

Diabetes - issues for children and teenagers

Children or teenagers who have recently been diagnosed with diabetes may have a range of concerns. These include dealing with their own emotional reactions and those of others, and going back to school. For teenagers, concerns may also include negotiating issues such as sex, alcohol, smoking and illicit drugs.

Most problems settle down once the child and their family come to terms with the condition. Other issues may arise as the child moves through different life stages. Speak with your doctor or diabetes health care team for advice on specific issues.

Initial feelings – diagnosis of diabetes

A child or teenager who is newly diagnosed with diabetes may have a range of reactions and emotions. Some common reactions that are often experienced by both the child and their parents can include shock, denial, anger, sadness, fear and guilt.

Common concerns include:

- Anxiety about their condition
- Dread of needles and multiple injections
- A feeling of being overwhelmed by the relentless and lifelong nature of the condition
- Frustration over blood tests that show fluctuating blood glucose levels despite their best attempts at management
- The stigma of feeling 'different'
- Embarrassment about telling friends
- Coping with the emotional reaction of family members.

It is important to remember that this is a difficult time. These feelings are normal and generally subside once an adjustment has been made to the diagnosis. Being open to the support offered by friends, family and the diabetes healthcare team can also help.

Coping with diabetes after diagnosis

Living and dealing with diabetes every day can be really difficult. Common concerns for your child may include:

- Feeling like a burden on the family
- Being treated differently or delicately, as if they are 'sick'
- Having overprotective and worried parents
- Coping with constant parental questions about their diet, how they are feeling and whether or not they have taken their insulin
- Getting extra attention, which may cause jealousy among other siblings
- Worrying that their friends may react negatively
- Dealing with other people's lack of knowledge about diabetes – for example, people may assume the child will grow out of it or think that fluctuating blood glucose levels are solely caused by the child's failure to manage their condition properly.

It's normal for your child to feel sad, angry and fed up with their diabetes at times. If they are having a hard time getting through the day due to feeling depressed, anxious or overwhelmed, it is important to seek help from the diabetes health care team. A social worker or psychologist are the best people to help you with this. They know how hard diabetes is to manage on a day-to-day basis and can assist with strategies to help your child stay motivated.

School and diabetes

Most parents are understandably worried when their child with diabetes starts or returns to school. Most schools are very supportive of children and adolescents with type 1 diabetes. However, communicating clearly with the school and your child's teachers is vital.

Suggestions include:

- Tell your child's school and teacher about diabetes. Make an action plan together. For example, it is important that your child is able to eat and test their blood glucose in class. Your diabetes educator will be able to help develop a plan.
- Consider using a 'communication book' to inform your child's teacher of any important diabetes-related issues. The teacher can also use the book to report any diabetes-related concerns or occurrences.
- Give your child's teacher your mobile phone number in case of emergencies.
- Inform your child's physical education (PE) teacher about diabetes. Physical activity can cause a drop in blood glucose levels, and it is important the teacher can recognise and treat hypoglycaemia.
- Encourage your child to tell their friends about diabetes – at least, their best friends.
- Suggest that the child give a class presentation about diabetes – this can be helpful for everyone.
- Plan for school camps. Develop a camp management plan with the child's diabetes educator and discuss the plan with the school.

A range of resources and information for parents and teachers is available from Diabetes Australia – Victoria in the **Type 1 diabetes: Children and adolescents** section of their website.

'Diabetes Basics – a teachers' guide to diabetes' is an educational resource developed for primary and secondary school teachers and school personnel. The resource includes a 30-minute educational DVD and a CD of information sheets. Each school in Victoria has been sent the resource, but if your school can't locate their copy, ask them to call Diabetes Australia – Vic Tel. 1300 136 588.

Diabetes Camps Victoria runs camps especially for children and adolescents aged between four and 17 years who have been diagnosed with type 1 diabetes. These include a wide range of activities designed to provide increased freedom and fun under professional supervision.

Managing their own diabetes

Young children with diabetes have their condition managed by their parents, but there comes a time when your child will have to learn to manage by themselves. This can be a difficult time for both you and your child.

Some suggestions to make the transition easier include:

- Get your child involved in their diabetes management right from the beginning. This may involve your child choosing their injection site or turning on their blood glucose meter. This involvement encourages independence and confidence.
- Make sure that the level of involvement is suitable for their age. Your child's diabetes educator can offer advice on age-appropriate responsibilities.
- Encourage attendance at diabetes camps. Your child will meet other children with diabetes and learn about diabetes care in a fun, safe and relaxed environment.
- Be aware that making your child solely responsible for their diabetes care too early can lead to feelings of being overwhelmed and to 'burnout'.

