

# Young People with Diabetes

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# Young People with Diabetes

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# What Types of Diabetes are there ?

**Type 1:** *beta-cell destruction, usually leading to absolute insulin deficiency (Autoimmune)*

**Type 2:** *may range from predominantly insulin resistance with relative insulin deficiency to a predominantly secretory defect with or without insulin resistance*

## **Other specific types:**

**Genetic defects of beta-cell function**

**Diseases of the exocrine pancreas**

**Drug or chemical induced**

**Uncommon forms of immune-mediated diabetes**

**Other genetic syndromes sometimes associated with diabetes**

**Genetic defects in insulin action**

**Endocrinopathies**

## **Gestational diabetes**

# What we already know.....

- *“young people with physical health problems have more health difficulties the less contact they have with healthcare services .....*

*.....dropping out and failing to attend clinic appointments and lack of concordance with treatment regimens have been extensively documented as a consequence of failing to provide adequate transition support.”*

Christie and Viner, 2009

# Why is it important?

**Chronic diseases are now the most common cause of death and disability in England.**

- Over 15 Million people have a long term condition

**These people are heavy users of healthcare**

**They make up.....**

- 50% of all GP appointments
- 64% of all OPA
- 70% of all inpatient beds
- (20% NDIA 2015 LTHT)

Kings Fund (2013)



