QUALITY OF LIFE IN ADOLESCENTS WITH TYPE 1 DIABETES (T1D) AND ITS RELATIONSHIP WITH METABOLIC CONTROL

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BACKGROUND
T1D has great psychological impact on adolescents and family lifestyle. It influences their perception of quality of life (QOL), their metabolic control, and it may lead to future complications.

OBJECTIVES
Identify how QOL affects on T1D adolescents and its relationship to metabolic control.

METHODS
Retrospective study of 55 T1D adolescents.
Quality of life questionnaire used by Hvidore group for children and adolescents.
It evaluates:
- Life satisfaction.
- Health perception.
- Diabetes impact.
It must be filled by patients, parents and health caregivers.

RESULTS:

LIFE SATISFACTION
- Life satisfaction improved in patients with good metabolic control (ns).
- There was a lower reported life satisfaction in men (p 0.038).
- Those older and in those with a longer duration of T1D had less life satisfaction.
- Adolescents with CSII had a greater life satisfaction report than those with MDI (ns).

<table>
<thead>
<tr>
<th>LIFE SATISFACTION</th>
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</tr>
</thead>
<tbody>
<tr>
<td>More satisfied</td>
<td>20</td>
</tr>
<tr>
<td>Quite satisfied</td>
<td>63</td>
</tr>
<tr>
<td>Never mind</td>
<td>14</td>
</tr>
</tbody>
</table>

HEALTH STATE

<table>
<thead>
<tr>
<th>HEALTH PERCEPTION</th>
<th></th>
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<tbody>
<tr>
<td>Very good</td>
<td>7</td>
</tr>
<tr>
<td>Good</td>
<td>20</td>
</tr>
<tr>
<td>Medium</td>
<td>17</td>
</tr>
<tr>
<td>Poor</td>
<td>11</td>
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DESCRIPTION
26 mujeres
29 hombres
n=55 patients
52.7% male and 47.3% female.

- Average age of 16.15 years (13.3-19).
7.2 average years after diagnosis (1.1-14.57).
- Mean HbA1c 7.9±1.1% (6.2-11.3%)
- Insulin dose 0.96 U/kg/day.
4,1±1,1 injections/day,
85.5% multiple daily injections (MDI),
14.5% continuous subcutaneous insulin infusion (CSII).

IMPACT DIABETES
Teens who reported a high impact on their life because of diabetes presented more likely to have poor metabolic control; 21.4% of them needed psychological assessment.

PARENTS AND CAREGIVERS
- Metabolic control was worse in single parents (HbA1c 7.8 Vs 8.2%; p ns).
- Older adolescents suppose less hardwork for parents (p 0.05) and caregivers as well.
- Good metabolic control assumes greater family involvement from the parents' point of view (p 0.05) and caregivers.

CONCLUSIONS:
- Poorly controlled T1D interferes with QOL and perceived health status.
- Patients poorly controlled require more frequent psychological support.
- Greater family involvement is related to better metabolic control.
- CSII patients feel more satisfied than MDI treated.