

Improving Care of Pediatric Patients with Type I Diabetes Mellitus

What we already do that's supported by the evidence:

EDUCATION

- Self management, education, and support
- Patients are discharged only upon completion of education and demonstration of skills
- Standardized curriculum for patient/family education is used by diabetes educator



STUDY 1

ADA Psycho-education Clinical Trial

- n=320, ages 11-14
- Subjects completed two online education programs “TeenCope” & “Managing Diabetes”
- Primary outcomes= A1C and quality of life (QOL)
- Secondary outcomes= coping, self efficacy, social competence, self management, and family conflict
- Results= completion of both online education increased primary and secondary outcomes after 18 months

- American Diabetes Association, 2013

Special Considerations for Pediatric Patients With DM I

STUDY 2

- Longitudinal study
- n= 2,485 students with diabetes
- 4 control students per student with DM I
- Grades were lower in kids who suffered from diabetes
- A higher percentage of kids with diabetes did not have jobs by the age of 29
 - Dahlquist et. al., 2013

What this means:

- Intervention needs to be done at an early age to accommodate children with DM I to allow for their disease to not interfere with school

STUDY 3

- Systematic Review
- Negative correlation between glycemic control and:
 - Being an adolescent
 - Having a single parent
 - Family conflict
 - Low socioeconomic status

What this means:

- Patient and family-centered care as well as overall patient wellbeing needs to be a focus of care

- Alexopoulos et. al., 2013

American Diabetes Association Recommendations from 2015

Patient-Centered Care

“Patient-centered communication that incorporates patient preferences, assess literacy and numeracy, and addresses cultural barriers to care should be used” (ADA, 2015).

Chronic Care Model

1. Optimize provider and team behavior
2. Support patient behavior change
3. Change the care system
 - Systemic approach, coordinate care throughout the lifespan, focus on patient wellbeing (ADA, 2015).

Ongoing Psychosocial Assessments

- Should include: attitudes about the illness, expectations about medical management and outcome, general affect/mood, past psychological history, and diabetes quality of life resources including financial emotional, and social (ADA, 2015).

Screenings

- Celiac Disease and Thyroid issues as appropriate
- Psychological comorbidities such as disordered eating, cognitive impairment, depression/anxiety, and diabetes-related stress (ADA, 2015).

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PICO Question: Does implementation of patient and family-centered education with continued assessment and follow up improve glycemic control in patients with newly diagnosed Type I Diabetes Mellitus?

