

Conclusion: What emerged from the study is a substantive theory in which absence of information regarding the menopause and its impact on Type 1 diabetes was identified as the main problem facing women with Type 1 diabetes during their menopausal transition. The findings may enable practitioners to identify the types of information, advice and support that should be made available to these women and contributes to the limited knowledge base currently available. The findings indicate also that further research into this under-studied but important area of diabetes care is required.

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Barriers associated with uptake of diabetes multidisciplinary group education: a survey of patients' view in a PCT in southeast England

MO Lawal

Faculty of Health, University of West London, London, UK

Aims: The paradigm shift in management of diabetes from the basic disease model of the 1930s which centred exclusively on treatment by healthcare professionals to the recent integrated healthcare approach involving the patients (Diabetes UK 2008) stresses the importance of patient empowerment. The aim of this study was to explore the barriers and facilitators to patient attendance in group education designed to promote self-care.

Method: A questionnaire survey which contains both closed and open-ended questions was administered to elicit data from 207 (105 non-attenders and 102 attenders) newly diagnosed diabetes patients who were referred for structured patient education.

Results: The patient's views were analysed by using SPSS software and the qualitative comments were categorised into themes. In comparison to 94 (45 per cent) attenders, 35 (17 per cent) non-attenders either strongly agree or agree that attending the session is important to develop self-care ability. This result shows a significant difference among the two groups (0.000, $P < 0.05$). A substantial number of respondents among the non-attenders ($n = 43$, 21 per cent) did not have flexible working arrangements compared with the attenders ($n = 24$, 12 per cent). Although more than half of the total number of respondents have a family history of diabetes ($n = 112$, 54 per cent), the majority of them are non-attenders ($n = 73$, 35 per cent) showing a significant difference (0.000, $P < 0.05$) between the two groups. Key themes from qualitative data included personal difficulties, lack of motivation and healthcare practitioners' influence.

Conclusion: The results were consistent with the findings of previous studies and suggest that patients' perceived benefits of structured education may influence attendance.

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Successful weight reducers in the workplace: experiences of men and women who participated in the Prosiect Sir Gâr lifestyle intervention programme

EM Di Battista^{1,3}, M Williams², S Rice², JW Stephens³, RM Bracken³ and SD Mellalieu³

¹Nutrition and Dietetics Department, Hywel Dda Health Board, Llanelli, UK,

²Diabetes Centre, Hywel Dda Health Board, Llanelli, UK, ³College of Engineering, Swansea University, Swansea, UK

Aim: The objective of this qualitative study was to evaluate participants' experiences associated with maintained weight loss at 6 months following the Prosiect Sir Gâr (the Carmarthenshire project) 10-year cardiovascular disease (CVD) risk assessment and lifestyle intervention programme.

Methods: The lifestyle intervention programme (LIP) consisted of eight 75min group sessions, delivered once weekly by a dietitian (seven sessions) and an exercise specialist (one session) with an emphasis on behaviour change. At 2 weeks post LIP 1 h semi-structured face-to-face interviews were conducted and body weight data were tracked over 6 months. Eight successful weight reducers (defined as an individual who had lost and sustained ≥ 5 per cent body weight over 6 months) were targeted for thematic analysis by applying the constant comparison method. Four male blue collar workers and four female health workers aged 40–57 years with a body mass index range of 30–39 kg/m² took part in the study.

Results: All participants reported a 'change of mind' regarding their attitude toward weight loss. Some attributed this to a 'wake-up call' following the CVD risk assessment; others believed it to be a more gradual process during LIP. Accepting lapses of undesirable behaviours as normal was a common theme in both genders, as too was a focus and commitment to goals. Both genders described the group environment of LIP as humorous at times, yet supportive.

Conclusions: These findings suggest that in successful weight reducers a combination of health risk assessment and lifestyle intervention programme may have added value in evoking motivation to commit to weight management.

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Do we care about the road safety of people living with diabetes?

RA Dixon, A Lloyd and M Saeed

Department of Diabetes, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

Aim: Currently there are 2.8 million people in the UK living with diabetes. Several studies have demonstrated a link between hypoglycaemia and driving mishaps. The aim of the study was to assess patient awareness of recently imposed changes to driving regulations relevant to diabetes.

Methods: A 37-point anonymous structured questionnaire was distributed amongst 47 registered drivers attending a secondary care diabetes clinic in Birmingham. Information concerning diabetes treatment and knowledge of Driver and Vehicle Licensing Agency (DVLA) regulations, including recognition of hypoglycaemic episodes, in addition to general precautions regarding hypoglycaemia, was sought.

Results: Despite finding that 72.3 per cent of participants had received information concerning DVLA regulations and advised precautions, the present study showed a surprising lack of awareness of details important for safe driving. Amongst those surveyed, only 73.3 per cent were always aware of when they were becoming hypoglycaemic, an absolute licence stipulation according to DVLA regulations. With regard to advised precautions, 29.8 per cent of patients were unable to identify a capillary blood glucose level of 5 mmol/l or greater as a safe level for driving. Interestingly, only 14.9 per cent of patients understood the recommendation of a 45min wait after achieving this recommended safe capillary blood glucose level.

Conclusions: Whilst the majority of people living with diabetes have received information concerning the driving regulations, there is a worrying lack of understanding of safe driving practices, indicating that

further efforts from healthcare professionals, charities and the DVLA are required.

