

DIABETES AND ADOLESCENCE

Adolescence is defined as those young people between the ages of 14 and 18 years for the purpose of this document.

Aim of Diabetes Care

To offer support and guidance to promote physical and psychological well being during this difficult period and into adulthood in order to:

- Avoid hospitalisation.
- Achieve optimum glycaemic control to prevent both short and long term complications.
- To provide adequate screening for the detection of early signs of complications.
- Integration of the young person into school, social and working life of their peers.
- Provision of support /education with regard to alcohol use, contraceptive advice, and drug use, particularly with regard to the possible effect on their diabetes.

Adolescent/ Young Person's Clinic

Diabetes clinics for this group are held at the Royal Infirmary, Western General, St John's and Roodlands Hospital. Doctors, diabetes specialist nurses, and dietitians from the paediatric and adult services staff the clinics. The transfer from paediatric to adult services can be unsettling. The decision as to the exact time will be based on the physical and emotional maturity of the individual and will be made in conjunction with the young person and their parent. Generally this is around the age of 14 years.

Blood Glucose Monitoring/Urine testing

- Home blood glucose monitors are provided for all young people with diabetes. Regularity of testing should be sufficient to ensure confidence in appropriate insulin management to obtain optimum blood glucose control within their lifestyle. Recording of blood glucose results to aid management is encouraged.
- Urine testing is not used to check for glucose, but is used to check for ketones during illness and episodes of high blood glucose.

Insulin Regimens

- Many teenagers opt for multiple injection regimens (4 or more per day) as this gives increased flexibility in eating times/amounts and can be an aid to exercise management. This consists of a long acting insulin with boluses of short acting insulin and may be used in conjunction with carbohydrate counting
- Three times daily insulin regimens may be used. These usually consist of mixed insulin in the morning, fast acting insulin before the evening meal, and moderate acting insulin before bed.
- Twice daily mixed insulins are occasionally used.

Provision of Written Information

Written information is provided in the form of:

- Clinic attendance, diabetes nurse support, emergency contact
- "Hypo" guidelines
- Sick Day Management
- Insulin regimens

This information is given in conjunction with teaching from a member of the diabetes team.

School/ College

Young people with diabetes should not have a lot of absences from school, college, or work. Visits to the clinic are necessary. Provided that glycaemic control is satisfactory academic and sporting achievements should not be adversely affected.

Teachers should be aware of the diagnosis. The diabetes nurse specialist will visit the school of all young people newly diagnosed with diabetes. Written guidelines on diabetes are provided and discussed. In addition education sessions are provided, for school staff, at the Royal Hospital for Sick Children and St John's Hospital from June to September annually.

Diabetes nurse specialists also provide support for staff taking children on trips.

Activity Holidays

Many teenagers respond well to the opportunity to meet socially with other young people with diabetes and this can help them to develop their own support structures. The Youth Diabetes (YD) Project started in 1983 and it provides a nationwide network of young people who meet for activities and to share their experiences.

**Further information can be obtained from the Youth Diabetes
Group of Diabetes UK.
www.diabetes.org.uk**