precludes its wider use. Two-stage screening using combination of tests seems to be fascinating but lacks consensus.

Recommendations This review recommends a standard OGTT for diagnostic purposes with plasma glucose levels taken at 0, 1 hr and 2 hrs. However CGMS is likely to become a standard option in the future in developed countries but needs consensus on this.

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G416

SOCIODEMOGRAPHIC AND CLINICAL PREDICTORS OF ATTENDANCE AT GROUP CLINICS FOR YOUNG ADULTS WITH DIABETES (TOGETHER STUDY)

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Aims It has been suggested that group-based care could provide a sustainable addition to traditional one-to-one consultations for young people with diabetes. However, concerns have been raised that young people with worse diabetes control and less confidence in self-management might be less likely to attend such group clinics.

We co-designed and delivered a group-based care model for young adults with diabetes and complex health and social needs in a socioeconomically deprived area. The aim of this study was to conduct preliminary analyses of the socio-demographic and clinical characteristics of patients who chose to attend these group clinics.

Methods 49 participants aged 16–25 attending an adult diabetes services agreed to take part in the study. 23 group clinics were delivered by a youth worker and healthcare staff.

Baseline data were collected from each participant on: age, age at diagnosis, years lived with diabetes, sex, ethnicity, 1st language, deprivation decile, HbA1C, Problems Areas in Diabetes (PAID) score, Patient Enablement Instrument (PEI) score, rating of consultations and the overall service over the past year, proportion of scheduled doctor and nurse appointments attended in past year, number of unscheduled contacts over past year. All variables had less than 10% missing data except for questionnaire scores, ethnicity and 1st language.

Participants were categorised into: non-attenders (26/49), occasional attenders (1–2 clinics, 10/49); regular attenders (3+ clinics, 13/49). Differences between these groups were assessed using t tests for continuous variables and chi-squared tests for categorical variables.

Results White patients (2/7) were more likely to be non-attenders than Asian (11/17) or Black (7/12) patients ($p=0.04$). With this exception, no significant differences were found between attendance groups. Baseline HbA1C was 73.2 mmol/mol, 71.0 mmol/mol, and 74.3 mmol/mol among non-, occasional, and regular attenders respectively.

Conclusion Attenders and non-attenders at group clinics were very similar in their sociodemographic and clinical profile, except for lower attendance rates among White patients which was of borderline statistical significance.

G417(P)

DOES SHARING CARE PROCESSES COMPLETENESS INFORMATION WITH PATIENTS/PARENTS INCREASE THEIR WILLINGNESS TO ENGAGE WITH SELF-MANAGEMENT?

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Aim Test the hypothesis that informing patients looked after by paediatric diabetes team about results of their care processes over the year will improve their commitment to self-management with view to improving diabetes care.

Background Paediatric diabetes team sent a three page annual report to all of their patients. First page was used to reinforce the importance of all annual care processes. Second page was personalised for each patient to list the completion status/results of annual care processes and included a table and colour coded graph of their HbA1c values. The third page listed few personalised recommendations to help patients set their treatment goals for next year. All patients/parents were invited to an online survey to give their views after receiving this report.

Results Total 49 responses were received including 17 responses from young persons. Knowledge of essential care processes was good with only 2 responses denying knowledge of thyroid function tests and 1 denying knowledge of BMI assessment. Knowing results of blood pressure, urine albumin creatinine ratio and cholesterol were felt 'not useful' by only 4.1% of respondents and only 2% respondents felt the letter did not help them setting goals for next year. 89.8% of respondents found colour coded HbA1c graph 'extremely useful' or 'very useful' and 10.2% found it somewhat useful. 71.4% respondents said they will put more effort in their diabetes care next year, 14.2% said 'about the same effort' and 14.2% were 'not so sure'. 95.9% respondents would like to have similar letter next year. One respondent said, 'I feel like I should take it more seriously because I need to be in the green zone.'

Conclusion Majority of respondents found information on care process completion status useful and wanted to have similar report next year. Majority of respondents said they will put more effort in their diabetes care favouring hypothesis that informing patients about their care processes and results increases willingness to learn self-management. However, considering anonymous nature of the survey, it will not be possible to see if individual patients made real improvement in their diabetes care after receiving this report.