NB: Co-first authorship RA Dixon and A Lloyd.

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An exploration of the perceptions and requirements of using email communication for people with diabetes and on insulin therapy requiring specialist nurse care

K Woolley and **I Caramlau**

Warwick Medical School, University of Warwick, Coventry, UK

Objective: To explore the feasibility, acceptability, potential benefits and barriers to the use of email which aims to address communication for those patients with diabetes requiring support to optimise diabetes management.

Methods: A questionnaire was completed by 23 patients newly referred to the specialist diabetes service for assessment and 11 diabetes specialist nurses (DSNs) locally. This was followed by eight semi-structured interviews. The quantitative analysis was using the software programme SPSS 16, the interviews by content analysis.

Results: The results were grouped into five domains: confidence in the use of email, the nurse/patient relationship, use in insulin therapy, email communication integration within the DSN service and choice. The perceived key benefits were access to and convenience and speed of support. Email advice relating to insulin therapy differed depending on the participants' experience and knowledge. Patients would favour direct access to the DSN service to seek advice after discharge, particularly as there was a perception of patient clinical details shared across providers. Limitations and understanding of the implications are required by both patients and DSNs.

Conclusion: Email perception by most participants is a valuable additional tool to aid communication and improve service delivery. Patients' views have added a different perception on direct access to the specialist service. How this can be incorporated as services increasingly are delivered across various providers will be a challenge.

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The educational value of children's support holidays organised by Diabetes UK

MD Sinczak¹ and **MA Saeed**²

¹*Ophthalmology, Oxford Radcliffe Hospitals NHS Trust, Oxford, UK,*

²*Diabetes, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK*

Aim: The current estimated prevalence of Type 1 diabetes in children in the UK is one per 700–1,000. Diabetes UK organises yearly children's support holidays in order to help children learn to manage their diabetes more independently. The aim of the study was to evaluate the impact and educational effectiveness of one of the holidays on children's confidence and independence in managing their diabetes.

Methods: Twenty-eight children at a children's support holiday were asked to answer yes, no or maybe to a series of questions about diabetes and its management before and after the holiday.

Results: While most children (96.4 per cent, $n = 27$) initially felt confident about monitoring their own capillary blood glucose levels, only 32.2 per cent ($n = 8$) felt able to administer their own insulin, which improved to 92.8 per cent ($n = 26$) by the end of the week. Half of the children felt uncomfortable sharing their diagnosis with others, which decreased to 32 per cent ($n = 9$) by the end of the event. Ability to

carbohydrate count improved from 28.6 per cent ($n = 8$) to 67.8 per cent ($n = 19$), and 92.8 per cent of children felt that they could manage their diabetes more independently by the end of the holiday. The children felt very positive about making new friends, and enjoyed the activities at the camp. Most (82.1 per cent) would like to return, and 92.8 per cent would recommend the holiday to others.

Conclusions: This study highlights that children's support holidays are a valuable educational and social experience for children living with diabetes. Diabetes UK should offer such opportunities to a greater number of children each year.

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The educational value of children's support holidays organised by Diabetes UK: volunteers' perspective

MD Sinczak¹ and **MA Saeed**²

¹*Ophthalmology, Oxford Radcliffe Hospitals NHS Trust, Oxford, UK,*

²*Diabetes, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK*

Aims: Diabetes UK organises yearly children's support holidays in order to help children learn to manage their diabetes more independently. The aim of the study was to evaluate whether such holidays have an educational value for adult volunteers.

Methods: Seventeen volunteers were asked to answer questions about diabetes and its management at the beginning and end of the holiday. Answers were ranked 0–5, with 0–1 being assessed as poor, 2–3 as moderate, and 4–5 as a high level of confidence.

Results: Of the 17 volunteers, eight had a medical background and seven lived with diabetes, which would indicate an overall high level of experience with diabetes. However, a majority initially responded with poor or moderate confidence levels with regard to insulin administration (64.7 per cent, $n = 11$) and carbohydrate counting (70.6 per cent, $n = 12$) which decreased by the end of the week to 17.6 per cent ($n = 3$) and 29.4 per cent ($n = 5$), respectively. Ability to adjust pumps improved from 41.2 per cent ($n = 7$) to 52.9 per cent ($n = 9$), and confidence in managing pump malfunction increased from 29.4 per cent ($n = 5$) to 47.1 per cent ($n = 8$). All of the volunteers reported to have enjoyed the social interactions and activities and would like to return to a similar holiday in the future.

Conclusions: This study highlights that children's support holidays are a valuable educational and social experience for adult volunteers. Volunteering opportunities should continue to be publicised, especially amongst the medical community.

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The relationship between diabetes self-care, psychological adjustment, social support and glycaemic control in the Lebanese population with Type 2 diabetes

O Sukkarieh-Haraty¹, **E Howard**², **R Nemr**³ and **M Nasrallah**⁴

¹*School of Nursing, Lebanese American University, Byblos, Lebanon,*

²*School of Nursing, Northeastern University, Boston, USA,*

³*School of Medicine, Lebanese American University, Byblos, Lebanon,*

⁴*Internal Medicine, American University of Beirut Medical Center, Beirut, Lebanon*

Objective: The purpose of this study was to assess the relationships between diabetes self-care, psychological adjustment, social support and glycaemic control (HbA1c levels) among Lebanese adults with Type 2 diabetes.