

be feasibly delivered within the time constraints of primary care. Quality of delivery emerged as an issue, specifically regarding behaviour change techniques that targeted volition and maintenance of physical activity behaviour. The number of techniques delivered also reduced over time indicating a need for ongoing feedback/training for healthcare professionals to prevent skill drift and prompt delivery.

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Foot STAMP (Short-burst Teaching Aimed at Medical Professionals): impact of 'short-burst' teaching on the knowledge regarding the Ipswich Touch Test

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Aims: Diabetic peripheral neuropathy (DPN) is a poorly diagnosed diabetic complication. Lack of awareness of standardised testing of this condition amongst healthcare professionals is a concern. Alternative and creative ways to improve awareness of the condition and its diagnosis is imperative. We therefore assessed the impact of a 5 min 'short-burst' tutorial for junior doctors on screening for DPN.

Materials and methods: An anonymous, 10-question online survey was used to assess knowledge among junior doctors at a large tertiary care centre regarding the Ipswich Touch Test (IpTT), followed by a 5 min 'short-burst' teaching intervention and a repeat survey. This test is part of the hospital's diabetic foot disease guideline with a link to the Diabetes UK 'Touch the Toes Test' document.

Results: We received 43 responses following an initial survey. Of these, 88.4% doctors were not familiar with the IpTT. Following the short tutorial, 37 doctors completed the post-intervention survey. There was a significant improvement, from 8.9% pre-intervention to 83.5% post-intervention, in the overall knowledge about the IpTT. Interestingly, although 75.6% of respondents were able to recall the toes to be tested, only 37.8% of the junior doctors were able to recall the recommended sequence.

Conclusions: Our 'short-burst' teaching significantly helped improve the knowledge surrounding the IpTT. Junior doctors found recalling the order of toe testing most challenging but remembered the importance of the randomness in the test. As this educational intervention required minimal use of time and resource, it may be considered while designing induction training for junior doctors.

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Adults with new onset Type 1 diabetes: the process of adaptation

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Aims: Although around half of all Type 1 diabetes cases are diagnosed in adulthood, little is known about how adults adapt to

the disease by engaging in actions that promote and maintain their wellbeing. To address this, we explored the personal experiences and perspectives of adults with new onset Type 1 diabetes in relation to the impact of the diagnosis on their lives and the early process of adaptation to a life with diabetes.

Methods: Qualitative semi-structured interviews were conducted with 30 adults (range 20–67 years) diagnosed in the last 3 years and recruited from hospitals in Denmark and the UK. A narrative approach was used for analysis.

Results: The diabetes diagnosis has an immediate impact on physical, psychological and social aspects of life leading to disruption of habitual life. The person's response to the disruption is related to how radical they perceive the impact of diabetes on their life. The findings suggest interactions between constructing a view of diabetes, reconstructing a view of themselves as a person with diabetes, and how they learn to live with diabetes. In combination these aspects influence the behavioural adaptations of the person to diabetes.

Conclusions: The process of adaptation to a life with diabetes in adulthood involves significant life changes. This process has a significant effect on diabetes-related health behaviours. The findings suggest that person-centred healthcare support at and following diagnosis, reflecting the issues that confront adults during this period, may encourage the adoption of protective health behaviours in the longer term.

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Low sense of coherence is associated with elevated LDL cholesterol in people with Type 1 diabetes

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Aims: Sense of coherence (SoC) is relatively stable through adult life and has been suggested to have a crucial effect on long-term health and wellbeing of an individual. It is an ongoing challenge for people with diabetes to maintain correct levels HbA1c, blood pressure and blood lipids to prevent or delay deleterious effects of their illness. It is largely unknown, however, to what extent SoC is associated with clinical outcomes in people with Type 1 diabetes.

Methods: Questionnaire data, including SoC, were collected from 163 patients with Type 1 diabetes. Following acceptance from the participants, data were linked to electronic patient records to obtain clinical measures on HbA1c, blood pressure and blood lipids. Linear regressions and generalised additive models were applied to analyse the relationship between SoC and biomarkers.

Results: SoC was associated with elevated levels of LDL cholesterol ($p = 0.007$); this association was non-linear, however, with deleterious effects of low SoC whereas no differences in LDL cholesterol were observed between participants with medium and high SoC. We did not observe any statistically significant associations (linear or non-linear) between SoC and other clinical biomarkers.

Conclusions: This study suggests that low SoC may be a predictor for increased risk of deleterious clinical outcomes among people with Type 1 diabetes. Patients with low SoC may benefit from specific education and support.