would ensure a systematic approach to the assessment and management of children and young people with T1DM.

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HOW DO YOU MEASURE SELF-MANAGEMENT BEHAVIOUR IN ADOLESCENTS WITH TYPE 1 DIABETES MELLITUS? AN INTEGRATIVE REVIEW OF SELF-MANAGEMENT MEASUREMENT INSTRUMENTS

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Transitioning to diabetes self-management is a challenge for adolescents and a high-risk period associated with poor glycaemic control, disengagement with healthcare services^[i], increased risk of health-related complications^[ii] and mortality^[iii]. It is important for adolescents with T1DM to improve their self-management behaviour because when they move to adult healthcare services, there are greater expectations of being able to self-manage their diabetes and to improve their communication skills. Adjustment during this time can prove difficult, which has further cumulative effects on their overall health.

Therefore, Interventions that can improve self-management behaviour in adolescents are an important contribution in improving diabetes management when transitioning to adulthood. Instruments that can measure self-management behaviour are important to be able to evaluate the effectiveness of such interventions. This integrative review will evaluate the psychometric instruments available to measure self-management

behaviour in adolescents. The aim is to identify psychometric instruments to evaluate interventions for adolescents to improve diabetes self-management behaviour and clinic engagement.

An integrative review was conducted (2009–2019) searching PsycINFO, the US National Library of Medicine PubMed service (PubMed) and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases using key words diabetes, type 1 diabetes, and self-management. The inclusion criteria included: (a) adolescents/youth with type 1 diabetes, (b) self-management instrument used in primary research, (c) instrument measured self-management specifically related to adolescents with T1DM. Further exclusion criteria applied including eliminating duplicates and papers not written in English. This paper will discuss the key findings from this integrative review.

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DETERMINING ADOLESCENTS, PARENTS AND PROFESSIONALS' VIEWS CONCERNING THE EDUCATIONAL NEEDS OF ADOLESCENTS WITH TYPE 1 DIABETES AND CONTENT PREFERENCES FOR SHORT SELF-MANAGEMENT VIDEOS AND A QUESTION PROMPT SHEET

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Adolescents with Type 1 diabetes mellitus (T1DM) are a high risk group due to relatively poor metabolic control and infrequent attendance at healthcare appointments. Many have difficulty in establishing and maintaining self-care routines which can lead to serious complications and hospitalisations. Furthermore the transition from paediatric to adult services is a high-risk period associated with poor glycaemic control, disengagement with healthcare, and increased risk of complications. To improve the quality of care for adolescents they need to be prepared for self-management, to become wholly responsible for their treatment regimen, make autonomous healthcare decisions, and interact with their healthcare providers. Current guidelines emphasise that paediatric diabetes services need to be patient-centred and should promote self-management^[1, 2]. The PACE (Promoting Adolescents Communication and Engagement) study aims to develop and test an intervention to promote adolescents' active engagement and self-advocacy skills in clinic interactions with healthcare providers.

For work package 1, we conducted separate focus groups with adolescents with T1DM, parents and providers from two clinics in Ireland. The objectives were: a) to obtain views of the educational needs of adolescents with T1DM; b) how to involve adolescents more during paediatric diabetes visits; c)