LIFESTYLE AND METABOLIC CONTROL IN ADOLESCENTS WITH TYPE 1 DIABETES (T1D)

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• BACKGROUND
In T1D adolescents it is necessary to design effective interventions to take care of their health and psychological problems. This leads to effective transition to an adult unit.

• Adolescence: State of physical and psychological change with possibility of developing harmful or risky behaviour.

• Transition period to adolescent autonomy, with responsibility passed from parents to teens.

• Risk of impaired attention and disease control.

METHODS
Retrospective cohort study of 42 T1D adolescents.
Filled a questionnaire about lifestyle and autcontrol of illness between 1st November 2014-31st January 2015.

Inclusion criteria:
Age: 13-19 years.
Duration of disease > 1 year.
Analysis and clinical follow-up every 3-6 months during the last year.
Voluntary questionnaire.

Exclusion criteria:
Age > 19 years.
Duration of disease > 1 year.
No clinical control or analyses in the last year.
No feedback from the questionnaire.
Follow-up in other centre.

RESULTS:

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
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<tbody>
<tr>
<td><strong>ECG</strong></td>
<td><strong>ECG</strong></td>
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<tr>
<td>Age</td>
<td>13-19; 68%</td>
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<td>Age at the onset</td>
<td>8.8±7.03</td>
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<tr>
<td>Duration of disease</td>
<td>5.3±5.29</td>
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<td>HbA1c Diabetes (HbA1c)</td>
<td>7.7±2.64</td>
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<tr>
<td>Number of measurements</td>
<td>4.0±4.00</td>
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<tr>
<td>Hypoglycaemia</td>
<td>4.5±4.07</td>
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<tr>
<td>Insulin analogues (seven hypoglycaemias, relaxation)</td>
<td>0.5</td>
</tr>
</tbody>
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PHYSICAL ACTIVITY

Physical activity and metabolic control

ALCOHOL CONSUMPTION

Decision to inject insulin

Carbs Counting

Psychosocial environment

Adolescents request

Not correlation with worse metabolic control.

CONCLUSIONS:
1. Exercise done regularly (at least 3 times/week) is associated with better metabolic control.
2. Alcohol and smoking are linked to worse metabolic control.
3. More number of bolus/day is associated to smaller Hb A1c and the number of measurements/day to less glycemic variability.
4. The management under family supervision means better metabolic control (HbA1c).
5. A greater request exists from adolescents to create specific units to guide them on the disease care and psychologic help, specially the worst controlled.
6. Diabetes education review is required for adolescents, mainly if they have longer duration of the disease. Then, it is ensured a suitable transfer to adult units.