Data on experience of living with SCD was collected from 46 CYP [21 (11-15 y/o) and 8 (16-18 y/o)] and 47 carers [12 (carers of 12-15 y/o) and 6 (carers of 16-18 y/o)]. YP and carers across the age groups had similar worries:

- Missed educational opportunities
- Disease impact on future career
- Well-being and social health
- Pain

Helpful interventions suggested

- Improved education and awareness
- Improved hospital experience
- Access to a supportive community
- Advancement in research

Conclusions

1. YPSCD are interested in educational health events in a non-clinical setting.
2. Engagement events are a platform for equipping YPSCD with skills required to transition to adult care.
3. YPSCD and their carers have similar worries about their chronic health condition.
4. Transition-specific workshops provide an opportunity for discussing issues and strategies to overcome them.
5. Workshops designed for YPSCD without their carers may be helpful to encourage participation and address their concerns.
6. Generic, disease-specific transition workshops can complement individual transition work provided by local healthcare teams.

Poster

**1816 AMBULATORY BLOOD PRESSURE MONITORING FOR UNMASKING HYPERTENSION AMONG ADOLESCENTS WITH STRESS**

Harshita Bannavaat, Kuldeep Singh, Aliza Mittal, Surender Deora, Mukesh Swami. All India Institute of Medical Sciences, Jodhpur

10.1136/bmjpo-2022-RCPCH.9

Objectives

- To identify masked hypertension amongst adolescents presenting to Paediatrics OPD with physical symptoms of stress using ambulatory blood pressure monitoring. To find the correlation of various parameters of Hypertension (Masked Hypertension, Nocturnal Hypertension, Elevated Blood Pressure) with different domains of stress amongst adolescents using adolescent stress questionnaire.

Methods

Adolescents (13–18 years of age) presenting to Paediatrics OPD of AIIMS Jodhpur with somatic symptoms attributable to stress were prospectively enrolled from January 2019 to March 2020. Ambulatory blood pressure monitoring was performed on those meeting inclusion criteria to identify masked hypertension and various BP phenotypes followed by administration of a self instructed Adolescent Stress Questionnaire.

Results

Seventy adolescents aged 15.78 ± 1.12 years were evaluated. There was female (1:7:1) preponderance with headache (62.9%) and pain abdomen (27.1%) being the most common identifying symptoms. The prevalence of masked hypertension, white coat hypertension and elevated BP was 12.8%, 5.7%, and 4.2% respectively as depicted in Image 1. 55.55% of these hypertensive subjects were also identified to have an abnormal nocturnal dipping pattern.

The stress of future uncertainty was the most prevalent followed by stress of school performance and school attendance. Those with elevated blood pressure had higher stress of peer pressure stress, interaction with teachers, school performance and overall stress of emerging responsibility as an adult as described in table 1. There was no significant association identified between sex, age, duration, or number of symptoms with the 10 domains of the Adolescent stress questionnaire, and hypertension among adolescents.

Conclusions

Adolescents visiting health care centers with non-specific complaints might have masked hypertension and such population is at increased risk of developing hypertension in the future. ABPM may unmask various forms of hypertension amongst adolescents with somatic symptoms of stress. Early lifestyle modification and proper counseling can modify the risk of progression to sustained hypertension. The stress of future uncertainty seems to be perceived as a common cause of distress among mid-adolescence.
In comparing mean scores of reproductive health knowledge in pretest and posttest of respondents, in almost all of the topics, mean scores showed dramatic improvement in posttest with statistically significant except hand hygiene practice. Total score for reproductive health knowledge was (21.66 ± 12.308) in pretest and (36.91 ± 16.643) in posttest that was statistically significant difference (p<0.001) between before and after health education.

Getting information about reproductive health issues was limited in those adolescent girls and most of the information received were wrong. Thirty two percent of respondents did not get any reproductive health information in the past. Most of the respondents would like to obtain reproductive health information from health staff (46%), family members (34.7%) and health talk (24.7%).

Conclusions To sum up, promoting sexual and reproductive health especially among Ba Ka school students in peri-urban area of Yangon. Interventional health education programme used in this study was short course, total six hours duration to cover all important topics for adolescents that was very applicable in resource limited setting. The findings of the study with the evidence of effectiveness of health education package could also be used for advocacy purposes for reproductive health policy and youth programme to design specifically for targeted adolescent populations.

Planning, implementing and evaluating adolescent reproductive health programme are challenges for ensuring the programme to reach adolescents of various social groups. Adolescents staying in monastic schools where population mobility is high and majority comes from lower social group, call for special attention. There is a great need for development of programme and approaches to reach adolescents in monastic schools.

A deep dive was performed to review the admissions May 2022 (table 2). The list of inpatients provided by business information was crosschecked reviewing discharge notifications and electronic notes.

Abstract 1823 Table 1 Admission data

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<tr>
<td>Dec-21</td>
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<td>Feb-22</td>
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<td>Mar-22</td>
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<td>Apr-22</td>
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<tr>
<td>May-22</td>
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<tr>
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<td>Average per night</td>
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The voice of the young person

Data was gathered on inpatient admissions over a seven month period (November 2021-May 2022) to calculate the average number of 16 and 17 year olds in the hospital per night (table 1).

Abstract 1823 Table 2 May 2022 deep dive data

Conclusions Whilst numerically a small proportion of inpatients (mean 1.7 per night), these young people are a challenge to manage well. They are legally classified as children yet historically have been treated as adults, expected to stay in wards with much older patients, often designed with the needs of the elderly and frail in mind, whilst separated from their families and support networks.

A new inpatient pathway (Image 2) has been designed by the adolescent team with input from ED, adult medical and surgical matrons, safeguarding, mental health and learning disability teams. All young people aged 16 and 17 are to be given the option of whether they would prefer admission on a paediatric or adult ward. There is a new assumption that most young people would be better served on a paediatric ward. Where an adult ward is selected (or required due to bed pressures) then a sideroom is used to ensure patient safeguarding, with parents/carers allowed unrestricted visiting and the option to stay overnight. In future we aim to develop an adolescent unit for 13–17 year olds, co-located with paediatrics.

Abstract 1825

Co-development of a behavioural intervention to support treatment adherence in young people with inflammatory bowel disease

Cassandra Soreti, Gemma Heath, Rachel Shaw, Lou Atkinson. Aston University

Objectives Treatment adherence in adolescents with Inflammatory Bowel Disease (IBD), ranges from 2%-93%, with the frequency of non-adherence ranging from 3%-57%. Non-adherence to a prescribed treatment regimen has significant