

Characterization of a pediatric population with type 1 diabetes at transition to adult health care

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Introduction

Type 1 diabetes (T1D) is an important endocrine disease in the pediatric age group. The shift from pediatrics to adult health care providers is a critical period for adolescents with diabetes.

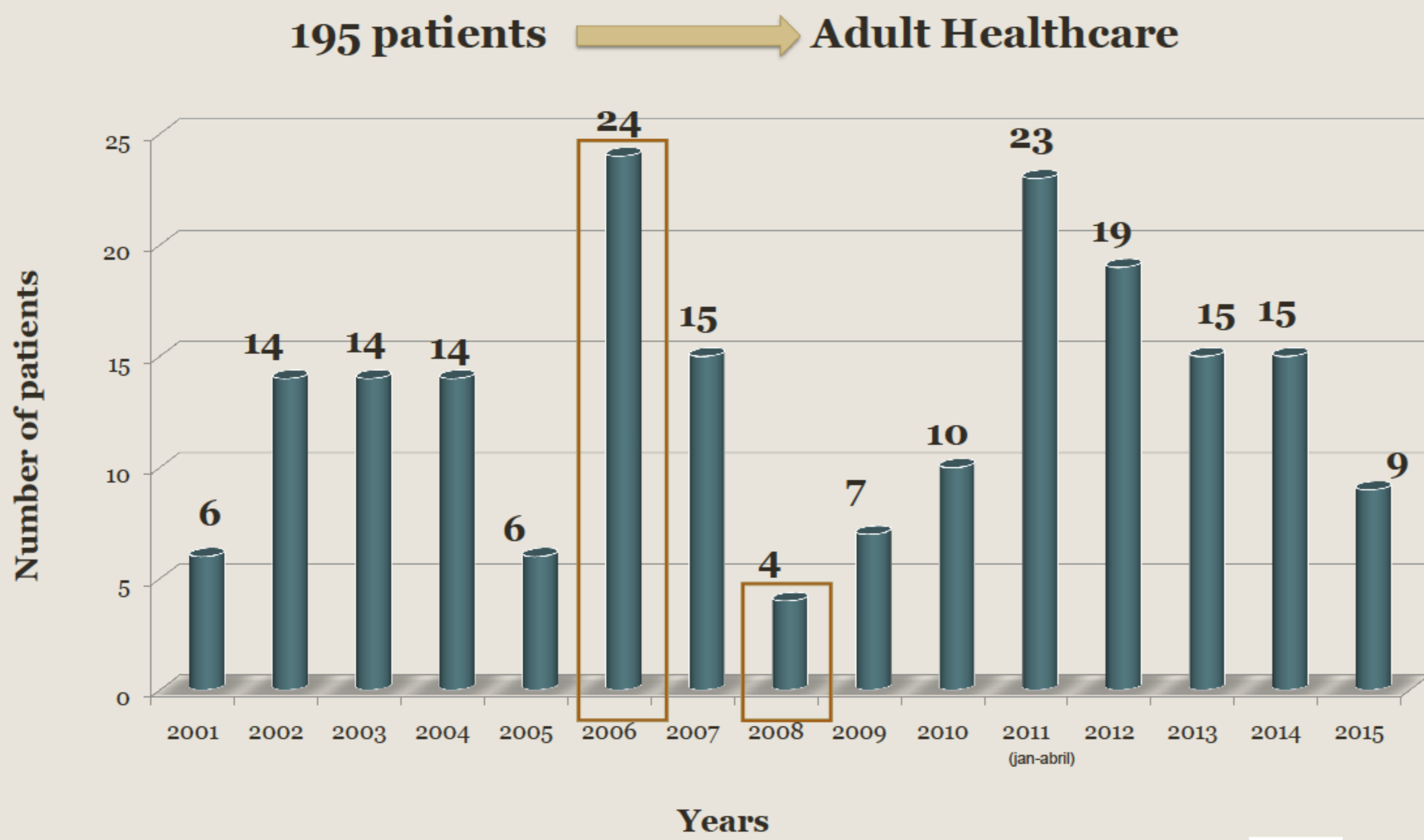
Objective

Characterization of a pediatric population with T1D moved to adult health care between January/2001-April/2015.