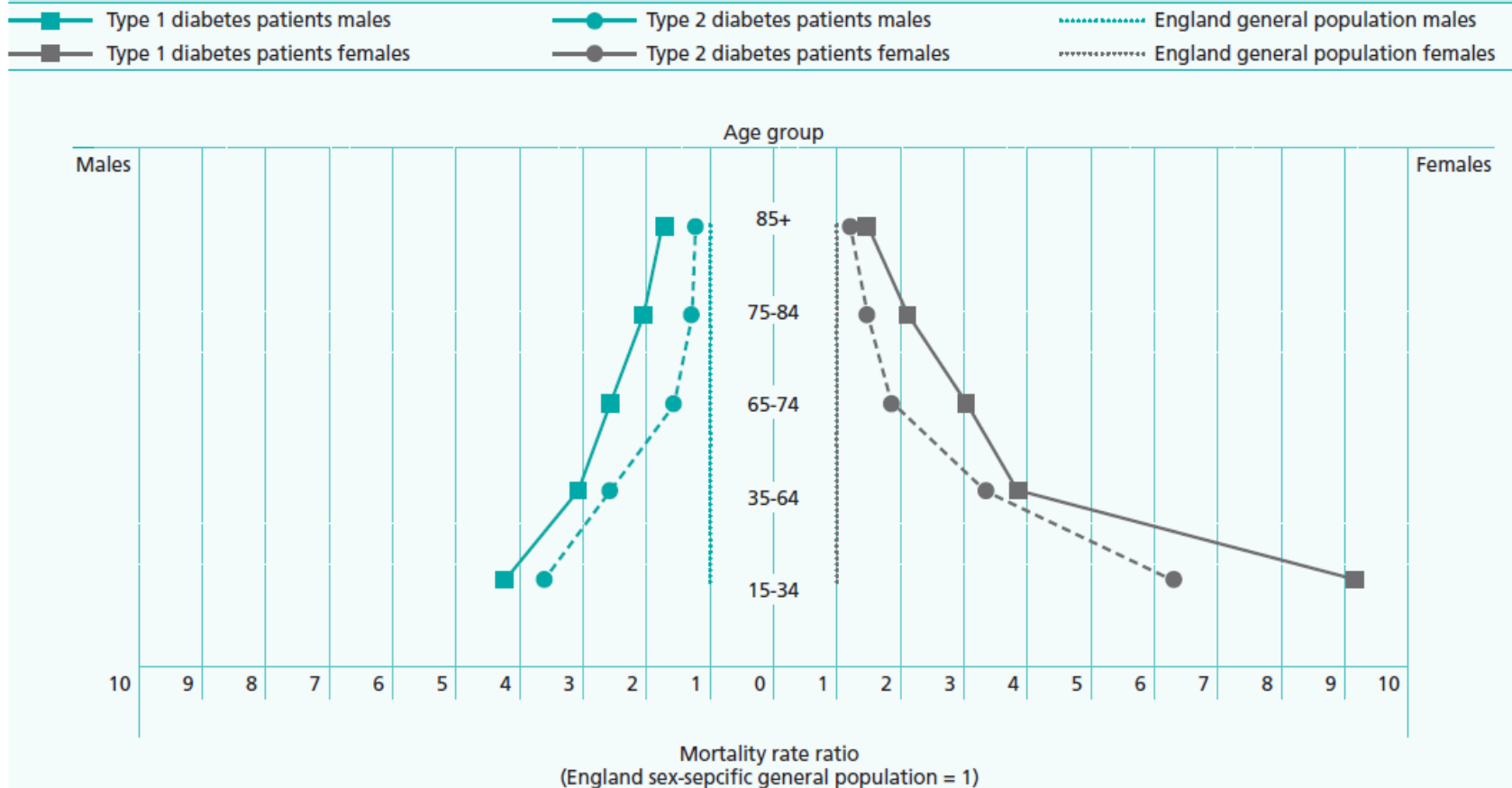
# National Diabetes Audit

## Mortality Report

[http://www.ic.nhs.uk/webfiles/Services/NCASP/audits%20and%20reports/NHS\\_Diabetes\\_Audit\\_Mortality\\_Report\\_2011\\_V2.0.pdf](http://www