

Among children and youth with **celiac disease**, attending **gluten-free camps** is associated with **higher quality of life**.

Friendships and **social support** may be the key.

The Potential Positive Impact of Camps for Children and Adolescents with Celiac Disease on Social Support, Illness Acceptance, and Health-Related Quality of Life

INTRO

- Celiac disease (CD) requires a strict lifelong gluten-free diet, which negatively affects social life especially among children and youth
- The potential effectiveness of recreational camps as an intervention to improve the quality of life (QoL) of children with CD have not been sufficiently examined

METHODS

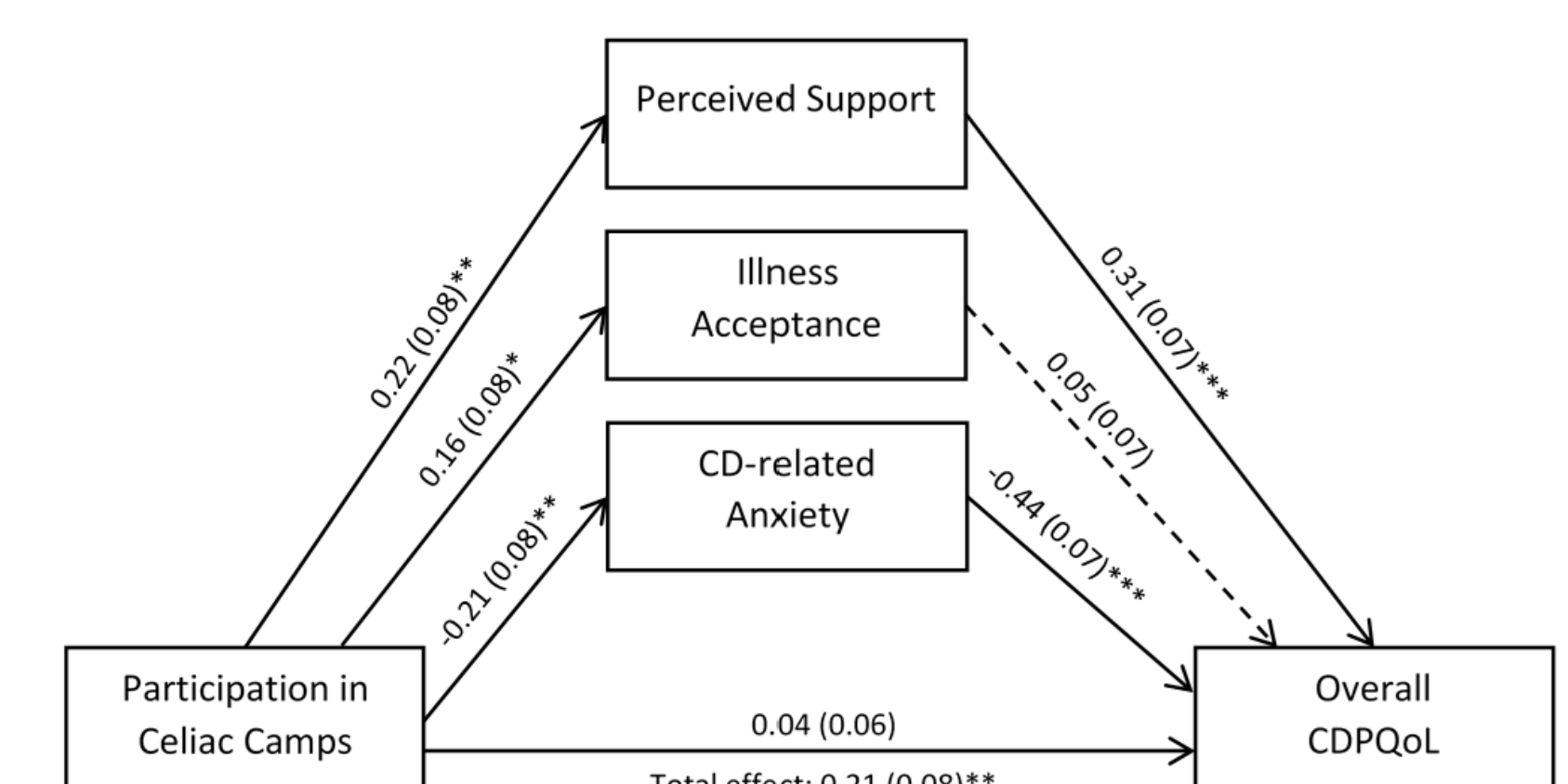
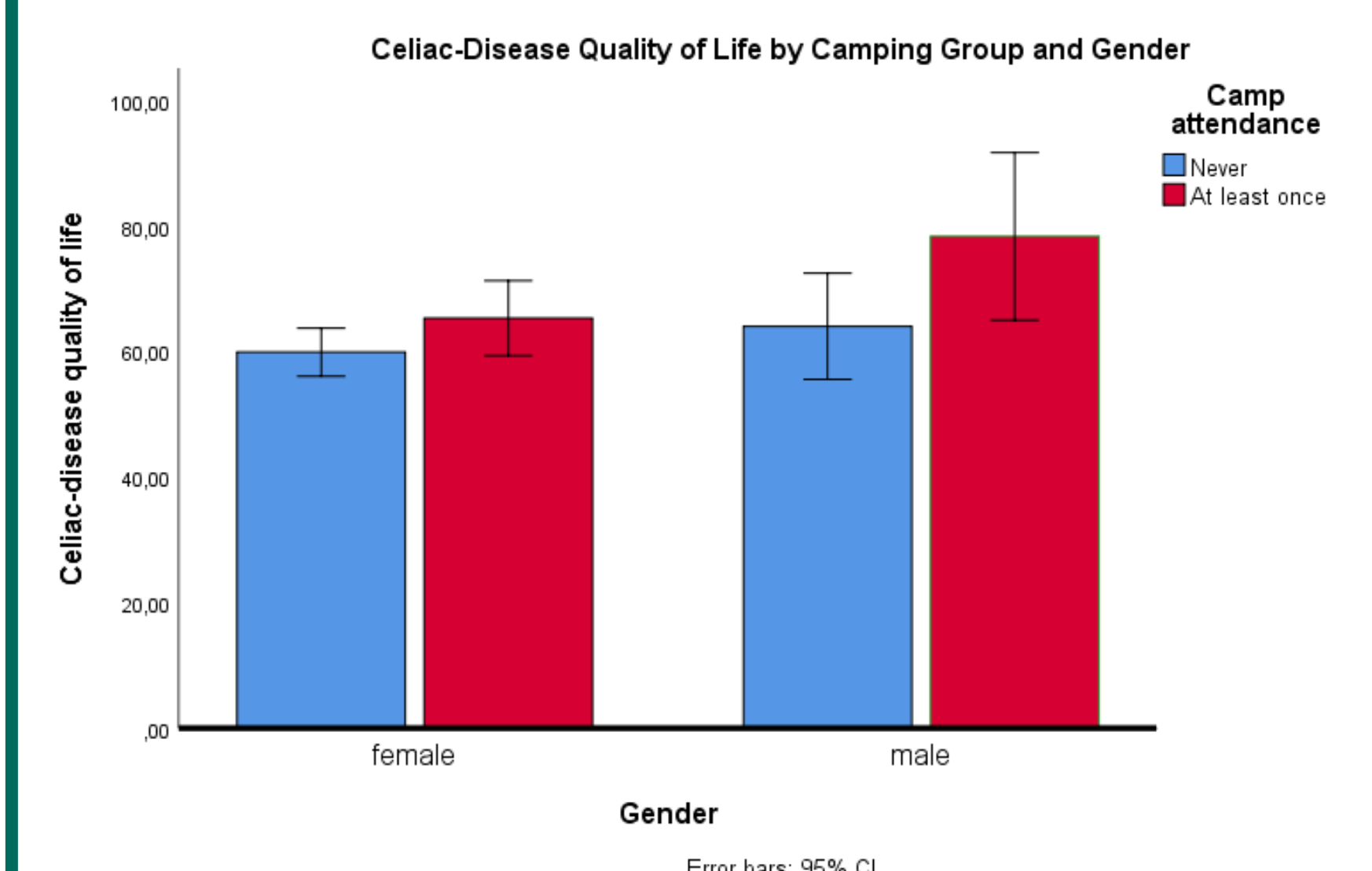
1. N = 165 German youth (14-22) with CD
2. Retrospective cross-sectional design (survey)
3. Measured: CD-QoL, subjective well-being (SWB), perceived social support, illness acceptance, anxiety, friendship and past camp participation
4. Correlational and mediation analyses

