

trajectories will be performed and possibly different latent classes (LC) of homogeneous trajectories will be identified using Growth Mixture Models (GMM). A categorical latent variable representing the different classes will be included in the model and LC probability membership inferred from data. The LC will be characterized using baseline demographics, clinical and psychological data. Results: Patients who are expected to receive a pre-emptive kidney transplant should have a better HRQoL and lower anxiety and depressive symptoms than patients undergoing dialysis. It is expected that the analysis of the latent class profiles of patients groups will also highlight other distinguishing characteristics than renal replacement therapy such as clinical or psychological data. Conclusions: Our study will give more insight on the experience of patients on waiting list. It can help organizing therapeutic educational programs and psychological support specifically adapted to profiles of patients during this uncertain and stressful waiting time period.

Paediatrics

(2086) Risk and protective factors of health-related quality of life in children and adolescents: results of the longitudinal BELLA study

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Aims: Cross-sectional studies demonstrated associations of several sociodemographic and psychosocial factors with generic health-related quality of life (HRQoL) in children and adolescents. However, little is known about factors affecting the change in child and adolescent HRQoL over time. This study investigates potential psychosocial risk and protective factors of child and adolescent HRQoL based on longitudinal data of a German population-based study. Methods: Data from the BELLA study gathered at three measurement points (baseline, 1-year and 2-year follow-ups) were investigated in $n = 1,554$ children and adolescents aged 11 to 17 years at baseline. Self-reported HRQoL was assessed by the KIDSCREEN-10 Index. We examined effects of sociodemographic factors, mental health problems, parental mental health problems, as well as potential personal, familial, and social protective factors on child and adolescent HRQoL at baseline as well as over time using longitudinal growth modeling. Results: At baseline, girls reported lower HRQoL than boys, especially in older participants; low socioeconomic status and migration background were both associated with low HRQoL. Mental health problems as well as parental mental health problems were negatively, self-efficacy, family climate, and social support were positively associated with initial HRQoL. Longitudinal analyses revealed less increase of HRQoL in girls than boys, especially in younger participants. Changes in mental health problems were negatively, changes in self-efficacy and social support were positively associated with the change in HRQoL over time. No effects were found for changes in parental mental health problems or in family climate on changes in HRQoL. Moderating effects for self-efficacy, family climate or social support on the relationships between the investigated risk factors and HRQoL were not found. Conclusions: The risk factor mental health problems negatively and the resource factors self-efficacy and social support positively affect the development of HRQoL in young people, and should be considered in prevention programs.

(2088) Interventions to improve participation and quality of life in children with visual impairment: a systematic review

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Aims: To collect existing evidence for the effectiveness of rehabilitation interventions for children with visual impairment (<18 years) to improve skills and behavior, thereby improving participation and quality of life as an ultimate goal. Methods: Relevant literature was searched using the databases MEDLINE, Embase, CINAHL, PsycINFO, ERIC, and Cochrane. Additional strategies were used to include relevant 'grey literature', such as abstracts from conference proceedings. Included studies were classified as randomized controlled trials (RCTs), non-RCTs and before-after comparisons (BAs). The Cochrane Collaboration Risk of Bias Tool was used to assess the quality of RCTs, whereas the Risk Of Bias In Non-randomized Studies - of Interventions Tool was used for non-RCTs and BAs. Effect sizes were calculated to aid comparison of outcomes and investigate whether results are clinically meaningful. Results: The database search identified 25,315 articles. After searching grey literature and assessing eligibility criteria, 52 studies were included (i.e. 20 RCTs, 15 non-RCTs, and 17 BAs). Studies were clustered based on intervention type and constructs measured. All BAs were classified as having serious risk of bias, two non-RCTs had moderate risk of bias and the remainder had serious risk of bias. This was mostly caused by bias due to confounding and in the measurement of outcomes. All RCTs scored high risk of bias on at least one parameter, mostly on blinding. Risk of selection bias was often unclear because of substandard reporting. Interventions aimed to improve oral hygiene were most effective, effect sizes varied between 0.41 and 5.46, sports camps and physical activity 0.06-3.28, and prescription of and training in the use of low vision devices 0.05-2.61. Conclusions: The number of well-designed and adequately reported high-quality studies is very small, which limits conclusions that can be drawn on the effectiveness of interventions to increase participation or quality of life in children with visual impairment. The many outcome measures used (>50) limited possibilities to perform a meta-analysis. The results suggest that only some interventions might be effective in improving elements of participation and quality of life. However, caution in the interpretation is warranted because of high risk of bias and suboptimal reporting.

(2090) Attributes associated with quality of life of transsexual children and adolescents in Latin America

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