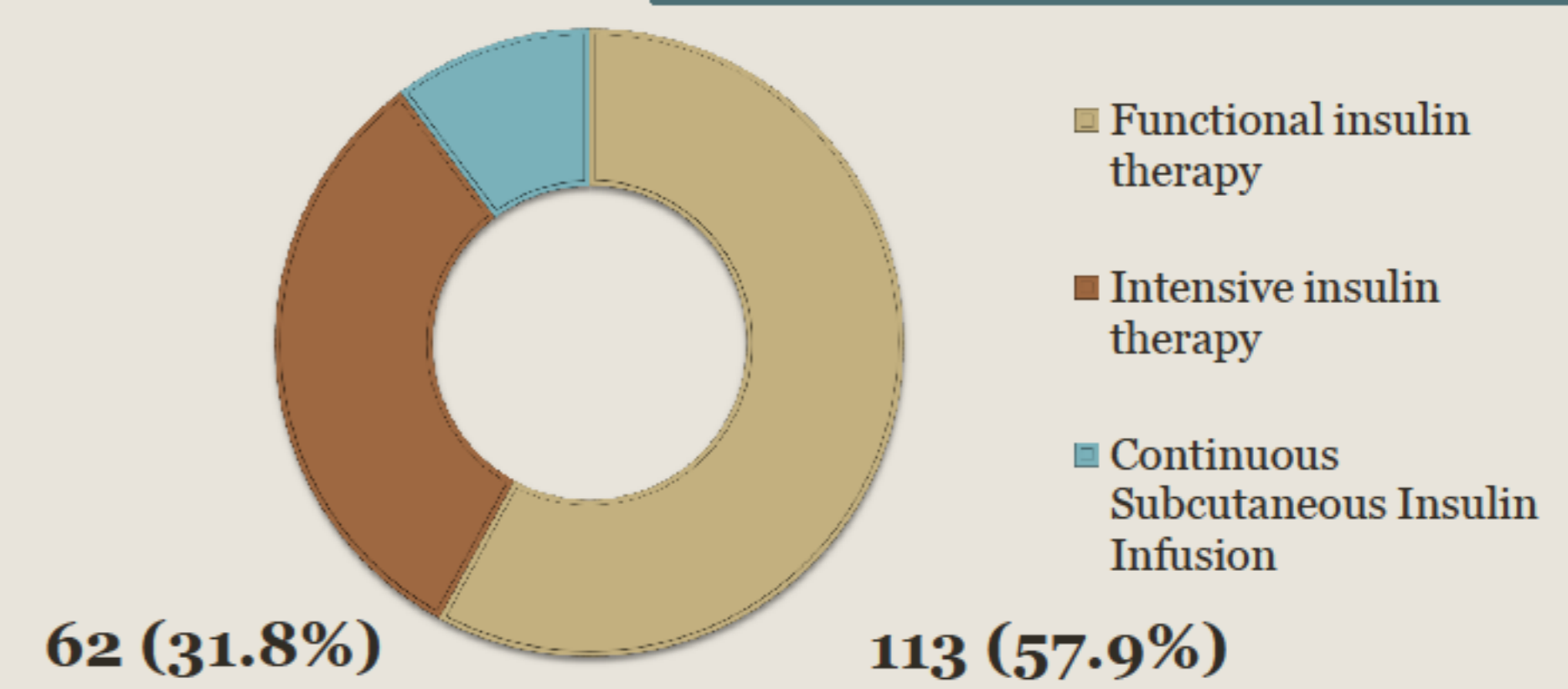
Methods

Cross-sectional study with retrospective analysis of medical records.