.ic.nhs.uk/webfiles/Services/NCASP/audits%20and%20reports/NHS_Diabetes_Audit_Mortality_Report_2011_V2.0.pdf)

Figure 1

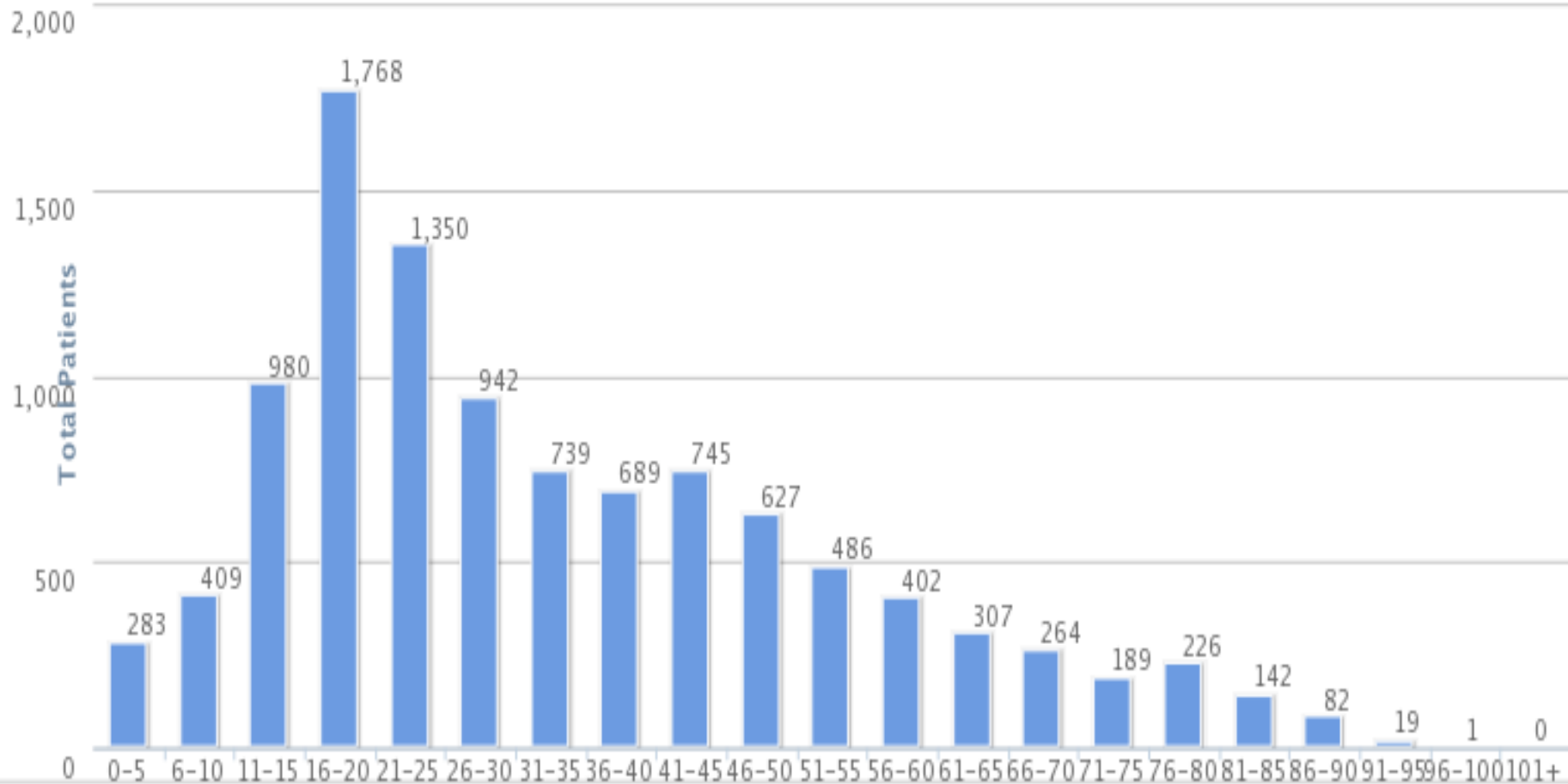
Age-Specific Mortality Rate Ratios by type of diabetes and sex



