

P75 PROMOTION OF SCIENTIFIC KNOWLEDGE ON ADOLESCENT HEALTH

¹E Eisenstein*, ²I Bouzas, ³F Jannuzzi. ¹*Pediatrics and Adolescent Medicine, Medical School of the State University of the State of Rio de Janeiro, Rio de Janeiro, Brazil;* ²*Research Center for the Health Complex, University of the State of Rio de Janeiro, Rio de Janeiro, Brazil;* ³*Center for the Study of Adolescent Health, University of the State of Rio de Janeiro, Rio de Janeiro, Brazil*

10.1136/bmjpo-2019-RCPCH-SAHM.76

Aims To present and discuss a summary of 15 years of scientific papers published at an official academic publication dedicated exclusively to the health and medical aspects of the population between 10 and 19 years and 11 months of age. This journal is called *Adolescence & Health* and it is the only multidisciplinary Brazilian publication available also online committed to the dissemination of medical and social determinants of health during adolescence.

Methods Observational review of the 727 papers accepted for publication and their impact online, since 2010 up until April 23, 2019 with 4.576.574 online views. During the period between Sept 13, 2017 to Sept 13, 2018, the Journal's site and articles were viewed by health and other allied social professionals in 3.442 cities in Brazil, and also around 150 cities in the world. The Journal is published in Portuguese with English and Spanish abstracts available, is issued quarterly and translated online in English and Spanish, www.adolescenciae-saude.com ISSN-2177-5281.

Results The main 10 topics of importance and greater impact are: the definition criteria of adolescence; pregnancy; contraception; breast disorders; menstrual disorders; nutritional problems; alcohol, drugs and anabolic steroids use and abuse; sexually transmitted diseases and HIV/HPV; sexuality; violence and abuse. In each issue a balance between original research articles, review articles, case studies and update revisions of prevention and public policies are accepted. The Journal is part of the online ADOLEC Network with data bank on adolescents and youth sponsored by the Brazilian Ministry of Health, available at www.adolec.br. The Journal is indexed at Scopus, Latindex, IndexCopernicus, Free Medical Journals and Lilacs/BIREME and is part of the HINARI program of the World Health Organization.

Conclusion The commitment to disseminate quality science in the area of youth and adolescents' health requires pertinence and constancy in the improvement of scientific channels. It is important to open opportunities for adolescent experts around the world to share their outreach community programs, clinical care and research practices. The *Adolescence & Health* Journal is part of Brazilian and international efforts to spread the word adolescents, that should not be invisible as citizens, and deserve their own health rights.

P76 WHEN SYMPTOMS DICTATE A YOUNG PERSONS' LIFE – AND THE IMPORTANCE OF BUILDING TRUST AND TEAM WORK IN REHABILITATION OF PATIENTS WITH COMPLEX CONDITIONS

^{1,2}U Gamber*, ¹J Simpson, ^{1,3}S Moeda, ¹TY Segal. ¹*Children and Young People's Specialist Adolescent Services, University College Hospital, London, UK;* ²*Department of Paediatrics and Adolescent Medicine, University Children's Hospital, Zurich, Switzerland;* ³*Department of Paediatrics, Hospital Beatriz Ângelo, Loures, Portugal*

10.1136/bmjpo-2019-RCPCH-SAHM.77

Aim To illustrate how a multidisciplinary approach to young people with complex conditions can significantly improve function and quality of life.

Method Case report of a young woman, whose adolescence was spent largely bed bound due to several coexisting medical conditions including functional paralysis. Our patient was a generally unwell child. After the HPV vaccination, symptoms of fainting, weakness, pain, rashes and headaches deteriorated, leading to reduced mobility. She never fully recovered. Numerous health professionals were involved in diagnoses and management. The diagnoses established over several years included chronic fatigue syndrome, postural orthostatic tachycardia syndrome, hypermobility-type Ehler-Danlos-syndrome, mast cell disorder and skin reactions to numerous foods and medications. Aged 16, she developed lower limb paralysis after a syncopal episode which left her completely bed bound. Meanwhile functional abdominal symptoms and reduced oral intake led to severe malnutrition (BMI 14 kg/m²) requiring parenteral nutrition. After five years, local referral to safeguarding services for suspected fabricated and induced illness resulted in a traumatic legal dispute, and the medical care was transferred to our team. Treatment objectives were identified: establishing a trusting relationship, introducing hope of recovery, reducing numbers of professionals involved, controlling symptoms, rationalising medications and rehabilitation of mobility and cognition.

