

**Conclusions:** This study suggests a positive association between program attrition and mother's perception of their responsibility for their adolescent's excess weight. The reasons for this association are not known, but one possible explanation might be that feelings of responsibility motivate mothers to provide greater support for their child throughout the process of an intensive family focused program. Further work should explore the underlying causes for this association and whether there may be a benefit to assessing maternal perceptions of responsibility during the intake process.

**Sources of Support:** Support for this research was provided by the University of Michigan Medical School through the Summer Opportunities for Apprenticeships in Research (MedSOAR) program.

156.

#### DETERMINING THE PREVALENCE OF ABNORMAL SCREENING LABORATORY TESTS AMONG A POPULATION OF OVERWEIGHT & OBESE ADOLESCENTS

Reshmi Stella Morris, MD, Ronald Feinstein, MD, FSAHM, Lauren Kanner, MD, MAT, Marlene Camacho-Rivera, MPH, North Shore LIJ.

**Purpose:** Obesity is a growing epidemic in the adolescent population. Due to the nature of obesity, and its progression to medical complications, multiple professional medical organizations have recommended performing laboratory testing as part of the initial evaluation of obese adolescents. However, the vast majority of adolescents require only healthy lifestyle changes as their initial treatment. The purpose of this study was to determine the prevalence of abnormal laboratory values among obese adolescents and to assess their impact on initial treatment.

**Methods:** This study was a retrospective review of the evaluation of 110 consecutive overweight/obese adolescents enrolled in a weight management clinic. Classification of the adolescents as overweight or obese was based on patient BMI, as defined by the Centers for Disease Control & Prevention, with BMI between the 85th and 94th percentile being labeled overweight, and BMI at or above the 95th percentile being labeled obese. Demographic and laboratory data were collected from patient charts. Laboratory data included fasting or non-fasting values for Cholesterol, Low Density Lipoprotein (LDL), Serum Glucose, HbA1C, Thyroid Stimulating Hormone (TSH), Alanine Aminotransferase (ALT), Aspartate Aminotransferase (AST) and Triglyceride. Normal, borderline-abnormal and abnormal values of laboratory results were set based on accepted standard values with input from subspecialist faculty at the Children's Hospital. Basic statistical analysis included calculation of prevalence, and comparison of prevalence between genders (if relevant) using Fisher t test. The Institutional Review Board of the Health System approved the study.

**Results:** Of the 110 adolescents, 96.4% met criteria for obesity. There were 52% males and 48% females; 42% were Non-Hispanic White, 31% African American and 22% Hispanic. Mean age was 14.0 years. Overall, 36.3% of subjects had completely normal laboratory profiles. Analysis of each laboratory category showed normal values for the following: Serum Glucose (99%), HbA1C (80%), Total Cholesterol (84.7%), Low Density Lipoprotein (86.3%), triglyceride (100%), AST (94.9%), ALT (90.7%), TSH (89.5%). The following had high abnormal lab values: Serum Glucose (1%), HbA1C (1%), T. Cholesterol (4%), LDL (4.2%), AST (1%), ALT (4.1%). The rest of the subjects had borderline abnormal values. Of the 110 individuals, 4 were referred to sub-specialists for

additional evaluation and management: 1 to Gastroenterology for elevated transaminases, 1 to Cardiology for high cholesterol and 2 to Endocrinology for high HbA1C. These 4 subjects had pertinent findings on history and physical examination which included either polyuria/polydipsia, hypercholesterolemia in multiple young family members or psychotropic medication use, any of which might have prompted laboratory investigation. The management plan for all others (96.3%) was aimed at weight reduction by adopting healthy lifestyle changes.

**Conclusions:** The results of most screening laboratory tests recommended for obese adolescents do not alter their treatment plans. Therefore, a revision of these recommendations could reduce unnecessary tests and their resulting costs, without compromising the outcome of treating the majority of obese adolescents. Our initial results suggest that a more beneficial approach might be to focus primarily on weight control strategies. Additional laboratory testing could be considered if relevant to specific adolescents.

**Sources of Support:** None.

## VACCINES

157.

#### PSYCHOMETRIC ASSESSMENT OF PARENT TRUST IN SCHOOL-LOCATED IMMUNIZATION PROGRAMS: LANGUAGE VARIABLES MATTER

Kelly E. Wall<sup>1</sup>, Beth Auslander, PhD<sup>2</sup>, Mary Short, PhD<sup>3</sup>, Tiana Won<sup>1</sup>, Amy Middleman, MD, MPH<sup>4</sup>.

<sup>1</sup>Baylor College of Medicine; <sup>2</sup>University of Texas Medical Branch; <sup>3</sup>University of Houston-Clear Lake; <sup>4</sup>University of Oklahoma Health Sciences Center.

**Purpose:** School-located immunization programs (SLIP) remove barriers to care and have the potential of increasing vaccination rates among populations. Patient trust in SLIPs (the belief that a health care provider will provide the utmost care in addressing one's interests and needs during a time of vulnerability) could potentially influence the use of these programs. While there are a few published scales to assess patient trust in providers and health settings, no scales exist to specifically assess patient trust in SLIPs. We assessed the reliability of a modified patient trust measure for use with a SLIP among parents of middle school students in a predominantly urban Hispanic population.

**Methods:** Prior to initiating a service project to provide vaccines via a mobile SLIP to 8 urban middle schools, questionnaires were distributed to students either in school enrollment packets or within a month of the start of school. Questionnaire distribution pre-dated notification that a SLIP would be available at the school. Surveys were provided in both English and Spanish; each parent could complete the forms in his/her preferred language. Demographic items assessed age, race, ethnicity, language spoken at home, insurance status, whether the child had a medical home, and annual household income. A 5-item patient trust in provider scale previously used among English speaking adults was modified in English and Spanish for use pertaining SLIPs. The Spanish translation was reviewed/reverse-translated to assure accuracy. Item 1 in the tool was a reverse-worded item designed to prevent rote responses. Internal consistency of the measure was assessed using Cronbach's alpha; data were then stratified by demographic variables.