Results

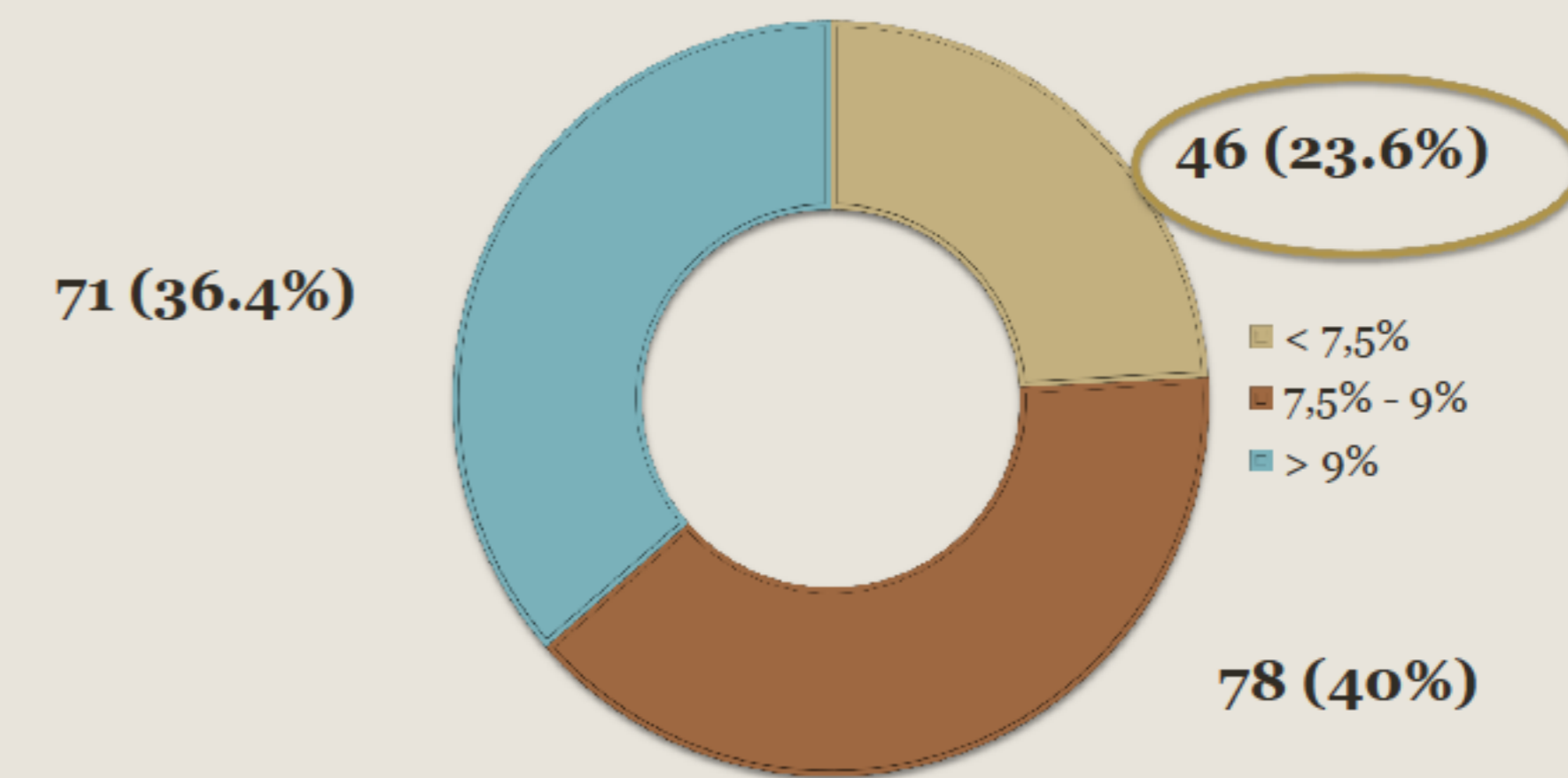


20 (10.3%) Mean age of CSII initiation = 14.50 (1.86) anos



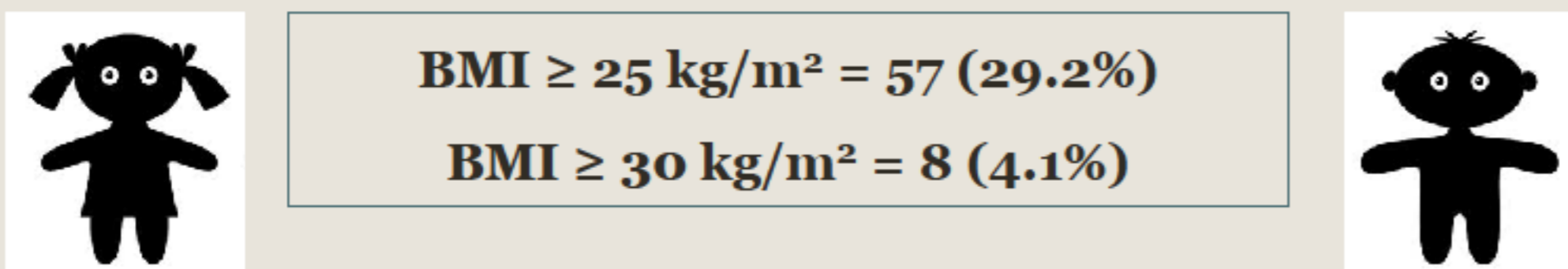
Insulin dose = 1.00 (0.25) UI/kg (min. 0.37; max. 1.80)

A1c [%; mean (SD)] = 8.7 (1.6) (min. 5.7; max. 12.9)



184 (94.3%) patients reached the final height
6 (3.3%) did not reach the target height

Body mass index (BMI) [kg/m ² , mean (DSD)]	23.63 (3.32)
SDS _{BMI} [Mean(DP)]	0.74 (1.01)



BMI 24.55 (3.4) kg/m²
(min. 19.2; max. 33.53)

BMI 22.96 (3.11) kg/m²
(min. 15.24; max. 32.23)

SDS 0.98 (0.93)
(min. -0.79; max. 2.84)

SDS 0.56 (1.03)
(min. -2.97; max. 2.70)

It was found a decrease in mean height SDS on last appointment when compared with the first visit, in both sexes.



0.04 ± 1.05 vs. -0.54 ± 0.96; p < 0.05*

0.25 ± 1.07 vs. -0.46 ± 1.22; p < 0.05*

Conclusion

The age of T1D diagnosis is coincident with the age group with the highest incidence reported in the literature. Overweight found in 30% of patients may reflect the global trend towards weight gain. The recommended target of A_{1c} was achieved by 23.6% of patients, despite 68.2% being on CSII and functional insulin therapy. Like other studies, the mean height SDS decreased during follow-up, suggesting an impaired growth, although there seems to be no impact on the final height.