Pain control was challenging occipital nerve blocks and experimental therapies, such as low dose naltrexone and ketamine infusions, were used to alleviate pain and facilitate rehabilitation. Mast cell stabilisers and antihistamines were added for symptom control. Symptoms and possible aetiologies were gently challenged whilst acknowledging the traumatic impact of previous disbelieving professionals. After initial reluctance, the role of clinical psychology and psychiatry to support and enable recovery was accepted. Indeed, whilst physically improving, overt depression with psychotic symptoms necessitated intensive involvement.

Results After one year of rehabilitation, she has remarkably improved, progressing from lying to sitting, then standing and walking with help. She is weaning TPN, and most importantly, she is more confident and hopeful for the future.

Conclusion Complex patients should be managed by a multidisciplinary team. Case-management is needed to contain symptoms and avoid overmedication. A trust-based relationship is therapeutic in itself, and symptom control might require experimental therapies.

P77 GETTING IT RIGHT FOR ADOLESCENTS AND YOUNG ADULTS IN AN ACUTE ADULT HEALTH TRUST

R Macqueen*. *Young and Care and Transition Team, Sheffield Teaching Hospitals NHS FT, Sheffield, UK*

10.1136/bmjpo-2019-RCPCH-SAHM.78

Aim To develop developmentally appropriate healthcare for adolescents and young adults in an acute adult Trust.

Method The creation of a central adolescent, young adult and transition team within the Trust to promote the needs of adolescents and young adults and develop the delivery of developmentally appropriate healthcare within an acute adult Trust; to develop transition pathways in line with NICE (2016) guidance; to develop services to become more young person

friendly. The team initially comprised a Lead Nurse for Children and Young People, a part-time Registered Children's Nurse and informal medical leadership from a medical Consultant.

Results Successful bid to increase the team which now comprises of a Clinical Lead with dedicated hours, Lead Nurse for Children and Young People, a full-time Registered Children's Nurse, a Learning Disability Nurse, Operational Management Lead and admin support. 275 Trust staff trained in developmentally appropriate health care an transition in one year. Development of an agreed pathway between the Children's Hospital NHS foundation Trust and the author's acute adult NHS Foundation Trust Development of new transition pathways in areas such as critical care and ENT. Development of guidelines for practitioners working in the Emergency Department to improve care of young people aged 16 and 17 who present with mental health problems. Direct support to patients and their families moving into adult services, particularly through the team coordinating the transition of young people transitioning across 3+ specialties. Direct support to staff and clinical teams around the needs of adolescents and young adults, to troubleshoot problems. Increased membership in Trust steering group to include representation from partner agencies such as CCG, mental health services, learning disability services and social care. Hosted a multi-partner, city-wide Transition evening with representation from over 35 services from health partners, local authority, voluntary sector with over 100 families attending and good feedback received.

Conclusion A central young adult care and transition team has been demonstrated to be a successful way to raise the profile of developmentally appropriate healthcare and develop services to more effectively meet the needs of young adults. This model may be effective in many provider organisations.

P78

COMPARISONS OF THE METABOLIC CONSEQUENCES AMONG ADOLESCENTS WITH DIFFERENT SEVERITY OF OBESITY: A THREE-YEAR LONGITUDINAL COHORT STUDY

¹YC Hsiao*, ²JH Wang, ¹YY Wang, ³JS Lin, ¹MC Chen, ¹YC Chang. ¹Department of Pediatrics, Buddhist Hualien Tzu Chi General Hospital, Hualien, Taiwan; ²Department of Medical Research, Buddhist Hualien Tzu Chi General Hospital, Hualien, Taiwan; ³Department of Pediatrics, Wei Gong Memorial Hospital, Miaoli, Taiwan

10.1136/bmjpo-2019-RCPC-H-SAHM.79

Aim Adolescent obesity is an important issue, especially severe obesity which will increase the risks of future morbidity and life quality. Our study aims to define the impact of severe childhood obesity in term of metabolic consequences.

