Paediatrics E-Poster

EP_P012

BASELINE ASSESSMENT OF SELF-CARE PRACTICES AND PSYCHOLOGICAL WELL BEING AMONG YOUNG ADULTS WITH TYPE 1 DIABETES IN A WARRIOR CAMP SETTING

https://doi.org/10.15605/jafes.040.S1.242

Nalini M Selveindran,[1] Azriyanti Anuar Zaini,[2] Noor Shafina Mohd Noor,[3] Nurain Mohd Noor,[4] Muhammad Yazid Jalaludin[2]

[1]*Pediatric Endocrine Unit, Pediatric Department, Hospital Putrajaya, Putrajaya, Malaysia*

[2]*Division of Paediatric Endocrinology, Department of Paediatrics, Faculty of Medicine, University Malaya, Kuala Lumpur, Malaysia*

[3]*Department of Paediatrics, Faculty of Medicine, Universiti Teknologi MARA, Malaysia*

[4]*Endocrine Unit, Hospital Putrajaya, Putrajaya, Malaysia*

INTRODUCTION

Psychological well-being and effective self-care are critical in the management of young adults with Type 1 Diabetes (T1DM). The T1DM Warrior Camp conducted under the MEMS-CD1C initiative is a unique focused camp to empower young adults with T1DM on advocacy and peer leadership. This study aimed to evaluate baseline levels of depression, anxiety and stress in young adults attending a T1DM camp using the Depression Anxiety Stress Scales-21 (DASS-21) and the self-care practices using the Summary of Diabetes Self-Care Activities (SDSCA) questionnaire with a follow-up evaluation planned six months post intervention.

METHODOLOGY

Fourteen young adults with T1DM (aged 18–25) attended a structured 3-day Warrior Camp focused on diabetes education, lifestyle management and peer engagement. Baseline assessment was done using the DASS-21 and SDSCA questionnaire.

RESULT

Mean haemoglobin A1c and SDSCA score were 9.34 (± SD 2.43)%. Participants showed the highest adherence in blood glucose monitoring (5.93 ± 1.2), while foot care had the lowest adherence (3.1 ± 1.1). Dietary and exercise behaviours showed moderate adherence. The average stress score was 7.9 ± 1.2, corresponding to mild stress. Participants also reported moderate anxiety and mild depression, based on mean subscale scores.

CONCLUSION

This initial assessment highlights key areas of strength and opportunity in self-care practices among young adults with T1DM. Notably, blood glucose monitoring was a strong domain, whereas foot care requires greater emphasis. These young adults on assessment report mild to moderate symptoms of psychological distress, highlighting the importance of mental health support in this population. Camps may serve as a valuable setting for monitoring and addressing psychosocial needs in young adults with T1DM. The impact of the Warrior Camp intervention on these two critical areas will be reassessed after six months to evaluate long-term changes.

EP_P013

FAMILIAL MIDFACIAL HYPOPLASIA WITH CONGENITAL HYPOPITUITARISM – A CASE REPORT

https://doi.org/10.15605/jafes.040.S1.243

Jia Cheng Ong[1,2] and Suhaimi Hussain[1]

[1]*Department of Pediatric, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia*

[2]*Faculty of Medicine, Universiti Sultan Zainal Abidin, Terengganu, Malaysia*

INTRODUCTION

Congenital hypopituitarism is defined as deficiency of one or more pituitary hormones due to abnormal pituitary gland development. Manifestations can be nonspecific such as poor weight gain, short stature, hypoglycemia or they may be associated with midline defects.

CASE

A 10-year-6-month-old female was diagnosed with congenital hypopituitarism at the age of 5 years whereby she presented with septicemic shock secondary to bronchopneumonia with hypernatremic dehydration. Detailed physical examinations showed that she was dysmorphic with short stature, poor muscle bulk, global developmental delay and features of midfacial hypoplasia such as right cleft lip/palate and septo-optic dysplasia. Investigations of the pituitary hormones revealed hypothyroidism, hypocortisolism, growth hormone deficiency and diabetes insipidus. Cranial MRI showed hypoplastic corpus callosum, absent septum pellucidum and thickened pituitary stalk with absence of bright spots of the posterior pituitary. She was started on pituitary hormone replacement including L-thyroxine, oral desmopressin, oral hydrocortisone and somatotropic injection. Clinical response to treatment was satisfactory in which she had gained 6 cm of height for the past year with normalized thyroid hormone and cortisol levels. Analyzing her family history, we noticed that her mother also had features of midfacial hypoplasia. Her elder sister is having a learning disability attending special school. This raised the possibility of genetic mutation in familial congenital