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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 KIDSSCREEN-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.