RESULTS

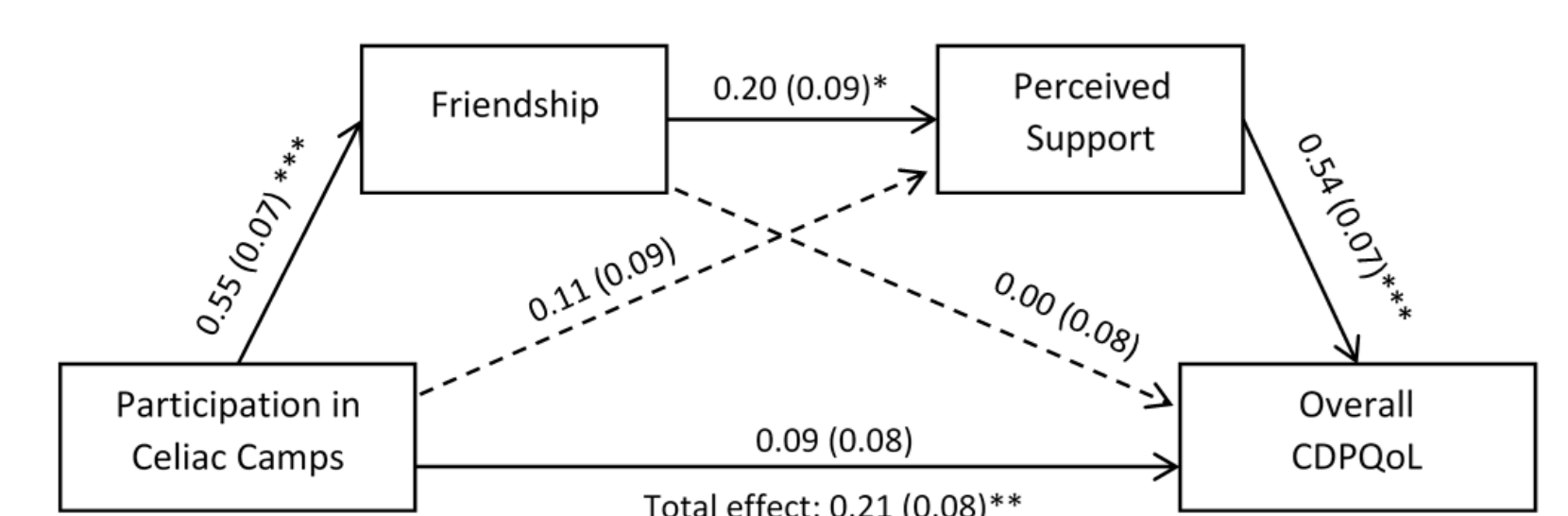
- Camping frequency is associated with higher CD-QoL and particularly social and supportive domains, but not with higher SWB
- The positive effect of camping on CD-QoL is significantly mediated by lower anxiety and by having more friends with CD who offer social support (see mediation models on the right pane)

DISCUSSION

- Children and youth with CD rely on socioemotional support through interactions with positive peers
- Although our results are correlational, they add to the accumulated evidence that social activities have benefits for health-related QoL
- They also add to the growing evidence that peer support for youth with chronic conditions contributes to their psychosocial development



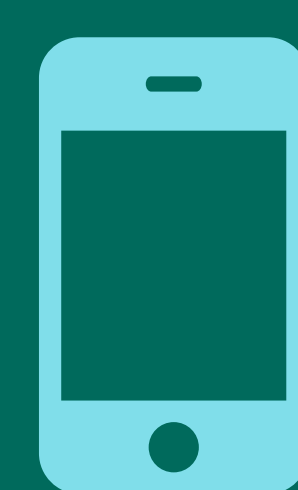
Parallel Mediation Model. N = 165. Dashed lines represent nonsignificant effects. Coefficients are standardized regression weights (β), with standard errors (SE) in parentheses. CDPQoL = Celiac Disease Paediatric Quality of Life. Total indirect effect: $\beta = 0.17$, SE = 0.05, 95% CI [-0.08, .27], $R^2 = .48$, $F(4,160) = 36.68$, $p < .001$. Indirect effect through perceived support: $\beta = 0.07$, SE = 0.03, 95% CI [.02, .13]. Indirect effect through illness acceptance: $\beta = 0.01$, SE = 0.01, 95% CI [-0.02, .04]. Indirect effect through anxiety: $\beta = 0.09$, SE = 0.04, 95% CI [.02, .18]. * $p < .05$ ** $p < .01$ *** $p < .001$.



Serial Mediation Model. N = 165. Dashed lines represent nonsignificant effects. Coefficients are standardized regression weights (β), with standard errors (SE) in parentheses. CDPQoL = Celiac Disease Paediatric Quality of Life. Total indirect effect: $\beta = 0.12$, SE = 0.06, 95% CI [-0.01, .235], $R^2 = .33$, $F(3,160) = 26.10$, $p < .001$. Indirect effect through friendship: $\beta = 0.00$, SE = 0.04, 95% CI [-0.08, .08]. Indirect effect through support: $\beta = 0.06$, SE = 0.05, 95% CI [-0.04, .15]. Serial indirect effect through friendship and support: $\beta = 0.06$, SE = 0.03, 95% CI [.009, .123]. * $p < .05$ ** $p < .01$ *** $p < .001$.

Maor Shani, Lukas Kraft, Marvin Müller, Klaus Boehnke

maor.shani@uos.de



Take a picture to download the full paper

Or click: tinyurl.com/celiaccamps

