Methodology
Randomly selected sample of 158 diabetic patients were obtained from the diabetic clinic, Colombo North Teaching Hospital. Data collected using an interviewer administered questionnaire and clinic records.
Results
Sample population was aged between 21 and 90. Mean age 60. Majority had used insulin for more than 1 year 131/158 (83%). Very few 5/158 (3%) used the insulin pen while majority used syringes to inject insulin. Only 10 (6%) regularly checked blood sugar using needles/lancets. Majority 132/158 (84%) injected insulin more than twice per day and ≥50% used the same needle more than six times, for more than 3 days. Majority 150/153 (98%) of the syringe users recapped the needle. A significant number 73/158 (46%) also involved others when injecting and disposing needles. Used needles/pens were disposed in to a common household garbage bin, sharps container, toilet pit, garbage dump and indiscriminately by 66 (42%), 9 (6%), 8 (5%), 14 (8%), 11 (7%), respectively. Some 15/158 (9.5%) have collected sharps since beginning without disposing. Many respondents had received no information on how to dispose of their sharps. Those who recalled receiving information were more likely to dispose of their sharps safely.
Conclusions
Insulin-dependent diabetic patients are not educated on safe sharps disposal methods, leading to unsafe disposal of needles. Appropriate education on the correct disposal of sharps should be an integral part of their diabetic counselling.

DOI: 10.1530/endoabs.37.EP325

EP326

Vaccination status and factors affecting vaccination among diabetics
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Vaccines are the most effective tools for preventing some infections. World Health Organization (WHO) and Ministry of Health (MoH) in Turkey recommends vaccination for people with diabetes. Our aim was to determine the prevalence of vaccination rates among diabetes in three different cities (Kütahya, Eskisehir and Malatya) in Turkey. 475 patients (307 female, 168 male) attending outpatient clinics for endocrinology were asked to fill in a questionnaire. The vaccination rates were very low. The rate being vaccinated was 27% for influenza. The vaccination rate for pneumococcus, tetanus and hepatitis B were 8%, 20, 6% and 16, 2, respectively. The vaccination rates among type 1 diabetics were higher than type 2 diabetics. Survey results indicated that leading factor negatively influencing vaccine uptake for influenza was that 25.9% of diabetics did not know that they are in risk for influenza and 5.3% do not believe that there may be a threat of influenza pandemic or epidemic.6.1% did not want vaccination because of side effects. The reason for the lowest vaccination rate for pneumococcal vaccine may be dependent on the factor that this vaccine is not provided by health care providers, but the other vaccines are free for risk groups in Turkey. Also the pneumococcus vaccine is not well known among diabetics, because 60.6% of diabetics in our study population did not hear about the vaccine. 46.3% of diabetics reported that they did not know that there is a need of booster for tetanus immunization. Increased awareness of physicians may help improve vaccination rates against influenza, pneumococcal disease, tetanus and hepatitis B. Education programs for physicians and also diabetic patients may improve the vaccination rates in patients with diabetes.

DOI: 10.1530/endoabs.37.EP326

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Prevalence of orthorexia in diabetic patients
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Introduction
Orthorexia (nervosa) is an eating disorder, characterised by an obsession with avoiding foods perceived to be unhealthy. Though it has not been recognised as a pathological entity in Diagnostic and Statistical Manual of Mental Disorders – IV yet, interest in the condition has increased recently. This study aimed to determine the prevalence and risk factors of orthorexia in a group of diabetic patients.
Methods and design
134 (63 female) diabetic patients who admitted to the outpatient clinic of our department were enrolled. Demographic information, educational status, diabetic

history, care, and treatment, height, and weight of all cases were recorded. Ortho 15 Questionnaire was applied to all participants. Each patient can score minimum 15, maximum 60 points from this test. Those scoring 40 points and less are accepted to be orthorectic.
Results
The mean age of the group was 59.9 ± 11.7 years. The Ortho-15 test revealed that the minimum score was 25, and the maximum 46 points. No relation was determined between educational status, BMI and presence of orthorexia. 15.5% of males and 11.1% of females were found to be orthorectic ($P > 0.05$). The mean duration of diabetes of the whole group was 10.1 ± 8.8 years and there was no relation between duration of diabetes and presence of orthorexia.
Conclusion
This study revealed that orthorexia was not frequent in this group of patients. Performing the test on larger groups making comparisons, may introduce different results.

DOI: 10.1530/endoabs.37.EP327

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Metabolic control in patients with 1 diabetes mellitus associated with depression
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Objective
The assessment of glycemic control and concentration of lipids in the blood in patients with type 1 diabetes mellitus (DM 1), depending on the presence of depression (DP).
Methods
There were examined 163 patients with DM 1. To assess severity of DP there was used Hospital Anxiety and Depression Scale (HADS). There were determined the level of fasting blood glucose (BG), BG level in 2 hours after a meal, the average daily BG level for 3 days and HbA$_{1c}$ level. Also there were determined the total amount of cholesterol (TC), triglycerides (TG), HDL cholesterol (HDL-C). The amount of LDL cholesterol (LDL-C) and the amount of very LDL cholesterol (VLDL, C) were determined by calculation.
Results
Increased level of HbA$_{1c}$ was found in patients with DP, the mean daily glucose compared with patients without DP (9.70% vs 8.40%, $P < 0.001$; 9.02 mmol/l vs 8.10 mmol/l, $P = 0.03$ respectively). There has been established a positive correlative relationship between the level of DP according to the HADS scale and HbA$_{1c}$ level ($r = 0.20$; $P < 0.05$), as well as between the level of DP according to the HADS scale and the level of the mean daily BG ($r = 0.22$; $P < 0.05$). Development of DP at DM-1 is associated with the level of HbA$_{1c}$ 7.5% or more (OR − 0.89; $P − 0.03$; 95% CI 0.30–1.48). The results of evaluation of biochemical parameters characterizing lipid metabolism according to the presence of DP indicate, that the level of TC in patients with DP was higher than in patients without DP (5.10 mmol/l vs 4.80 mmol/l; $P − 0.04$). There has also been determined that the level of LDL-C was 3.10 mmol/l in patients with DP vs 2.65 mmol/l in patients without DP and exceeded by 14.5% the value of comparison group ($P = 0.05$).
Conclusions
The risk of development of DP in DM 1 is associated with decompensation of carbohydrate metabolism and dyslipidaemia.

DOI: 10.1530/endoabs.37.EP328

EP329

Trends in diabetic ketoacidosis presentations at a major rural referral centre in Australia
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Aim
To study trends in presentation and management of diabetic ketoacidosis (DKA) at a rural referral centre, to ultimately assist with development of a formal management protocol.