Methods Nineteen obese adolescents were enrolled due to abnormal body mass index (BMI) categorized as obesity (95th percentile of BMI). They were further divided into two groups: obesity (n=14) versus severe obesity (n=5). Severe obesity was defined as the BMI greater than 120% of the 95th percentile BMI of their age and gender. Data collections by questionnaire included the demographics, family history of metabolic related diseases, sleep schedules, the habit of daily exercise and diet, and awareness of their health issue. Postural related vital signs change and the data of serum biochemical profile were also detected.

Result Sixty-three percent (12/19) of these obese children belonged the category of obesity at their 1st grade of the elementary school. Subjects of severe obesity had significantly

higher body weight and BMI (both $p=0.002^*$) at 1st grade, bigger waist circumference ($p=0.046^*$) at 4th grade if compared with obese subjects. No significant finding was measured in hypertension, orthostatic changes, and SpO₂ among these two groups. There was no significant difference in family history of metabolic related diseases (hypertension, diabetes, heart disease, and weight problems). Comparisons of serum biochemical profile among these two groups showed significant differences including higher uric acid (p -value=0.039*), total bilirubin (p -value=0.030*), triglyceride (p -value=0.018*), and low density lipoprotein (p -value=0.018*). Statistical trends were noted in the followings: blood urea nitrogen (p -value=0.064), total cholesterol (p -value=0.07), and gamma-glutamyltransferase (p -value=0.075). The prevalence of metabolic syndrome was 10.5% (2/19) in this study, and without statistically significant if compared among these two groups (7.1% vs. 20%, p -value=0.468).

Conclusion Subjects with severe obesity tend to have bigger waist circumference at 4th grade. Although the prevalence of metabolic syndrome among these two groups didn't show statistical significance, the biochemical profile including elevated triglyceride, low-density lipoprotein, total bilirubin and uric acid which might be good markers for early detections of metabolic changes in severe obesity.

P79

THE IMPORTANCE OF THE PHYSICAL ENVIRONMENT IN CREATING A SOCIAL ENVIRONMENT FOR ADOLESCENTS AND YOUNG ADULTS IN HOSPITAL

¹S Lea*, ¹RM Taylor, ^{2,3}F Gibson. ¹Cancer Division, University College London Hospitals NHS FT, London, UK; ²School of Health Sciences, University of Surrey, Guildford, UK; ³Centre for Outcomes and Experience Research in Children's Health, Illness, Great Ormond Street Hospital for Children NHS FT, London, UK

10.1136/bmjpo-2019-RCPC-H-SAHM.80

Aim There has been a welcome trend toward separate services for young people. This has been in direct response to young people consistently calling for dedicated hospital services for their age group. Despite this trend, specialist cancer units for adolescents and young adults (AYA) only provide care for approximately half of AYA in England, the rest being cared for in child or adult environments. Previous research has described the importance of the environment on experiences of cancer care but this has centred mainly on specialist units only. It is unknown whether this is the same or different for all places of care. This study explored the impact of the physical healthcare environment on young people and professionals' social experiences of care and care delivery.

Methods A multiple-case study was conducted in 24 hospitals in England between 2014 and 2015. It included: semi-structured interviews with AYA (n=29) and healthcare professionals (n=41); and observations (total=120hrs). Thematic analysis was used to analyse transcripts and field notes.

Results Three key themes were apparent in the data relating to the environment: the physical environment; the social environment; and the relationship between the two. The provision of a physical space for socialising was seen to be vital as it enabled AYA to come together, engage in peer support opportunities, socialise with existing peers, and to spend time with their family away from their hospital bed. Although fun, bright décor was described as beneficial, the positive impact of the social space had greater significance. The majority of those in child and adult-focused care