

PW01-68 - **PSYCHIATRIC AND FAMILIAL FACTORS IN PEDIATRIC DIABETIC PATIENTS AND THEIR RELATION TO QUALITY OF LIFE AND METABOLIC CONTROL**

A. Butwicka¹, A. Zalepa², W. Fendler³, A. Szadkowska³, M. Zawodniak-Szalapska⁴, W. Młynarski³, A. Gmitrowicz¹

¹*Department of Adolescent Psychiatry, Medical University of Lodz, Lodz,* ²*Warsaw School of Social Science and Humanities, Warsaw,* ³*Department of Pediatrics, Oncology, Hematology and Diabetology,* ⁴*Department of Endocrinology and Metabolic Diseases, Medical University of Lodz, Lodz, Poland*

Objectives: To determine the influence of parent and child depressive and anxiety symptoms, family functioning and its influence on child quality of life and diabetes control among children and adolescents.

Methods: 149 Children and adolescents (aged 8-18 years) with duration of diabetes longer than 1 year were enrolled to the study. Participants and their parents were evaluated by self-report measures (BDI, STAI, CDI, MASC, FACE-IV).

Results: There were 83 males and 66 females in the group. Mean age at the time of evaluation was 13,4±2,7 years. Median duration of diabetes was 4,0 (Interquartile Range 2,4-5,1) years. Mean HbA1c level was 8,0±1,5%. Child depression (beta=

-0.41; p< 0.001), child (beta=-0.28; p< 0.01) and parent anxiety (beta=-0.17; p< 0.05) were all associated with lower quality of life. Family communication, flexibility, cohesion and satisfactions scores, despite being significant in univariate correlations were excluded during stepwise regression model building. HbA1c correlated with CDI rating (beta=-0.17; p< 0.05).

Conclusions: Presence of anxiety and depressive symptoms among children and their parents significantly worsens the quality of life among individuals with diabetes. Family-based communication trainings could contribute to improved metabolic control.

Keywords: Type 1 diabetes, Quality of Life, depression, anxiety, family functioning