NATIONAL MEDICINES SYMPOSIUM 2025

Management of Diabetes during Transition of Care from Paediatrics to Adulthood

"Plan a multidisciplinary approach, communicate, follow-up and research"

Professor Alicia Jenkins

Head of Diabetes and Vascular Medicine

Baker Heart and Diabetes Institute

Australian Commission on Safety and Quality in Health Care

Definition and Epidemiology

- **Transition:** purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from child-centred to adult-oriented health care systems Blum RW, 2002
- Usually from *multi-disciplinary* care at a public hospital to a public hospital, or private practice or GP; ideally with CDE, dietitian and other health care professional support.
- Usually at 18 – 25 y.o.

- Youth with Type 1 diabetes (T1DM): 15,000 aged <21 yrs. NDDS 2022

  Type 2 diabetes (T2DM):

  others forms of diabetes: neonatal diabetes, monogenic diabetes, cystic fibrosis related diabetes

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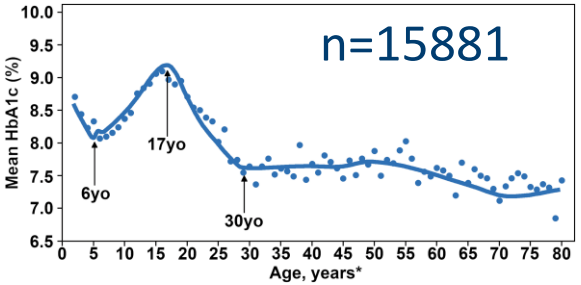
Setting of Transition



T1D Exchange, K Miller DTT 2020

- At age of developing brain and high-risk behaviour
- Often higher HbA1c
- Developing knowledge re their diabetes and the health care system
- Developing self-advocacy and independence
- Many life-changes: school, jobs, moving away, friends, driving, alcohol / drugs,
- Competing priorities

Need for self-care, diabetes medicines and monitoring remains, and may be greater

Most transition well

Some high risk subgroups

- Isolated socially or geographically
- Indigenous or CALD
- Type 2 diabetes
- Poor attendance in youth services
- Multiple co-morbidities
- Mental health issues
- Low health literacy
- High HbA1c

Australian Commission on **Safety and Quality** in Health Care

Seger M, Diab Res Clin Prac, 2024, Miller K et al. DTT 2020 Pease A, Diabetes Research Clinical Practice, 2021

Common Differences between Youth and Adult Services

Adult vs youth services:

- Less parental participation; youth must attend to scripts, appointments
- Less time per patient in some clinics
- Often new location for the person with diabetes
- May be less allied health care professionals on-site, especially private practice
- More emphasis on other non-glucose risk factors and screening
- Tests often require venepuncture at pathology lab. vs in clinic finger-prick
- May be less technology expertise
- Higher costs of CGM and for private health insurance for an insulin pump

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Risks of Transition

- Lost to follow-up
- Less engagement with healthcare

  Australian NDSS 2012 data: 24% less engagement, 9% disengaged, some drop out yr 1 - 2 post-transition

White M, Best Prac and Res Clin Endo and Metab 2015; Steinbeck K Paed Diab 2015

- Worse metabolic control
  - higher HbA1c - risk of cerebral gliosis of developing brain + subtle neurocognitive damage

Northam E Diab Care 2009

- Worse mental health

- More acute complications e.g. hypoglycaemia, DKA
- More emergency department use
- More hospitalisations

- Progression chronic complications
- Premature death

White M, Best Prac and Res Clin Endo and Metab 2015, White M Lanced Child Adoles Health 2017
Northam E, Diab Care 2009, White M Diabetologia 2021, National review transitional care 2007,

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Various Models of Diabetes Transition

- Transition from youth to adult clinic in same hospital e.g. Monash
- Transition to adult service in another hospital
- Adult clinicians attending youth services pre-transfer
- Transition clinics - “Young Adult Diabetes Service (YADS)”
- Transition co-ordinator + / - digital resources

Key groups: endo, GP, diabetes education, psychology, dietitian

https://www.health.qld.gov.au/__data/assets/pdf_file/0029/1417619/transition-moc-consolidated.pdf

Systematic Review

14 studies; 3 models of care

- Structured transition education program, n = 6
- Multidisciplinary team transfer support, n = 5
- Telehealth / Virtual Clinics, n = 3

