

All participants self-referred to the programme. Participants completed questionnaires at baseline and post-course and their HbA1c was tracked pre and at least three months post completion of DIANE.

Results and Impact: 66 people have completed the programme. Participants' mean HbA1c = 73mmol/mol, years since diagnosis = 18, Scottish Index of Multiple Deprivation = 3.79 and age = 41 years, and 46% were male. Participants did not differ from the local Type 1 population on age, years since diagnosis and deprivation.

Compared to baseline, post-intervention HbA1c was 5mmol/mol lower ($p < 0.001$, $d = 0.47$). Participants had significantly lower levels diabetes-related distress ($p < 0.001$, $d = 0.94$). Qualitative data suggested the intervention was helpful to increase people's confidence around insulin doses and increased people's confidence around carbohydrate counting.

Conclusion: Results to date suggest DIANE is effective and participants' experiences are very positive. It warrants further evaluation.

Acknowledgement: Partnership DIANE Steering Group & Facilitators, NHS Grampian, Aberdeen, UK

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Use and experiences of myfood24: an online 24hour dietary recall tool to record and self monitor dietary intake in women with gestational diabetes: a feasibility and acceptability study

C Gianfrancesco¹, Z Darwin², L McGowan², D Smith³, R Haddrill², M Carter¹, E Scott⁴, N Alwan⁵ and J Cade¹

¹Nutritional Epidemiology Group, University of Leeds, Leeds, UK, ²School of Healthcare, University of Leeds, Leeds, UK, ³Manchester Centre for Health Psychology, University of Manchester, Manchester, UK, ⁴Diabetes and Endocrinology, Leeds Teaching Hospitals NHS Trust, Leeds, UK, ⁵Faculty of Medicine, University of Southampton, Southampton, UK

Aim: To examine the feasibility and acceptability of myfood24, an online dietary self-assessment tool, in women with gestational diabetes.

Methods: Women ($n = 200$) recruited from a diabetes antenatal clinics at diagnosis, were asked to undertake up to five 24h dietary recalls using myfood24, complete a user-experience questionnaire and invited to participate in an interview. The qualitative data was analysed using thematic analysis.

Results: Seventy-seven (39%) did not complete any dietary recalls and 100 (50%) completed three or more. Of those who used myfood24, 84 (68%) completed the questionnaire. All women had home internet access. Seventy-five (89%) scored themselves as confident to use technology, with 35 (42%) previously using it for recording food intake. The System Usability Scale score was good (mean 69, 95% CI 65,73) which was comparable to myfood24 usability studies in non-clinical populations.

Many of the 15 women interviewed had used similar technologies and found this tool easy to use, valuing the daily nutritional summaries. Usability was limited for several reasons. Some found the food database restrictive. Food entry was burdensome when cooking from raw ingredients. Most suggested a smartphone format would be more accessible. The multiple behaviours involved in managing gestational diabetes were highlighted and while detailed nutritional information was valued, its use was limited without accompanying blood glucose levels. Thus, women preferred to self-manage using paper diaries.

Conclusions: Myfood24 was acceptable and has potential to improve the health literacy and eating behaviours of women with gestational diabetes, but requires adaptation to record blood glucose results alongside real-time tracking of diet.

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Patients' perspective regarding therapeutic footwear: an interpretative phenomenological approach

C Formosa¹, A Borg² and S Mizzi¹

¹Podiatry, University of Malta, Msida, Malta, ²Podiatry, Department of Health, B'Kara, Malta

Aim: To explore patient perspectives' with regards to the use of prescribed diabetic stock footwear.

Methods: An exploratory qualitative design method using an Interpretative Phenomenological Analysis (IPA) was employed in this research. This specific branch of phenomenology was used to explore the perception of patients living with Type 2 diabetes Mellitus in relation to the use of their prescribed diabetic stock footwear. Twelve participants were recruited and in-depth, semi-structured interviews were conducted, recorded, transcribed and later analysed.

Results: Common themes that emerged from this study fell under two main categories including 'Adherence' and 'Non - Adherence' to wearing the prescribed stock footwear. A number of themes were identified with regards to the reasons for such adherence or otherwise by respective participants including footwear characteristics, service provision, peer pressure and the patient's knowledge and attitudes.

Conclusions: In order to improve behavioral changes and thus allow a better level of adherence, patients would require on-going care, empowerment and support combined with educational programs where goals are set to adhere to the provided therapeutic regimen. The true success of care will only be measured in better behavioural and health outcomes. More research is warranted to explore further psychosocial interventions in diabetes care.

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The impact of 'Living With Diabetes': an education model for new onset Type 1 diabetes

CA Whicher, E Jenkins, J Ryder, M Weiss, C Shaban, J Knott and AMS Brooks

Bournemouth Diabetes and Endocrine Centre, Royal Bournemouth Hospital, Bournemouth, UK

Aims: 'Living With Diabetes' (LWD) is a group education programme designed for adults with Type 1 diabetes. It consists of multidisciplinary meetings quarterly during the first year following diagnosis. This is thought to be a critical time likely to influence long-term glycaemic control.

Methods: Data has been collected on all individuals attending LWD between 10th January 2004 and 20th October 2016. Using this dataset we looked at the following outcomes:

1. HbA1c
2. Body mass index (BMI)
3. Blood pressure (BP)
4. Diabetes distress measured using problem areas in diabetes (PAID) questionnaire
5. Healthcare professional time commitment

Data was evaluated using the unpaired *t*-test.