

Youth with diabetes at greater risk following transition from pediatric to adult care

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(Medical Xpress)—Type 1 diabetes is a condition in which the body does not produce insulin and cannot convert sugar, starches and other food into energy. Generally diagnosed during childhood or adolescence, the disease requires lifelong access to medical care and intensive daily self-management.

As children with [Type 1 diabetes](#) grow into young adults, they must leave their pediatric [health care providers](#) for adult providers. But the timing of this process and its impact on the young people's health had not been fully explored.

In a new study published in the April issue of the journal *Pediatrics* and currently available online, UCLA researchers found that young people with Type 1 [diabetes](#) who had transitioned from pediatric to adult care were 2.5 times more likely to have chronically [high blood glucose](#) levels, putting them at higher risk for heart attacks, strokes, blindness and [kidney failure](#) later in life.

The estimated median age of patients when this transition occurred was 20.1 years, the researchers said, and 77 percent had left pediatric care by age 21.

The findings suggest that young adults need additional support and guidance when leaving their pediatric providers to avoid the risk of poor diabetes control.

"The transition to adulthood can include changes in [health care](#) providers, insurance and often living situations as patients move from high school to college or work," said the study's lead author, Dr. Debra Lotstein, an associate clinical professor of pediatrics at the David Geffen School of Medicine at UCLA and Mattel Children's Hospital UCLA.

"These transitions can be challenging for anyone, but youth with a chronic health problem like diabetes are at risk of losing the support of their health care providers and their family that helps them stay healthy. When this transition goes poorly, it increases the risk of worse health outcomes in adulthood."

Previous research on youth with Type 1 diabetes in the U.S. had looked primarily at young people from a single diabetes specialty center or a single geographic area, or it had examined youth at just one point in time—either before or after leaving [pediatric care](#). The current study, however, involved the largest national cohort of youth with Type 1 diabetes in the U.S. to be followed over a period of time.

Researchers analyzed data from the multi-center SEARCH for Diabetes in Youth Study, which has tracked children and young adults with diabetes from six centers across the country since 2002. The cohort included 185 adolescents and young adults with Type 1 diabetes who were enrolled in the study in the year after their diabetes was diagnosed. The youth included in these analyses were cared for by pediatric diabetes physicians at the time of their initial study visit and were followed for an average of 4.5 years.

The authors found that a young patient's type of insurance—public versus private insurance, for instance—made no difference in the switch to adult care, but they did observe that older patient age, lower levels of parental education and lower baseline [blood-glucose levels](#) were independently associated with increased odds of transitioning to adult care.

"One surprise was that those patients with poor [diabetes control](#) were more likely to stay with their pediatric providers, compared to others," Lotstein said. "We theorized that that the doctors have a higher level of concern for those patients with poor control and may care for them longer in an attempt to prevent their condition from worsening."

The next stage in the research, the authors said, is to directly follow [young adults](#) transitioning to adult care to see what happens as they age and to examine how different types of support aimed at easing the transition affect health outcomes.

Provided by University of California, Los Angeles

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