

ketotic. She agreed to take Glibenclamide, up to 30 mg daily and after 4 weeks her glucose was 6.5 mmol/l. She continued to take Glibenclamide which was progressively reduced to 2.5 mg od because of hypoglycaemia. After 18 months of sulphonylureas her HbA1c was 6.2%. Gene testing for Kir6.2 showed a heterozygous E227K mutation which has previously been reported in TNDM which resolves and then relapses in later life. This report shows that Kir6.2

mutations can present outside the neonatal period and may get excellent glycaemic control on small doses of sulphonylureas despite severe hyperglycaemia. The history of neonatal diabetes in her son gave the crucial clue to her diagnosis.

## Clinical care and other categories posters: Children, adolescents and young adults

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### Glycaemic control in children: influence of the paediatric diabetes specialist nurse

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**Background:** In paediatric practice the paediatric diabetes specialist nurse (PDSN) is widely felt to benefit all aspects of care but there is little published outcome data to prove and quantify this.

**Aim:** To demonstrate improved HbA1c following appointment of PDSNs.

**Methods:** We collected HbA1c data from 12 of 14 paediatric units in Wales in 2001 and 2006. Five of the centres did not have a PDSN in 2001 and appointed one prior to 2006.

**Results:** Comparing 2001 with 2006, insulin dose was no different but weight had increased from  $46.8 \pm 0.6$  (M  $\pm$  SEM) to  $49.2 \pm 0.6$  kg ( $p = 0.006$ ). Overall HbA1c reduced from  $9.07 \pm 0.06$ ,  $n = 822$  to  $8.88 \pm 0.05\%$ ,  $n = 1031$  ( $p = 0.012$ ). Centres that had appointed a PDSN showed improved HbA1c (from  $9.58 \pm 0.10$  to  $8.72 \pm 0.08\%$ ) compared with those centres with no additional staffing ( $8.88 \pm 0.07$  to  $8.95 \pm 0.06\%$ , interaction  $p < 0.001$ ). Glycaemic control was worse in children aged  $> 10$  y compared to 5–9 y ( $p < 0.001$ ) and to under age 5 ( $p < 0.001$ ). Improvement occurred in those  $> 10$  y of age with no change in those under 10 y. In multivariate analysis age ( $p = 0.003$ ) and insulin dose ( $p < 0.001$ ) were positively and independently associated with HbA1c whereas gender and number of insulin doses per day were not. Thus the influence of PDSNs was not mediated through increased insulin prescription.

**Conclusions:** Worse glycaemic control occurs in older children and is associated with greater insulin dose. Appointment of a PDSN in centres without one was associated with improved glycaemic control amongst adolescents.

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### The importance of normal in the lives of children living with Type 1 diabetes and their parents

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**Aim:** The study aimed to develop a theoretical understanding, based on the concept of normal, of how children with Type 1 diabetes and their parents integrate it into their daily lives.

**Method:** This phenomenological study using conversational interviews with fourteen purposively selected children (and their parents) who were living with Type 1 diabetes. The children were aged 4–17 years, from different ethnic backgrounds, and at differing lengths of time since diagnosis. Data were thematically analysed over several cycles utilizing van Manen's phenomenology.

**Results:** The everyday lives of the children and their parents are shaped by the distinct and discrete and sometimes dissonant understandings of the concepts of 'normal' and 'different'. A framework of realisation is presented to show how different and normal develop over time. The different ways in which children/parents perceive the 'significance' and 'consequence' are crucial and influence the ways in which they live with diabetes. Significance and consequence are not fixed linear entities; they are dynamic, responsive and reactive. Living with diabetes creates dissonance between children/parents as their individual focus and experience of diabetes means different things to them.

**Conclusion:** Tensions arise because, from diagnosis onwards, children perceive themselves to be 'normal but different' whereas their parents perceive them as being 'different but normal'. This subtle misalignment in emphasis creates tension which should be mediated by nursing support.

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### Diabetes UK's children's support holidays: an eye-opener

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Specialist Registrars (SpRs) in diabetes are always eager to learn of new and wonderful ways of helping and managing people with diabetes. Most registrars are members of Diabetes UK, however their representation as volunteers for children's support holidays is slim. Volunteering towards one of these events was a personal eye-opener and the author has since promoted this event during a regional diabetes SpR Teaching Day through an oral presentation. The aim is to present the details of children support holidays, the author's experience with the volunteers and the children during a recent holiday, and how these holidays improve one's understanding of Type 1 diabetes and the day-to-day challenges that are faced by both children and adults living with Diabetes. Every clinician should experience managing diabetes in the real world, out of the clinic and hospital environment, to truly understand the perspective of people living with this condition.