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Transitions: Moving from Pediatric to Adult Diabetes Care

Helen DeVos Pediatric Diabetes Education
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Agenda

Developmental Theory – Young Adult/Emerging Adulthood

Challenges in Transitioning Diabetes Care

Transition Care Models

Community Resources

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Young Adult Developmental Theory

Older Developmental Theory - "Young Adult", from 1940's

- 18 – 30 years of age
- Assume traditional adult roles beginning at age 18 years
- Stable life partner – 1970 median age of marriage for women 21 years, men 23 years.
- Full-time work
- Become a parent

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Emerging Adulthood Developmental Theory

A new theory of development for late teens through the 20's with the focus on ages 18 – 25 years. (JJ Arnett)

- Distinct Developmental Stage - neither adolescence or young adulthood
- Adult commitments and responsibilities are delayed: marriage, work, parenting. In 1996, women marrying at 25 and men at 27 years
- Frequent changes: explore a variety of life directions in vocation, education, worldview, love

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Emerging Adulthood Developmental Theory

- Competing demands for time
- Feels invincible
- Obtaining a higher education: 14% in 1940 has risen to 60% in the mid-1990's
- "Young Adulthood" is delayed until late 20's or 30's: marriage, fulltime work, parenting.

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Challenges in the Transition Process

Differences between pediatric and adult diabetes care.

- *Pediatric care* family focused, fits diabetes care into the child's and family's lifestyle.
- *Adult care,* patient is expected to be autonomous. Visit is short and focused on medical issues.

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Challenges in the Transition Process

Increased risk for short term complications – hyperglycemia, DKA, hypoglycemia. Factors contribution to complications:

- Loss of parental supervision
- Reduced attendance at medical visits
- Work/school, social, emotional, financial demands take precedence over diabetes care
- Lifestyle changes – dietary, consuming alcohol, level of physical activity changes, motivation to care for oneself

Challenges in the Transition Process

Psychosocial Issues

- Feeling overwhelmed and discouraged by diabetes regimen
- Anxiety and guilt
- Social discomfort

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Challenges in the Transition Process

- Depression – 15% to 33% of adolescents with diabetes report depression, 23 – 35% of emerging adults report depression
- Disordered Eating
- Intentional Insulin Omission – up to 57% of adolescents and young adult women

Sexual and Reproductive Issues

- Contraception and maternal/fetal health

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Challenges in the Transition Process

Sexual and Reproductive Issues

- Contraception and maternal/fetal health

Alcohol, smoking and drug abuse

- Alcohol worsens glucose control and is a risk factor for severe hypoglycemia
- Alcohol and drugs while driving
- Abnormal blood vessels

Challenges in the Transition Process

Chronic Complications Emerge

- Microalbuminuria and hypertension
- Peripheral sensory neuropathy – 20% of adolescents
- Abnormal blood vessels

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Challenges in the Transition Process

Poor Glucose Control

- The SEARCH for Diabetes in Youth Study – 32% of 13-18 years of age had A1C in ADA range. 18% of those ≥ 19 years had and A1C in ADA target range.

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Goals of the Transition Process

Optimal health in the short term.

Achieve and maintain glycemic targets.

Prevent long-term complications.

Optimal lifelong functioning.

Passage from pediatric to adult care with < 4 months in between.

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Models of Transition Care

Flexible hours at clinic

Special clinics focusing on teens, emerging adults, and young adults

Written materials for transitioning patient regarding the transfer process and the new physician

Assessment of transition readiness by pediatric practice

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Models of Transition Care

Transfer to a combination of pediatric/adult providers, UK

Transfer to young adult clinic within the same hospital, UK

Consider a transition navigator who provides telephone and email contact with and support in accessing adult diabetes care. This has been shown to reduce loss to follow up and short term complications. 17apem

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Models of Transition Care

ADA recommendations

- Begin transition at least one year prior to transition, best to begin in early teen years
- Preparation focused on self-management skills. Gradual transfer of skills from parent to teen. Preparation should include insulin skills as well as scheduling appointments and maintaining diabetes supplies.
- Include differences between pediatric and adult diabetes care

Models of Transition Care

- Pediatric provider to supply transferring patient and adult provider with written summary of care, problem list, medications, assessment of diabetes care skills, past glycemic control
- Refer to a provider versed in intensive insulin therapy
- Provide resources to help connect patient to care if they become lost.
- Referral for care of disordered eating and affective disorders.

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Models of Transition Care

- Visits every 3 months for patients of insulin and every 3-6 months for patients with type 2, not on insulin
- Screening for complications
- Lifestyle education
- Ongoing primary health care

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Based on six core elements of transition by *Got Transition.*

- Transition policy
- Transition tracking and monitoring
- Transition readiness
- Transition Planning
- Transfer of Care
- Transfer Completion

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- Transition Seminar for parents and transitioning emerging adult. *Movin' On Up – The Next Step to Adult Diabetes Care*
- Transition Notebook – written transition education materials
- Referral to adult provider
- Joint record keeping by pediatric and adult care givers when transitioning within Spectrum Health

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Successful Transition

Transition preparation

Achieve/maintain glycemic targets

Avoid short and long term complications

<4 months from pediatric to adult care

Adhere to diabetes care plan

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Community Resources

www.gottransition.org

http://www.niddk.nih.gov/health-information/health-communication-programs/ndep/living-with-diabetes/youth-teens/transition-adult-health-care/resources/Pages/resourceslist.aspx

www.endo-society.org/clinicalpractice/transition_of_care.cfm

https://www.collegediabetesnetwork.org/

National Diabetes Education Program, NDEP, program of the NIH and CDC, Pediatric to Adult Diabetes Care: Transition Planning Checklist.

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Community Resources

Endocrine Society, *A Recommended Approach to the Adolescent Transitioning to your Adult Practice, Provider Assessment of Patient Skill Set, Health Care Transition: Recommended Approach to Planning for Pediatric Practices, Do You Have Questions?*

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