P-099 - ROLE OF SOCIAL WORK IN THE FOLLOW-UP AND INTERVENTION OF PATIENTS WITH INBORN ERRORS OF METABOLISM, INTA, UNIVERSITY OF CHILE


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**INTRODUCTION:** Phenylketonuria (PKU) if diagnosed and treated early prevents intellectual disability, and its evolution will depend on adherence to treatment. To support adherence in 2016, the Social Work (SW) discipline was integrated into the multidisciplinary team of a reference center for PKU in Chile. **OBJECTIVE:** to describe the contribution of SW in the follow-up of PKU patients. **METHODOLOGY:** Descriptive study of 120 PKU attended by SW: 64 children and adolescents (CH&A) derived by social case and / or low level of adherence and 56 women between 14-35 years with partial or total abandonment of the treatment with risk of Maternal PKU Syndrome (MPKU). A psychosocial interview and socioeconomic qualification (SEQ) was conducted to detect risk factors or protective factors of adequate adherence. Different strategies were used to improve adherence. **RESULTS:** 45/64 CH&A have low socioeconomic status and less adherence to treatment and are compared with 19 with low SEQ, but adequate adherence. They do not differ in economic income characteristics or in housing or employment, slightly in education. They differ in family functioning and the degree of adaptation of the family to treatment. Being the factors of > risk: “lack of recognition of the health problem” and “motivation to change”. The strategies used to promote adherence were: family interview, home visits, weekly and monthly telephone contact, coordination with networks, weekly monitoring of phenylalanine (Phe) level and, in case of high complexity, request of protective measures before Family Courts. In 15/45 CH&A improved their attendance to controls, increased the number of analysis of Phe level and/or improved their metabolic control by lowering Phe level from 7,1 to 4,9 mg/dL and greater parental commitment was observed. Of the 56 women at risk of MPKU: 18/56 returned to the follow-up program or improved adherence. **CONCLUSIONS:** The contribution of SW is significant but limited in number. It is suggested to observe adherence on a regular basis, maintain continuous communication with the family or patient and conduct a psychosocial interview at the time of diagnosis to the family of patients, in order to detect early factors that could affect adherence to follow-up.