Transitioning Your Daughter’s Care

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Objectives

- Discuss age appropriate expectations in self-care
- Discuss tips to help daughter increase self management of diabetes
- Review transition skills
- Discuss differences between pediatric and adult care
- Questions and discussion of your experiences
Change is hard and everyone’s journey is unique
Early Adolescents (10-13 years)

- Physical: puberty beginning; rapid growth
- Cognitive: thinking mostly concrete
- Social: interest in forming relationships with peers
- Family: Increased need for privacy; push for independence with beginning of detachment from parents
Early Adolescents and Diabetes

- Start being responsible for giving own shots/managing pump
  - Rely on parents help with decisions about insulin adjustments
- Start independently treating low BG and identify when to check for ketones
- Still rely on parents to talk to others about diabetes
- Start being responsible for carrying own supplies and knowing what they need to have on them
Middle Adolescents (14-17 years)

- Physical: Puberty and growth slowing
- Cognitive: More sophisticated thinking emerging; still not able to process long term thinking (brain fully develops early to mid 20s)
- Social: Concern with peers, sexuality, and dating
- Family: Interdependence
Middle Adolescents and Diabetes

- Responsible for giving own shots/managing pump
  - Start making decisions about insulin adjustments
  - Responsible for carrying own supplies and letting you know when they’re running low

- Inform others about diabetes
  - Friends, teachers, doctors

- Understand driving safety and effect of risky behaviors on diabetes

- Start taking on responsibility for transition tasks
  - No age recommendations, but should be able to do tasks at 18
Developmental Challenges in Adolescence

- Want to be the same as their peers
- Problem solving with undeveloped brains (not always aware of risks/consequences of actions)
- Frustration that adherence does not always improve outcomes and poor adherence does not always impair outcomes
- Desire for increased independence and responsibility---but may not be ready for this
- Schedules tend to be busy
- More time away with the peers and may experiment with risky behaviors
- Sense of invulnerability
- Sensitive to “judgmental tone of voice”
SHARED MANAGEMENT OVERVIEW

**Role of Parent**

- Parent is **provider** of care
- Parent becomes **manager** of care
- Parent becomes **supervisor** of care
- Parent becomes **consultant** to youth

**Youth Role**

- Youth **receives** care
- Youth **provides** some self-care
- Youth becomes **manager** of care
- Youth becomes **supervisor** of care
- Youth becomes **CEO** of care
What does shared management look like?

- Start evaluating your daughter’s skills
- Is she ready to start taking on more responsibility?
- Start working as a team and gradually transfer responsibility
- Set specific goals to work towards
- Identify responsibilities of child and parent and clearly communicate who is responsible for what
- Monitor your child’s progress, support efforts, and negotiate changes in responsibility as needed
Tips to Facilitate Independence

- Talk about normal activities before diabetes
- Be realistic with where your child is at
- Remember self care is NOT easy
- Accept greater independence, but stay connected
- Anticipate challenges and help troubleshoot
- If you notice burnout, ask how you can help
- A short lapse in care is not a sign of failure—acknowledge what happened and move on
- Discuss risky behaviors openly
Tips to Increase Daughter’s Self-Care

- Ask her what to do and go with it
  - Evaluate later and talk about it

- Have her sit with you when you call the doctor or pharmacy
  - Take her with you to pick up prescriptions

- Offer to leave room during appointment to give her a chance to speak to doctor alone
  - Let her fill out questionnaires at appointments
  - Try to let her answer questions first and chime in if she left out pertinent information
  - Have her come up with one question for the doctor before appointment and have her ask it

- Help her create a written summary of her diabetes history and update together periodically

- Review transition checklists together
  - Check off what she can do and set goals to work towards unchecked items
Transition Skills

- Understand how insulin works
  - Practice insulin adjustments

- Understand importance of checking blood sugar
  - Know how to treat low blood sugar
  - Know how to teach others to use glucagon

- Know how to count carbs independently
  - Understand how different foods affect blood sugar

- Understand what ketones are
  - Know what causes and what to do if you have ketones

- Understand how to manage diabetes when sick

- Know how to prepare for traveling
Transition Skills

- Understand management of exercise and blood sugars
- Know what the A1C is
- Understand complications of uncontrolled diabetes
- Understand driving safety
- Understand effects of alcohol, smoking, and drugs
- Understand risk of depression
- Understand importance of planned pregnancy
- Understand you do NOT have to disclose you have diabetes in a job interview
  - But should tell employer after hire
Transition Skills

- Wear medical ID bracelet or necklace
- Recognize need for routine follow up (every 3-4 months)
- Recognize need for insurance
- Carry an insurance card
- Be comfortable speaking for yourself and sharing your medical history
- Know how to make doctors appointment
- Know how to call doctor for emergencies
- Know how to keep track of your supplies
- Know how to call for prescriptions and obtain refills
Transition Checklists

NDEP  National Diabetes Transition Program
  ◦ Pediatric to adult diabetes care transition planning checklist

Endocrine Society Transition Toolkit
  ◦ Self assessment of worries, concerns, and burdens related to diabetes and preparation for transitioning
  ◦ Provider assessment of patient skill set
Pediatric vs Adult Care

<table>
<thead>
<tr>
<th>Pediatric Care</th>
<th>Adult Care</th>
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<tbody>
<tr>
<td>Family-centered</td>
<td>Focus on the patient</td>
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<tr>
<td>Questions asked to parent and child</td>
<td>Questions directed to the patient</td>
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<tr>
<td>Parent is key in helping make decisions</td>
<td>If parent present, there for support</td>
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<tr>
<td>Visit guided by provider</td>
<td>Visit guided by patient</td>
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<tr>
<td>Focus on diabetes; but may discuss other teen health issues</td>
<td>Focus on diabetes/endocrine issues only; PCP expected to address anything else</td>
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<tr>
<td>Longer visits</td>
<td>Shorter visits</td>
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<tr>
<td>Patient population is mostly type 1</td>
<td>Patient population is mostly type 2</td>
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Transition Resources


Health Care Transitions (University of Florida Transition Project).  http://www.floridahats.org/?page_id=616


Questions and Experiences???