

diseases may have serious negative consequences. This study aims to investigate the risk behaviors of adolescents with T1D and the effect of orthorexic eating behaviors (OEB) on glycemic control (GC).

Methods: This cross-sectional study was conducted with 107 adolescents with T1D who were between 13–18 years of age and attended high school. The risk behavior scale (RBS) and orthorexic behavior scale (ORTO-11) were administered to the participants. The RBS consists of 6 subscales: anti-social behaviors, alcohol use, tobacco use, suicidal tendency, eating habits, and school dropout. A high RBS score indicates risky behavior. ORTO 11 measures obsessive healthy eating behavior and can be defined as OEB. Low ORTO-11 score suggests a tendency to OEB. At the same time, participants were tested for GC and categorized as optimal GC (HbA1c \leq 7.6%) or poor GC (HbA1c $>$ 7.6%).

Results: A total of 107 patients, 46.7% ($n = 50$) female and 53.3% ($n = 57$) male adolescents, were included in the study. A significant correlation was found between HbA1c and the total RBS, eating habits subscale, and suicidal tendency subscale scores. No significant correlation was found between HbA1c and ORTO-11 score. Among the participants, 33% ($n = 35$) had an HbA1c of \leq 7.6%; 67% ($n = 71$) had an HbA1c of $>$ 7.6%. Those with an HbA1c of $>$ 7.6% had significantly higher total RBS, eating habits subscale, and suicidal tendency subscale scores ($p < 0.05$). There was no significant difference between those with high and low HbA1c regarding other scale scores. There was no significant difference between the total RBS scores of males and females ($p > 0.05$). Among female participants, those with an HbA1c of $>$ 7.6% had significantly higher total RBS, suicidal tendency subscale, and eating habits subscale scores ($p < 0.05$). Among females, the ORTO-11 score was significantly lower for those with an HbA1c of $>$ 7.6% ($p < 0.05$). Among male participants, those with an HbA1c of $>$ 7.6% had significantly higher eating habits and school dropout subscale scores in RBS ($p < 0.05$).

Conclusions: This study investigates, for the first time, the relationship between GC and the tendency for OEB among adolescents with T1D and reveals that poor GC is associated with a tendency for OEB among female adolescents with T1D. In addition, this study indicates that adolescents' risk behaviors and HbA1c are correlated. The suicidal tendency is higher among females with poor GC while the tendency to drop out of school is higher in males. As expected, unhealthy eating habits are found to be more common in patients with poor GC in both genders. Our results warrant that adolescents with inappropriate eating behaviors along with T1D should also be assessed for other risk behaviors and OEB based on gender to help achieve optimal GC.

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93.

“WE JUST NEED TO BREATHE AND LIVE NORMALLY”: RECONSIDERING APP-BASED PEER-SUPPORT FOR PARENTS OF ADOLESCENTS WITH CHRONIC CONDITIONS

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Purpose: To evaluate and explain a low use of the CO@CH Mobile App, a video-sharing peer-support platform for parents of adolescents with chronic conditions (CC).

Methods: Qualitative methods were used to evaluate CO@CH by interviewing 23 parents (19 mothers) of adolescents with CCs: 20 in 5 focus groups (FG) and 3 individual interviews (II). Were included parents who had used the CO@CH App ($N=4$); parents who initially enrolled to participate but never used it ($N=5$); parents who had refused up-front to participate ($N=1$); parents who had never heard of CO@CH ($N=7$); and staff members of patient associations who had never heard of CO@CH and who happened to also be parents of adolescents with CCs ($N=6$). All FGs and IIs were audio recorded and transcribed verbatim. All transcripts were open-coded, crosschecked, and analyzed thematically.

Results: Although there was an overall consensus among users and non-users that there is a need for an App-based online peer-support among parents of adolescents with CCs, participants gave many reasons/barriers for not using it. Among the most important was first the fact that they “just want to live normally”. This was explained in different ways such as when the CC is under control they want to “forget about it”, “continue life”, “be selfish”, and not put priority on this when they can finally think of themselves. A second important reason was the lack of energy and time as they already had so much to deal with in their caring for their child and their families on top of usual work or daily life. In this context, participating in the App was seen as yet another duty to take on. In addition, by the time their child reaches adolescence, they reported having gone through so much already for so many years that they felt they “just need to breathe”. A third barrier to use CO@CH was parents having to deal with their own difficulties, not wanting to add on others' and “listen to other people's problems”. Similarly, they also reported having to fight for so long for their child and to stay optimistic, they could not bear pessimistic views, described as a “survival instinct”. Finally, the anonymous aspect of the App, not knowing who was addressed when posting videos was also put in question, and the fact that no direct communication with other parents was possible. Positive characteristics of the App included a non-categorical approach to CCs as “in the end, it's the same for everyone”; the fact that it was online, although never meeting in person was also questioned; and that it was technically simple to use.

Conclusions: The idea of creating a community of practice through an App among parents going through similar experiences did not work as expected. This qualitative evaluation allows to conclude that what many parents of adolescents with CCs need is to live normally despite such hard parenting. Online peer-support might not always be the best solution to offer them.

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94.

PSYCHOLOGICAL BURDEN OF ASTHMA IN ADOLESCENTS AND THEIR PARENTS

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Purpose: Asthma is the most common chronic disease with acute exacerbations in children and adolescents; it is not only affected by