With support and guidance, your child will learn to incorporate diabetes care into their everyday life.

Transitioning from adolescent diabetes healthcare to an adult setting usually occurs around the age of 15 years. Sometimes your child will move to a transition or Young Adults with Diabetes (YADS) clinic. You and your child can prepare for this move by asking your healthcare team about it.

For parents, this is an important opportunity to think about encouraging your child to take a more proactive role in their diabetes care, including the scheduling of appointments and asking them to think of things to discuss when they meet with their diabetes team. It's also a good time to leave the room for part of your child's appointment. This will allow your child to raise any issues they may not feel comfortable discussing with you in the room.

Body image and eating disorders

Body image concerns and eating disorders are a considerable issue for many adolescents. There is often increased pressure to conform to a certain body stereotype and weight dictated by friends and the media. This pressure can lead to dieting and eating disorders, most commonly in girls, but also in boys.

Disordered eating can be particularly harmful to young people with diabetes and may result in poor blood glucose control. Some teenagers will manipulate their insulin dose in an attempt to lose weight or avoid weight gain. This can lead to diabetic ketoacidosis, which is life threatening. There is also an increased risk of long-term complications, such as damage to the eyes and kidneys, if blood glucose levels are not well controlled.

If you think your child needs to lose weight, talk to their diabetes healthcare team or dietitian. They can offer advice on what is a healthy weight and, if weight loss is recommended, provide healthy weight loss strategies.

An information resource about diabetes and eating disorders is available from Diabetes Australia.

Driving

Your child can hold a driver's licence or learner's permit as long as their diabetes is well controlled. A medical report must be provided before a driver's licence or learner's permit can be issued. This report should come from your child's treating doctor or diabetes specialist.

The main concern of the licensing authorities is the possibility of hypoglycaemia (low blood glucose) while driving. Diabetes complications like eye problems are also a concern.

It is normal for you to feel anxious or nervous about your child learning to drive. Here are some tips that will encourage safe driving with diabetes. Encourage your child to:

- Always carry testing supplies and test immediately before driving and at regular intervals on a long trip.
- Make sure their blood glucose level is over 5mmol/L before driving.
- Carry hypo treatment and carbohydrate-containing snacks – even on a short trip.
- Pull over and turn off the car if they have a hypo while driving, then treat the hypo. Remind them to not drive again until their blood glucose level reaches 5mmol/L and they feel better.
- Carry identification with them at all times.

More information is available from VicRoads.

Drinking alcohol

Drinking alcohol can be a problem for teenagers with diabetes. Even though it is preferable that teenagers with diabetes don't drink, it is important that they and their friends understand what effects they can expect if they do drink. Discuss alcohol with your child and develop strategies that will reduce the risk of alcohol-induced problems.

Potential effects of alcohol include:

- Alcoholic drinks contain varying amounts of alcohol and sugar, and so different alcoholic drinks will have different effects on blood glucose levels.
- Alcohol, particularly sweet alcoholic drinks can initially raise the blood glucose levels and later cause them to fall.
- Alcohol may inhibit glucose release from the liver, increasing the risk of a 'hypo'.
- Alcohol can mask the symptoms of hypoglycaemia.
- Alcohol can lead to confusion, which may affect a person's ability to manage a 'hypo' and may cause them to forget to take their insulin.

- Alcohol may cause others to mistake the signs of a severe 'hypo' (reduced level of consciousness) with being drunk and leave the person with diabetes to "sleep it off".
- **Most importantly, alcohol can cause hypos and delayed 'hypos'**. Alcohol, together with exercise (such as dancing or sex), can further increase the risk of hypos. Therefore, insulin dosages are often reduced.

Encourage your child to:

- Not drink alcohol or drink it only in moderation.
- Make sure that if they drink alcohol they are with someone who knows that they have diabetes, is aware of the signs of a hypo and knows how to help them.
- Eat some carbohydrate food before drinking, every couple of hours while they are out and before going to sleep.
- Drink a non-alcoholic drink between each alcoholic one.
- Choose low-alcohol drinks in preference to those with low carbohydrates.
- Carry hypo treatment, testing supplies and insulin at all times.
- Test blood glucose levels, especially before bed, and continue to monitor the next day to detect hypos.
- Discuss insulin doses with their doctor or diabetes educator beforehand as the dose may need to be reduced, especially if there is going to be a lot of activity such as dancing.
- Make sure they take their insulin.
- Always wear some form of diabetes identification in case a hypo is mistaken for being drunk.
- Never leave a drink unattended in case it gets 'spiked'.