Mixed results for all models
No model superior

Zurynski BMC Health Services Res. 2023

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Key Team and Resources

- **Person with diabetes and their family / caregivers**
- Tertiary referral youth and adult diabetes care teams
- Private practitioners: endos, CDEs, dietitians
- GPs
- Nurses: CDE, practice nurses, community nurses
- Mental health care professionals / social workers
- Pharmacists
- NDSS
- Emergency Departments (EDs), virtual EDs
- Urgent Care clinics
- Nurse-on-call
- Ambulance services
- Other first responders e.g. police
- Communications: SMS, phone, emails
- Support systems for vulnerable / homeless
- **Youth peer support**

NDSS national diabetes services scheme
12345678
Jane Citizen
John Citizen

headspace
National Youth Mental Health Foundation

vved.org.au

Urgent Care Services Victoria

medicare
Urgent Care Clinic

STREET SIDE MEDICS

Some Recommendations

- Early start to prepare key persons
- Educate person with diabetes re differences of adult care

- Positive collaborations between pediatric and adult diabetes teams
- Keep GP involved
- A transition coordinator - can improve transition rates, HbA1c, ↓ acute complications

- Transfer detailed medical records **to next intended service and to GP**
- Written documents: e.g. making appointments, out of hour contacts, what to expect
- Digital means of communication and education

De Beaufort Lancet Diab Endo 2023, Zurynski BMC Health Services Res. 2023, White M Best Prac Res Clin Endo and Metab 2015
Holmes-Walker D, Diab Med J BDA 2007, www.health.qld.gov.au

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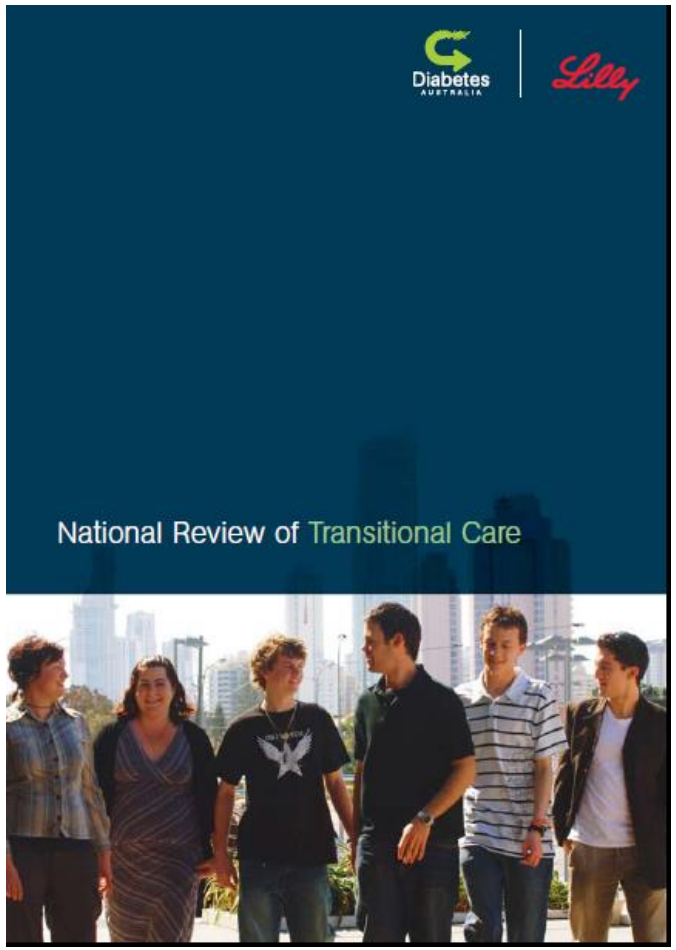
Need for More Research and Translatable Findings

2007



- **Updated national review desirable**
  - Include youth with T2D, Indigenous and CALD groups and rural and remote / very remote areas
- **Broad range of stake-holders: co-design**
- **Broad range of outcomes**
  - transition rates, metabolic control, mental health, service usage,
  - long enough follow-up as many disengage
  - control groups
  - health economics

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Summary

- Most youth with diabetes will transition well
  - Major adverse consequences for those who do not
- Medicines and monitoring (e.g. glucose and ideally ketones) essential

- Start transition process early: education and connection with adult service
- Maintain some contact with the person with diabetes and their GP ± family
- Flexible patient-acceptable means of contact
- Know a range of resources: GP, ED, pharmacists, digital scripts, other services
- More research needed


"The effort of diabetes care is great,
but the reward is also great, for the prize is life itself" E.P. Joslin 1928
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