

# 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:

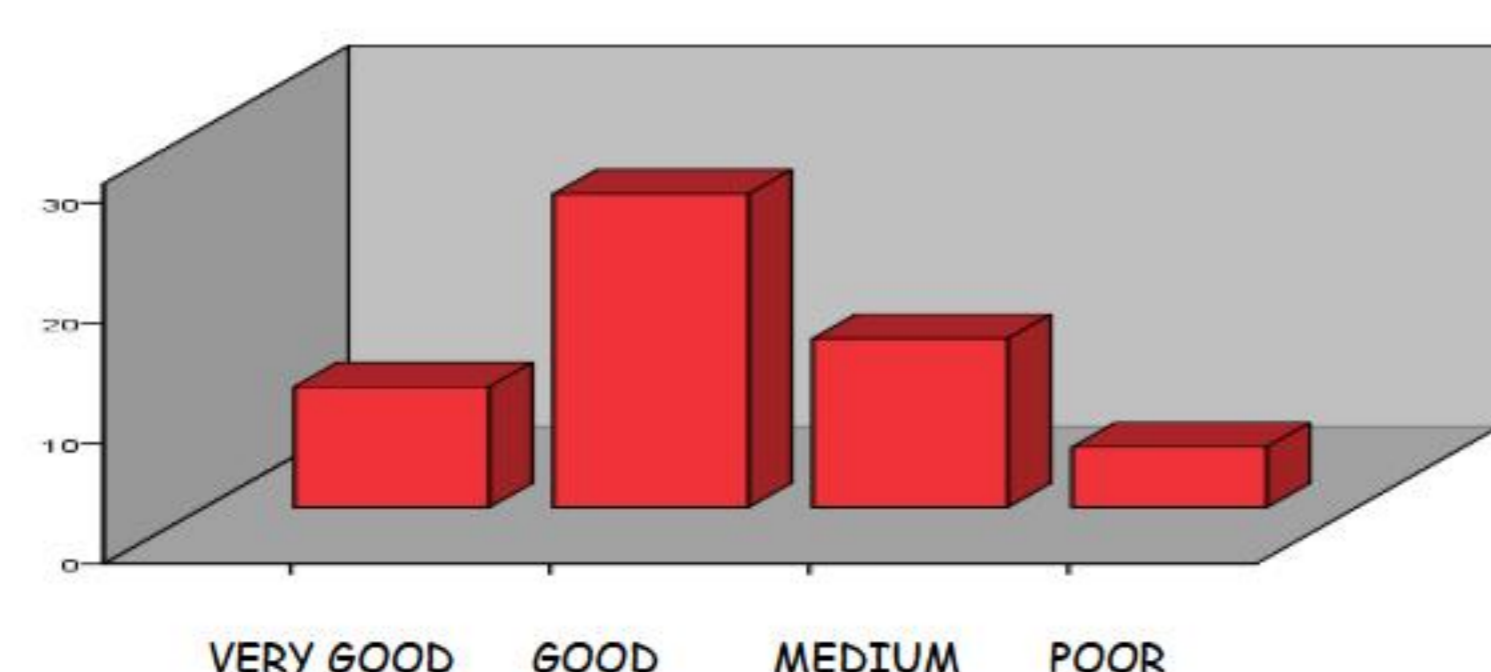
### LIFE SATISFACTION

- 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).

### LIFE SATISFACTION



### HEALTH STATE



### HEALTH PERCEPTION

Patients with metabolic control (measured by an HbA1c <7.5%) feel healthier than the worst controlled (p=0.017).

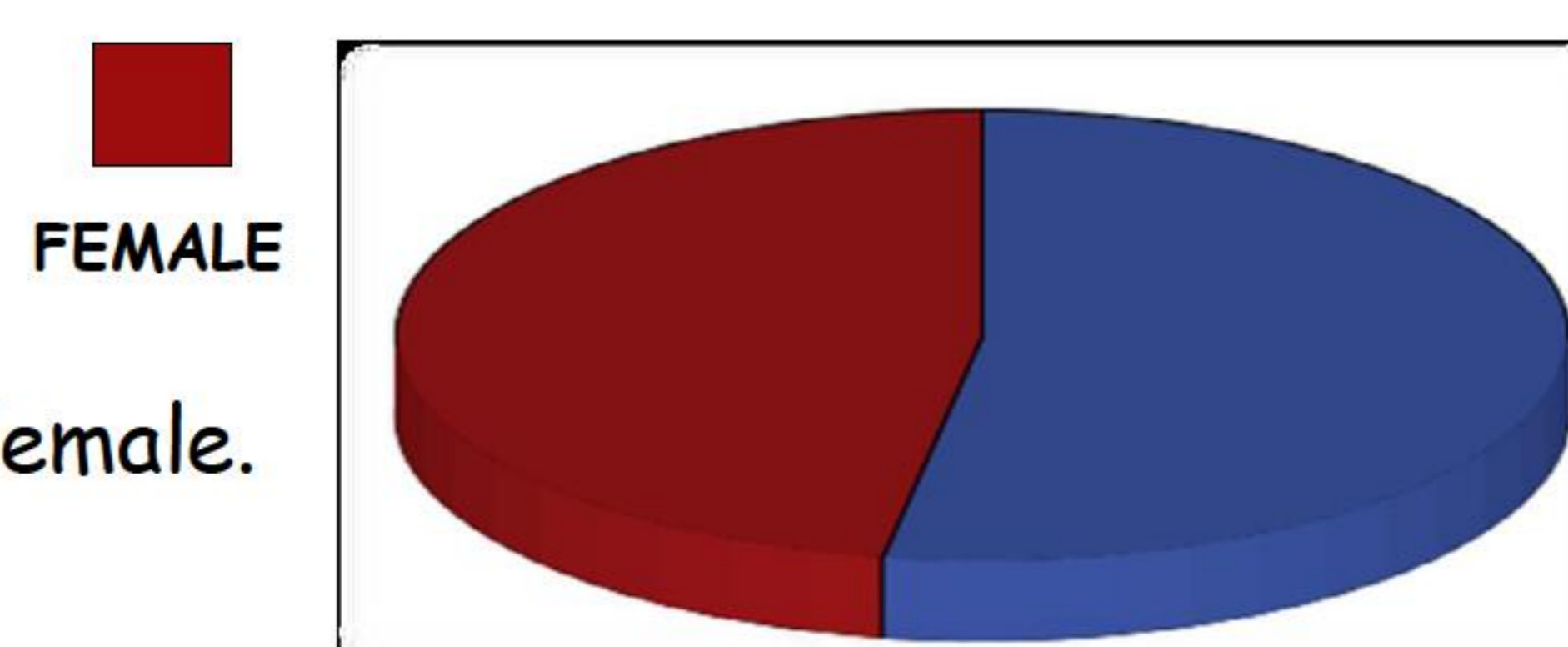
### DESCRIPTION

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.

