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 being to 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 (HbAlc) 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?**

1. J Neale*, 1,5 Pais, 2D Nicholls, 1,5 L Hudson. 1Department of Child and Adolescent Mental Health, Great Ormond Street Hospital, London, UK; 2The Centre for Psychiatry, Imperial College London, London, UK; 3General and Adolescent Paediatric Unit, UCL Great Ormond Street Institute of Child Health, London, UK

**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 height 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.