# Hospital Episode Statistics (HES)

## DKA Admissions by age

Population Age Splits 2012/13



# So what can we do?

- A body of evidence is emerging to support the importance of self management of care
- People who are more engaged in self management experience better health outcomes
- With effective support and education, evidence shows that self management skills can be developed and strengthened even among the less confident or healthcare literate

Kings Fund (2013)





# You're Welcome Quality Criteria

- Developed using evidence and good practice of what works in local areas and feedback from young people. Launched in October 2005 and a revised second edition in 2007.

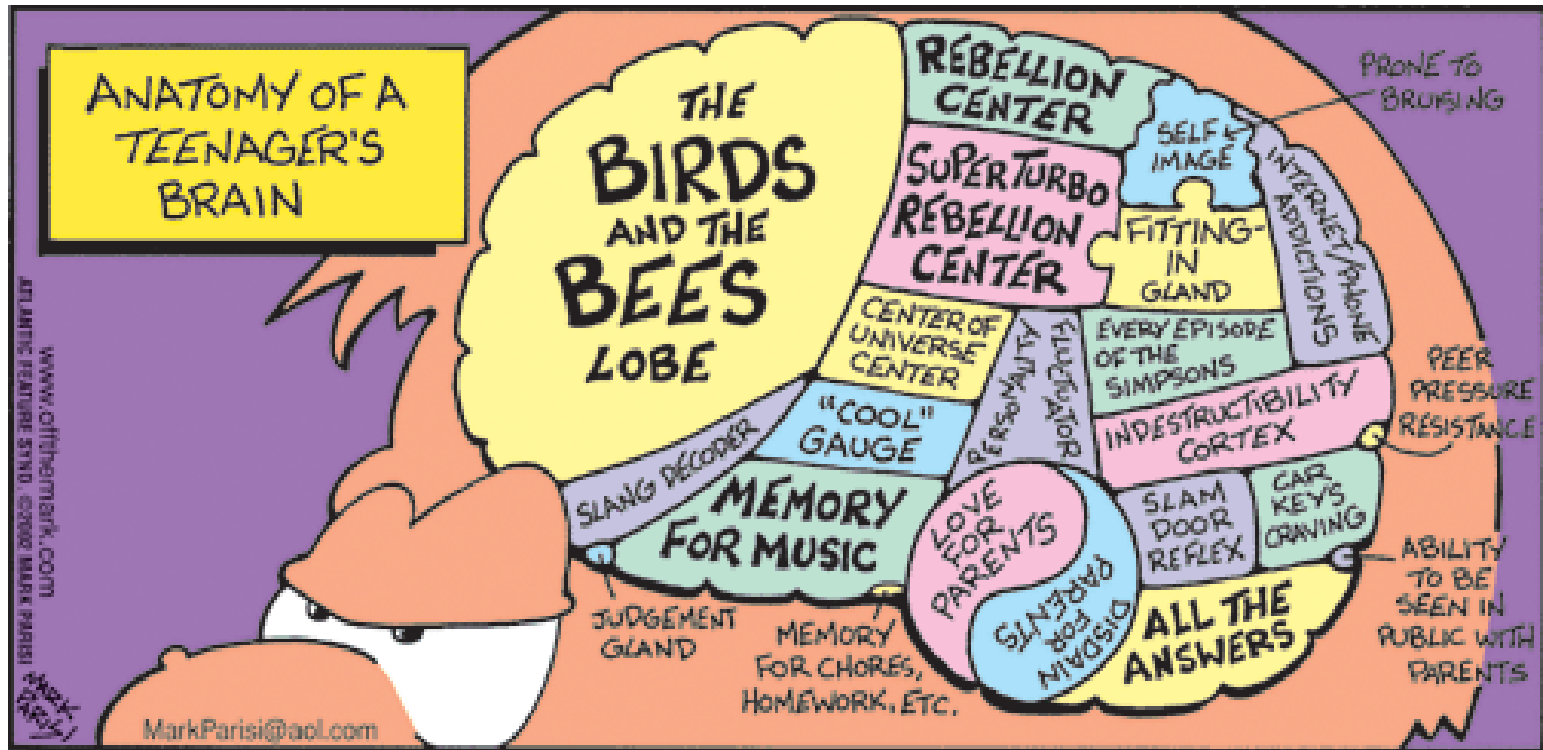
States that:

***'All young people are entitled to receive appropriate health care wherever they access it.'***

- *The 'Your Welcome quality criteria' lay out principles that will help all services both in the community and in primary care – 'to get it right and become young people friendly.'*



# Adolescence



*One thing that must be recognised by those who study adolescence is the fact that the adolescent boy or girl does not want to be understood (Winnicott, 1965)*

# Emerging Adulthood

- A theory of development from the late teens into the twenties (Arnett, 2000)
- Development of brain continues until mid twenties, with prefrontal cortex last to mature – important in planning, prioritising and complex decision-making
- Risk-taking is common in this age group, including risk factors for hypos (e.g. alcohol, sex, exercise, driving and sleep without checking BG) – risk of Dead-in-Bed

# Young People

- Becoming more independent
- Growth hormone/menstruation
- Peer pressure/relationships
- Erratic lifestyle – meals, activity
- Late nights/clubbing
- Alcohol/sex/drugs/smoking
- Starting work/college/university/travel
- Leaving home
- Driving

# Young people with diabetes

- Healthy eating, regular meals
- Taking medication regularly
- Getting prescriptions
- Attending clinic every 3 months
- Transition to adult services
- Unable to join Armed Forces, restrictions pilot, HGV
- Driving regulations
- Effects of Growth Hormone on insulin resistance, Dawn Phenomenon

