

DIABETES IN ADOLESCENTS - CHALLENGES AND REWARDS

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The management of diabetes during adolescence presents a unique set of challenges. Physiological as well as behavioural changes pose particular problems. Compliance with insulin therapy may deteriorate as parental supervision is withdrawn, while clinic attendance may fall as patients transfer from paediatric to adult services. There is no single formula to address all of these issues, however establishing a relationship between the diabetes team and the patient is key. Many of the challenges relate more to adolescence than diabetes; patients need support that is accessible and responsive to their needs. The transition of patients from paediatric to adult services also requires careful co-ordination. Once transferred to adult services, young people should be seen in age-banded clinics that focus on the needs of young people. Other strategies such as group meetings, mentor programmes and activity holidays may also be helpful.

While some individuals will inevitably prove especially challenging, providing non-judgemental support and establishing trust is crucial; often the most rewarding outcomes result from not losing faith in a troubled young person, and seeing them later move into adulthood where they are better equipped to manage the challenges of diabetes and adult life.

DIABETES IN HOSPITAL - EMERGENCIES, SURGERY AND MANAGEMENT OF INPATIENT DIABETES

20% of inpatients in UK acute hospitals have diabetes. A recent audit demonstrated unacceptably high levels of hypoglycaemia and insulin errors in these patients, as well as there being an increase in length of stay associated with having diabetes. Novel approaches to managing this problem are required; in England, many hospitals have implemented the Think Glucose programme with varying success. Scotland has piloted this approach, and involved Healthcare Improvement and patient safety agencies in an effort to achieve real and sustainable improvements. Interim results suggest improvements in insulin prescribing, hypoglycaemia management, early assessment of patients and a reduction in the frequency of hypoglycaemia.

In conjunction with this initiative, several Joint British Diabetes Societies protocol documents have been published recently with particular relevance to inpatient diabetes, such as surgical management and management of hypoglycaemia, while Scotland has produced a national protocol for the management of diabetic ketoacidosis. Widespread implementation of these remains a challenge, however raising the national profile of inpatient diabetes and attracting interest and support from Government has led to progress that may well see long term benefits in terms of improved patient experience, reduced costs and a fall in morbidity and possibly mortality.

The healthcare-patient interface has witnessed enormous changes ever since the care of the sick saw progressive evolution from being a healing art to a committed pursuit, a consulting profession and advanced into what is recognized as

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