If your child has been drinking, make sure you wake them at a reasonable time the following morning and ask them to check their blood glucose level, take their insulin and eat something.

Smoking

There is no safe level of smoking – whether your child has diabetes or not. Smoking increases the risk of serious health problems associated with diabetes. Smoking can also increase blood glucose levels as tobacco causes insulin resistance and stimulates stress hormones.

As a parent, you can set a good example by not smoking. If you are a smoker, you can contact Quitline for help to quit. Always discourage your child from smoking.

Other drug use

Illicit (illegal) drugs can also significantly damage health and cause death – whether your child has diabetes or not. For people with diabetes, however, taking drugs can also result in poor glucose control, poor self-care and an inability to recognise low or high blood glucose.

Some researchers point out that just advising teenagers with diabetes to avoid illegal drugs is not as effective as teaching them how to reduce the risks.

Suggestions include:

- Encourage your child to speak with their diabetes educator and other professionals with expertise in this area.
- Educate yourself and your child on the possible risks of taking illicit drugs.
- Encourage your child to be alert to signs of hypo and hyperglycaemia. Drugs may alter their ability to recognise symptoms. Encourage your child to always carry hypo treatment.
- Make sure some of your child's friends know that he or she has diabetes, are aware of the signs of a hypo and know how to help them.
- Encourage your child to stick to their normal diabetes routine as much as possible, always take their insulin and maintain regular eating habits, and to test their blood glucose levels regularly to determine the effect of the drug on their body. Drugs will have different effects due to differences in composition and impurities.
- Make sure your child always has identification that states that they have diabetes.
- Remind your child to drink plenty of non-alcoholic fluids to stay hydrated.

Sexual relationships

Adolescence is often a time of sexual experimentation. Your child may not want to discuss sex with you, so encourage them to speak with someone from their diabetes health care team. Some things for you to be aware of in case your child asks include:

- Contraceptive advice – can be sought from your child’s GP, diabetes specialist or Family Planning Australia.
- Sex is a form of physical activity that can lower blood glucose levels. It is recommended that hypo treatment is available just in case.
- Pregnancy – women with diabetes can have healthy babies, but it is something that should be planned in conjunction with diabetes healthcare professionals to reduce the risk of complications for both the mother and the baby. Effective contraception is vital to avoid unplanned pregnancy. More information is available from Diabetes Australia – Vic in the **Living with diabetes – pregnancy** section of their website.
- Sexual health problems can occur. Urinary tract infection and candida infection (thrush) may occur more commonly in women, particularly if blood glucose levels remain high. After many years of diabetes, men may experience difficulty with erections. Anxiety, alcohol and some drugs can also cause impotence, so reassurance and accurate advice is important. Young people should be encouraged to discuss sexual difficulties with their doctor.

Body piercings and tattoos

If your child is considering a tattoo or body piercing, make sure they are informed of the increased risks of infection with these procedures. Some things for them to keep in mind are:

- Make sure they are in good health and that their diabetes is well controlled to reduce the risk of infection. They should speak to their diabetes healthcare team about having a tattoo or piercing.
- Regulation requirements and licensing standards vary. Check local councils for information on licensing and regulations in your area.
- Choose a reputable business that is clean, tidy and professional, and that employs only properly trained staff.
- Seek advice from your doctor promptly if there are any signs of an infection such as redness, swelling, discharge, pain or raised blood glucose levels.

Where to get help

- Your diabetes specialist or GP
- Diabetes health care team
- Royal Children’s Hospital, Melbourne Tel. (03) 9345 5522
- Diabetes Australia – Vic Tel. 1300 136 588
- Diabetes Camps Victoria Tel. (03) 9667 1746
- Quit Victoria Tel.13 7848 (13 QUIT)

Things to remember

- A child or teenager newly diagnosed with diabetes may worry about a range of issues.
- Be advised by your doctor or other health care professional.
- Most problems settle down once the child and their family come to terms with the condition.

This page has been produced in consultation with, and approved by:

Diabetes Australia Victoria

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