Abstracts May

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Title: Disturbed eating behaviors in adolescents with type 1 diabetes. How to screen for yellow flags in clinical practice?

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https://www.researchgate.net/publication/304619960_Disturbed_eating_behaviors_in_adolescents_with_type_1_diabetes_How_to_screen_for_yellow_flags_in_clinical_practice_Disturbed_eating_behaviors_in_adolescents

Abstract:

BACKGROUND:

Adolescents with type 1 diabetes are at an increased risk of disturbed eating behaviors (DEBs).

OBJECTIVE:

The aims of this study are to (i) explore the prevalence of DEBs and associated 'yellow flags', and (ii) establish concordance between adolescents-parents and adolescents-clinicians with respect to DEBs.

METHODS:

Adolescents (11-16 yr) and parents completed questionnaires. A stepwise approach was used to assess DEBs: only adolescents whose answers raised psychological yellow flags for DEBs completed the Diabetes Eating Problems Scale - Revised and questions from the AHEAD

study. Parents and clinicians shared their observations regarding possible DEBs. Kruskal-Wallis tests, post hoc Mann-Whitney U test, and chi-squared tests were utilized to examine clinical yellow flags. Cohen's kappa was used to assess concordance.

RESULTS:

Of 103 adolescents participated (51.5% girls), answers of 47 (46.5%) raised psychological yellow flags, indicating body and weight concerns. A total of 8% scored above cut-off for DEBs. Clinical yellow flags were elevated glycated hemoglobin A1c ($p = 0.004$), older age ($p = 0.034$), dieting frequency ($p = 0.001$), reduced quality of life ($p = 0.007$), less diabetes self-confidence ($p = 0.015$), worsened diabetes management ($p < 0.001$), and body dissatisfaction ($p < 0.001$). Body Mass Index (BMI) z-scores and gender were no yellow flags. Concordance between parents and adolescents was slight ($k = 0.126$ and 0.141), and clinicians and adolescents was fair ($k = 0.332$).

DISCUSSION:

Half of the adolescents reported body and weight concerns, less than 1 in 10 reported DEBs. Screening for yellow flags for DEBs as a part of clinical routine using a stepwise approach and early assistance is recommended to prevent onset or deterioration of DEBs.