**BACKGROUND**

- For youth with type 1 diabetes (T1D), adolescence is often characterized by a period of poor adherence.
- One reason for poor adherence may be related to youth establishing their independence, including making more of their own nutritional choices\(^1\).
- High quality nutrition is strongly recommended to improve health (e.g., lower LDL plasma levels), and potentially off-set risk factors for cardiovascular (CV) disease in individuals with diabetes\(^2\).
- The goal of the current study was to evaluate the rates of adherence to nutritional guidelines in youths with T1D and to examine the association between nutritional quality and HbA1c.

**METHODS**

- Baseline data from a randomized controlled trial (RCT) of an intervention designed to prevent deterioration of glycemic control in youths with T1D were evaluated.
- Adolescent-parent dyads (N = 257, youth mean age = 12 years, SD = 1.2 years, 49.4\% female, 64\% intensive insulin regimen, mean HbA1c = 8.8, SD = 1.6) reported on youths’ dietary intake via two 24-hour recall interviews as a component of their diabetes self-care.
- Participants were stratified by insulin regimen. Participants who reported 4 or more injections or use of a insulin pump were considered intensive. Conventional therapy involved a more structured insulin regimen including a set amount of carbohydrate and insulin intake per meal and fewer injections. Intensive therapy offered greater flexibility with calculating insulin needs, based on insulin to carbohydrate ratios, for each food consumed.
- Dietary intake was scored using The Food Processor® Nutrition Analysis Software (ESHA Research, Salem, OR, USA).
- Demographic variables and hemoglobin A1c were abstracted from questionnaires and medical record reviews.

**REFERENCES**