TYPE 1 DISORDERED EATING (T1DE) IN ADOLESCENTS: PERSPECTIVES AND EXPERIENCES OF DIABETES SPECIALIST NURSES IN FINLAND

Mahlberg P, MSc in Diabetes Clinical Care and Management, Diabetes Specialist Nurse [1]; Allen-Taylor M, MSc/PG Cert, Senior Lecturer in Nursing & Diabetes, Deputy Programme Lead in Diabetes Clinical Care and Management [2]

[1] *New Children's Hospital, Helsinki, Finland*
[2] *King's College London, UK, Guys and St Thomas NHS Hospital London UK*

Background
Type 1 Disordered Eating (T1DE) refers to disordered eating behaviours specific to people with type 1 diabetes (T1D), including the intentional restriction or omission of insulin to lose weight. Up to 40% of individuals with T1D may be affected, increasing the risk of severe hyperglycaemia, life-threatening diabetic ketoacidosis, and long-term complications. Finland has one of the highest global incidence rates of T1D, and Diabetes Specialist Nurses (DSNs) are often primary caregivers for adolescents in this group. As such, DSNs are uniquely positioned to provide valuable clinical insights into T1DE, including their perspectives, experiences, and perceived barriers and facilitators to delivering effective care.

Aim
To explore Finnish DSNs' perspectives and experiences of T1DE among adolescents in two regions of Finland.

Methods
This qualitative study involved semi-structured interviews with seven DSNs experienced in adolescent T1D care. Data were organised using NVivo (version 14) and analysed using Braun and Clarke's six-step thematic analysis (2006).

Results
Four themes were identified: (1) awareness and perceptions of T1DE, (2) barriers to effective care, (3) facilitators to care, and (4) care solutions and recommendations. Findings suggested that awareness of T1DE is still developing with some uncertainty evident, alongside low confidence in discussing disordered eating behaviours with adolescents, partly due to concerns about inadvertently triggering such behaviours. Participants reported insufficient training opportunities, limited support, and a lack of clear clinical guidelines. Suggested improvements included enhanced training and mentorship, which supports normalising routine conversations about T1DE, implementing early screening for disordered eating within clinical guidelines, and allocating sufficient appointment time with familiar multidisciplinary healthcare providers, enabling continuity of care.

Conclusions
Awareness of T1DE among DSNs appeared variable. However, participants were able to identify clear barriers and practical solutions to improve

identification and management. These findings may increase awareness, inform training and clinical guidelines, and improve outcomes and continuity of care for adolescents with or at risk of T1DE in Finland. They may also offer insights for comparable clinical settings within and outside Finland.