# Health beliefs

- Fear of hypoglycaemia is significantly underreported, avoidance leads to hyperglycaemia (Barnard et al., 2010)
- Learned helplessness and avoidance more likely to be found in young people with poor metabolic control (Delamater et al., 2014)
- Young people underestimate their own risks but acknowledge greater risks in others, peer support can be helpful

# Young people with diabetes

- Higher incidence of eating disorders, depression
- Higher risk of complications – acute & long term
- Insulin omission – weight loss, fear of hypos  
(**don't increase the doses if not taking it!**)
- Higher rates of diabetic emergencies (DKA 80% deaths in CYPD, hypos)
- Higher death rates than peers
- Failure to attend clinics, no follow up
- Risks to mother & baby during pregnancy

# Discussion

- Amy is 18 years old and comes to see you in clinic. She has type 1 diabetes and is going to a music festival for the first time.
- What advice would you give to Amy about managing her diabetes?
- What other advice might you give her?



# Consultation

- Staff approach to young people, non-judgemental, 'lots of young people find...'
- Privacy, confidentiality
- Short waiting times, long appointments
- Motivational Interviewing, Problem-solving approach
- Psychosocial issues first, may need bd if overwhelmed (otherwise MDI or pump)
- Relevant information – driving, sex, contraception and preconception, drugs, alcohol, smoking, referral where needed
- FIT – needle length, lipohypertrophy, lipoatrophy (<http://www.fit4diabetes.com/>)

# Consultation

- Use of technology – Diasend
- Timing of injections (basal, bolus pre-meal)
- Vaccinations
- Text/e-mail/telephone contact, emergency advice (DKA, hypo after alcohol)
- Social media - Twitter
- Follow up of non-attenders
- Referral to WICKED, DAFNE
- Dietitian, podiatry, retinal screening
- Psychology/Liaison Psychiatry
- Insulin pumps need secondary care
- Ask students what they want....



## FEEDBACK FROM FAMILIES ABOUT DIABETES SERVICE

**In 2013 we asked you to complete 2 different questionnaires about what you thought of our service - this is a summary of the results**

**You said:**

"We would like more access to psychology services, especially for teenagers"

**We did:**

We now have 2 psychologists working with the diabetes team, Kate and Becky, who are able to work with people of all ages and their families. Emotional well being screening is being introduced for all

**You said:**

"Some young people and some parents would like time separately with the Team"

**We did:**

All young people in Transition Clinic (16y +) are now invited in alone for their appointment, and then joined by their parents. If parents of any age child would like time alone with the medical staff, please let clinic staff know so this can be factored in

**You said:**

"We would like a better waiting environment - age appropriate information, entertainment, air freshener!"

**We did:**

We are moving in April 2014 to have a dedicated clinic for diabetes patients and we hope to improve the waiting area.

**You said:**

We would like to have appointments after school/college or in holidays

**We can't do...sorry ☹**

We have 400+ patients attending the service, each requiring at least 4 medical appointments per year. That's at least 1600 appointments, so unfortunately we can't fit them all in outside school hours. We have 8 clinics every week. Last year 390 appointments were not attended!!! Some of these would have been outside school hours. If you are not able to make your appointment, please

# Other resources

- Websites such as:
- [www.upbete.co.uk](http://www.upbete.co.uk)
- <http://www.diabetes.org.uk/Guide-to-diabetes/My-life/Teens/>
- <http://www.talktofrank.com/>
- <http://www.teenagehealthfreak.org/>
- NHS England Diabetes Transition Service Specification January 2016
- Transition Information Network
- Association for Young People's Health

# Twitter

- @Diabetes1625      @AYPHcharity
- @YoungMindsUK    @JAdolesHealth
- @WeCYPnurses    @bycLIVE
- @NHSYouthForum @yphsig
- @JUSTDUK1T      @TIN\_Talks
- @YouthAccess      @ninjabetic1
- @TransitionRes    @sjblakemore

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Thank you  
Any questions?