for covariates. Nevertheless, OW youths are more likely to report starting their puberty earlier than their peers and obese youths have more difficulties making friends. Health professionals dealing with these youths need to do a thorough anamnesis to discard an eating disorder and to make sure that they have no issues regarding their social life, especially the higher their BMI.
Sources of Support: This survey was financed by the Programme Intercantonal de Lutte contre la Dépendance au Jeu (PILDJ) and the canton of Fribourg.

POSTER SESSION I: CHRONIC ILLNESS

124.

MORE IMPORTANT THAN YOU THOUGHT: SOME CHRONICALLY ILL ADOLESCENTS RELY A LOT ON THEIR HEALTH PROFESSIONAL

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Purpose: To assess who do chronically ill adolescents rely on in their entourage.
Methods: Data were drawn from the GenerationFRee study, a cross-sectional survey including 5149 youths aged 15-24 divided into 3 groups: healthy controls (HC; N=4529), chronically ill without limitations (CI; N=517) and chronically ill with limitations (CIWL; N=103). Groups were compared on perceived health status, socio-demographic variables and whether they could rely a lot on their father, their mother, their girl/boyfriend, their best friend or their health professional in case of difficulty. All variables significant at the bivariate level were included in a multinomial logistic regression using HC as the reference category. Results are given as Relative Risk Ratios (RRR) with 95% CI.
Results: At the bivariate level there were significantly more females in the CI and CIWL groups but no differences in age. Perceived health, emotional wellbeing, relationship with father and with mother and socioeconomic status decreased as the level of limitation increased. Relying on their father or their mother for difficulties also decreased as the level of limitation increased, while it increased for health professionals. At the multivariate level, compared to HC, CI had a poorer relationship with their mother (RRR: 0.93 [0.88:0.99] and a poorer health status (RRR:3.84 [2.61:5.69], while CIWL reported poorer emotional wellbeing (RRR: 1.83 [1.08:3.10] and health status (RRR: 17.80 [10.33:30.64] but were more likely to rely on their health provider in case of difficulty (RRR: 1.26 [1.04:1.51].
Conclusions: The only difference between youths living with a non-limiting CI and their healthy peers is that the former report a poorer relationship with their mother and rate their health status lower. However, those with limiting conditions not only rate their health as poor but are almost twice more likely to have a poor emotional wellbeing. While they show no difference in relying on their parents, they seem to have a better relationship with their health provider. Chronically ill adolescents have more contact with health services and should have a privileged relationship with their providers. However, this only seems to be the case for those whose condition limits their daily activities. Health professionals should be aware of the important role they can play in the life of these youths.
Sources of Support: This survey was financed by the Programme Intercantonal de Lutte contre la Dépendance au Jeu (PILDJ) and the canton of Fribourg.

125.

A RANDOMIZED PILOT STUDY OF AN ADAPTED MINDFULNESS-BASED INTERVENTION FOR ADOLESCENTS WITH CHRONIC PAIN

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Purpose: Chronic pain in children and adolescents is a common condition that results in significant impairments in quality of life. Mindfulness is an approach that takes roots in ancient Buddhist meditative practices. It has been used with promising results in various adult and adolescent populations to address such conditions as depression, anxiety and chronic pain. The primary objective of this study was to determine the feasibility, validity and acceptability of a randomized pilot trial measuring the impact of an adapted mindfulness-based intervention in adolescents with chronic pain. This study also aimed to gather pilot data exploring changes in health-related quality of life, perceived pain intensity, mood and anxiety symptoms, psychological distress, as well as salivary cortisol levels among participants.
Methods: This study was single-center, single-blinded, prospective, experimental, longitudinal trial conducted in a pediatric tertiary care center. All participants had a reported history of chronic pain of more than three months. Participants were randomized into an intervention group and a wait -list control group. Both groups successively followed an adapted 8-week mindfulness curriculum designed specifically for adolescents with chronic pain. Participants were required to keep a personal log book, provide saliva samples and fill-in series of questionnaire packages during the 4-month study period for measurement of quality of life, pain perception, anxiety, depression, psychological distress and cortisol levels. Five pre-determined criteria were established by a panel of experts to assess the feasibility, validity and acceptability of the study model. These criteria were: enrollment and attrition rates, compliance to study protocol, adequate monitoring of outcomes and quality control of the intervention.
Results: Nineteen participants completed the study and had a mean age of 15.8 years (range 13.9 -17.8). Attrition rates were low (17%). Attendance to mindfulness sessions (84%) and compliance to study protocol (100%) were high. Curriculum review by an external reviewer showed complete observance (100%) of curriculum objectives. All participants reported a positive change in the way they coped with pain. The majority of participants stated that they would recommend the program to a friend (89%) and most reported a positive effect on sleep quality (68%). No changes in quality of life, depression, anxiety, pain perception, and psychological distress were detected. Significant reductions in pre-post mindfulness session salivary cortisol levels were observed ($p<0.001$).
Conclusions: Mindfulness is a promising therapeutic avenue for which limited data exists in adolescents with chronic pain. Our study indicates the feasibility of conducting such interventions in teenagers. More research is needed to demonstrate the efficacy and bio-physiological impacts of mindfulness-based interventions in teenagers with chronic pain.