

# Teens With Diabetes Might Need Help in Transition to Adulthood

April 6 2010, By Valerie DeBenedette

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It is hard enough being a teenager -- or the parent of a teenager -- without also having to deal with type 1 diabetes. Keeping good control can be a problem when the responsibility for administering insulin and checking blood glucose levels passes from parent to child.

A new study found that while conflict levels between teens with diabetes and their parents stayed steady during this shift in responsibilities, teens' blood glucose levels were monitored less frequently and their levels of [hemoglobin A1c](#) - a measure of how well blood glucose has been controlled over time - became worse.

The study, which followed 147 teenagers with diabetes over six months, appears online in the [Journal of Adolescent Health](#). Younger teenagers who took greater responsibility for their own care and who had more family conflict checked [blood glucose](#) less often after six months.

However, the relative steadiness of markers for family conflict was a good thing, said Korey Hood, Ph.D., a study co-author. "We were expecting diabetes-related conflict to rise, but it didn't," said Hood, an assistant professor of pediatrics at the University of Cincinnati College of Medicine Cincinnati Children's Hospital.

However, he said, the rise in A1c levels was typical of that seen during late adolescence and early adulthood: "What you tend to see as you look at large-scale clinical data is that A1c trends from the age of 12 or 13 steadily climb into young adulthood. And then it starts to decline in the

mid-20s.”

“This transition from managing diabetes with the parents to independent management is a huge issue,” said Aaron Kowalski, Ph.D., assistant vice president for glucose control research at the Juvenile Diabetes Research Foundation. As an adolescent with [type 1 diabetes](#), he had experienced this transition firsthand.

Teenagers with diabetes go through the usual stresses and peer pressure of adolescence and might let management of their disease slide, Kowalski said, and this change in priorities in turn puts stress on the parents and on family dynamics.

The majority of teens in the study used [insulin](#) pumps, which can administer a continuous amount of insulin, rather than insulin injections from syringes or pens. Hood and Kowalski said that pumps are becoming the more common method of insulin administration in children and people newly diagnosed with diabetes because they are easier to use.

The Juvenile Diabetes Research Foundation is funding an initiative to improve insulin devices that monitor glucose levels continuously, Kowalski said, but he added that a recent study of these devices still found challenges with teen users: “It worked very well in adults and 8- to 12-year-olds, but 15- to 20-year-olds saw no glucose control benefit. What happened was that most teens would not wear them consistently.”

**More information:** Ingerski LM, et al. Blood glucose monitoring and glycemic control in adolescence: contribution of diabetes-specific responsibility and family conflict. J Adol Health online, 2010.

Provided by Health Behavior News Service

Citation: Teens With Diabetes Might Need Help in Transition to Adulthood (2010, April 6)  
retrieved 26 April 2024 from  
<https://medicalxpress.com/news/2010-04-teens-diabetes-transition-adulthood.html>

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