ABSTRACT WITHDRAWN

THE EFFECT OF HAVING TRANSITION DISCUSSIONS OF WHAT DO YOUNG PEOPLE THINK ARE THE FACTORS CONTRIBUTIVE TO ADULT HEALTH CARE SHOULD OCCUR BY THE AGES OF 13–14 YRS. OF PATIENTS WHO HAD RECEIVED A DISCUSSION ON TRANSITION, THEY WERE LESS ANXIOUS (MEAN DECREASE OF 20.1%, P<0.0001). OF CARERS WHOSE CHILDREN HAD DISCUSSED TRANSITION, THEY WERE LESS ANXIOUS (MEAN DECREASE OF 20.1%, P=0.0001).

CONCLUSIONS Our study suggests that having transition discussions with patients helps to make them feel more prepared for the transition into adult healthcare and reduces carer anxiety relating to transition. There is also an overall improvement in patient experience. This implies that the discussions that are being had are effective in informing patients of the process however, more of these discussions need to be had to empower patients during consultations. Further work is needed to see if there is correlation with improved patient experience and healthcare outcomes.

G548(P) WHAT DO YOUNG PEOPLE THINK ARE THE FACTORS LEADING TO MEDICATION NONADHERENCE, AND HOW CAN THIS INFORMATION BE USED TO IMPROVE SERVICES?

Aims Those who receive kidney transplants in adolescence and young adulthood have shorter graft survival than those receiving grafts earlier or later in life. Graft loss is multifactorial, but treatment nonadherence and transition from paediatric to adult services have been identified as contributors. The perspectives of young people (YP) regarding medication nonadherence were investigated in a qualitative service improvement project aiming to improve graft health and the experiences of YP transitioning from a tertiary paediatric nephrology service to adult services.

Methods Institutional ethics approval was sought but deemed unnecessary and informed written consent was gained. Young people attending a renal patient summer camp were questioned in two semi-structured focus group discussions ran in parallel by two researchers. Transcribed responses were thematically analysed by two investigators independently, then agreed upon jointly.

Results There were 11 participants (13–30 y, average 21 y, 36% female). Five themes emerged: 1) Staff approach, either positive or negative; 2) Challenging life events; 3) Peer support; 4) Chances to talk; and 5) Patient-related factors. Patient-related factors subdivided into exercising autonomy, no perceived immediate consequences, and normalising & denial.

Conclusions Healthcare services and consultations involving young people should incorporate their own suggestions to help guard against nonadherence. Young people wanted staff to value and support them. Being scolded by staff when revealing nonadherence led to disengagement, and threats about consequences were counterproductive. YP suggested a more appropriate response would be to work through reasons behind nonadherence. Given that YP reported that nonadherence can be a form of choice and control, ensuring that YP feel involved with decision making and can exercise autonomy in other ways may address this.