

and patient experience during transition. To implement a service development plan and consider how to evaluate the outcome.

Methods This was a service improvement project performed during Feb-July 2018 in a district general hospital. 53 patients with Type 1 diabetes aged 14-19 years were invited to take part. Patients were surveyed about their experiences and views on transition via two patient questionnaires (pre-intervention and 6 months post-implementation of the transition nurse). Qualitative data was also collected via semi-structured interviews.

Results The response rate for the pre and post-intervention questionnaires was 72% and 66% respectively. Overall, 73% of subjects reported one or more anxieties regarding transition to adult diabetes care. The top two reported anxieties were having to be more independent and the possibility of being admitted to an adult ward. The most common reasons for not attending clinic were that appointments 'clashed' with school or were booked too far in advance. The majority of respondents did not want to meet with the diabetes team at school or have 'virtual' appointments. Overall, the young people felt satisfied with the support provided by the transition nurse. Three key themes were identified from the structured interviews, flexibility of services, the need for more support and worry regarding taking on increased responsibility.

Conclusion A specialist transition nurse may lead to improved patient engagement and patient experience during transition. Patients want more flexibility around appointment times and more support throughout transition. Further research is required to look at specific outcome measures such as glycosylated haemoglobin (HbA1c) and hospital admission rates to determine whether the presence of a transition nurse translates into improved outcome measures in the longer term.

P29 CAN EATING DISORDERS IN CHILDREN AND YOUNG PEOPLE PERMANENTLY AFFECT GROWTH AND PUBERTAL DEVELOPMENT?

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Aims We aimed to assess what evidence there is that eating disorders in children and young people affect growth and puberty and to what extent this is permanent. Whilst a number of studies on long term physical sequelae of eating disorders in children and young people exist, reports are conflicting, and this literature has never been systematically reviewed.

Methods We systematically reviewed the literature using Pubmed, Embase, PsychINFO and Web of Science to search for studies which looked at the effects of growth and development in participants <18 years with an eating disorder.

Results Of 10,404 abstracts, we retrieved 96 articles and included 28 studies. Both cross-sectional and longitudinal studies were identified. Most individual studies were small (included <100 participants). Although we found evidence that eating disorders in children and young people are

associated with impaired growth and delayed puberty compared to control groups, meta-analysis suggested no significant difference in stature. Impact on growth was found to be permanent in some studies. However, there was a larger body of evidence to suggest that catch-up growth is possible, with weight gain contributing to an acceleration of growth and final adult heights which were not significantly different from controls. In the majority of studies, pubertal delay was not seen at follow up.

Conclusion Children and young people with eating disorders are at risk of permanent effects on growth and reduced final height, though many will have the potential for catch up thus avoiding final stunting. Children and young people with eating disorders should have their growth and physical development regularly reviewed and monitored, and restoration of growth should be a goal in treatment to allow for catch up and prevent stunting. The potential effects on growth should be discussed with patients and their families.

P30 USING LOW TECHNOLOGY HIGH FIDELTY SIMULATION TO ENHANCE CLINICIAN CONFIDENCE IN ADOLESCENT MENTAL HEALTH CARE

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Background In the 2017 Mental Health of Children and Young People in England Report, 15.4% of children presented to a physical health specialist such as a paediatrician or GP regarding their mental health. An Australian survey found that over a 7-year period, childhood mental health presentations to Emergency Departments increased three times faster than physical health presentations (Hisock et al, 2018). However, GPs and paediatricians receive little formal training on the assessment and management of common mental health presentations. Despite the clinical and educational advantages of simulation, mental health simulation is less commonly utilised (Attoe et al, 2016). Consequently, little is known about the use of simulation to train paediatric and GP trainees in assessment and management of children and adolescents presenting with mental health concerns.

Aim To increase junior doctor confidence in managing common acute paediatric mental health presentations through the development of a paediatric mental health simulation programme.

Method Low-technology, high-fidelity simulation scenarios on self-harm and eating disorders were developed and incorporated into the weekly in-situ simulation programme for paediatric and GP junior doctors trust-wide over 6 months. Confidence in history-taking, psychosocial assessment and management of the adolescents was assessed by self-report before and after the simulation. Each simulation was subsequently debriefed, including discussions on risk assessment and management, signposting to resources and sharing learning points.

Results Following the simulations there was increased clinician-reported confidence in history taking (33.4% vs. 82.6%), psychosocial assessment (30.4% vs. 62.5%) and management (33.3% vs. 58.4%) of adolescents with self-harm. Thematic analysis of qualitative feedback highlighted the desire for further training as well as the benefits of simulation.