G418(P)

POSITIVE IMPACT OF CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT INITIATIVES ON PATIENT CARE IN PATIENTS WITH ADRENAL INSUFFICIENCY

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Background Patients with adrenal insufficiency are required to follow 'steroid sick day rules' in illness or stress. Failure to do so, in particular delays in administering intramuscular (IM) hydrocortisone (HC), may precipitate a potentially fatal adrenal crisis.

An audit comparing published standards to local patient education on steroid sick day rules was undertaken in 2015, prompted by two local mortality cases related to adrenal insufficiency. Questionnaires were distributed to families for baseline data collection. Subsequent interventions included introducing 'red flags' on the electronic patient record and introducing age-banded refresher teaching sessions for families, run by staff, with patient/carer peer support opportunities.

Aims To evaluate the impact of the teaching intervention on carer knowledge and confidence around IM HC injections.

Methods Questionnaires were then redistributed to families four years later (2019). Questionnaires involved binary responses for factual questions, five-point Likert scale for opinion-based questions, and a free-text box for further comments.

Results Response rate was 94% (49/52) in the first audit cycle (C1), where questionnaires were distributed after clinic appointments. Response rate was 36% (39/109) in the second audit cycle (C2), with mail distribution, perhaps reflecting this change.

With particular focus on the IM HC injection, in C1, 53% (n=26) received written information on IM HC injections, increasing to 69% (n=26) in C2. Similarly, 61% (n=30) were 'very confident' or 'somewhat confident' in C1 about when to give IM HC injection, increasing to 72% (n=28) in C2. Respondents recalled demonstration on IM HC administration in 90% (n=44) in C1 and 92% (n=35) in C2. In C1 46% (n=22) were 'very confident' or 'somewhat confident' with how to give IM HC, increasing to 63% (n=24) in C2.

Families have given very positive feedback, and value the opportunity to engage in peer support. There have been no further deaths in our region over the last 4 years relating to adrenal insufficiency.

Conclusion Following introduction of the refresher teaching sessions, there is a significant increase in confidence and knowledge on administration of the potentially lifesaving IM HC injection. This reflects the positive impact of a patient centred quality improvement initiative. Further work will be done to integrate these sessions into standard care.

G419(P) AN OBSERVATIONAL STUDY TO EVALUATE THE CLINICAL PROFILE OF INFANTS OF DIABETIC MOTHER & TO ASSESS THE OUTCOME IN THE PERINATAL PERIOD

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Aims

- To study clinical profile of newborns of diabetic mother.
- To assess the outcome in the perinatal period.

Material and Methods

- All infant of diabetic mothers are included in this study.
- The glycemic status assessed by estimation of FBS & postprandial blood glucose level. Normal level should be (fasting glucose ≤ 95 mg/dL, 1-hour postprandial glucose ≤ 140 mg/dL, and 2-hour postprandial glucose ≤ 120).
- Mothers antenatal history to include: socioeconomic status, family history of diabetes, previous history of macrosomic infants, usg findings.

- Mothers hba1c levels should be checked at 1st trimester for pregestational diabetes or at diagnosis of gestational diabetes.

Results

SEX distribution		
male	15 cases	72%
female	10 cases	28%

Birth weight		
SGA	4 cases	16%
AGA	12	48%
LGA	8	32%

IUD- 1(4%)

HbA1c		
>6.5	9 mothers	36%
>7	6	24%
>7.5	4	16%

Metabolic complications		
HYPOGLYCEMIA	12 cases	48%
HYPERBILIRUBINEMIA	10	40%
HYPOCALCEMIA	8	32%
POLYCYTHEMIA	4	16%
RESPIRATORY DISTRESS	8	32%

Cardiac complications		
SEPTAL HYPERTROPHY	4 cases	16%
PDA	3	12%
VSD	1	4%
ASD	1	4%

Other anomalies: Cleft palate- 1(4%), Undescended testis- 2 (8%)

Conclusion 48% of infants had hypoglycemia therefore strict glycemic control is required after birth of newborn of diabetic mother, onset of hypoglycemia is high typically in the first few hours after birth & last for 2–3 days. severe prolonged symptomatic hypoglycemia can result in permanent neurologic injury.

Since the incidence of cardiac and structural defects is high in IDM they should be metabolic screening for hypocalcemia, polycythemia, hyperbilirubinemia, & echo is advised to rule out cardiac defects. Infants should be observed strictly for hypoglycemia and any respiratory distress.