
Diabetes - issues for children and teenagers

Summary

- A child or teenager newly diagnosed with diabetes may worry about a range of issues.
 - Follow the advice of your doctor or other healthcare professional about your child's diabetes.
 - Most diabetes-related problems settle down once the child and their family come to terms with the condition.
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Diabetes mellitus (diabetes) is a chronic and potentially life-threatening condition characterised by the body losing its ability to produce insulin or beginning to produce or use insulin less efficiently.

People living with type 1 diabetes must inject insulin regularly, as must some people with type 2 diabetes. Many people with type 2 diabetes can manage their condition with careful diet, exercise and regular testing.

Until recently almost all children and teenagers with diabetes had type 1, but now younger people are getting type 2 diabetes due to increasing rates of obesity and being overweight.

Children or teenagers who have recently been diagnosed with diabetes may struggle with their emotional reactions to their condition and the reactions of others, and have concerns about going back to school. Teenagers with diabetes may also worry about things like negotiating sex, drinking alcohol, smoking and illicit drugs.

A child and their family will need a period of adjustment after diabetes is diagnosed. They must establish a routine for blood glucose monitoring and injecting, learn how to count carbohydrates, see diabetes health professionals regularly and cope with fluctuating blood glucose levels. New challenges may arise as a child moves through different life stages.

Reactions to a diagnosis of diabetes

A child or teenager newly diagnosed with diabetes will have a range of reactions and emotions. Common reactions experienced by children and their parents include shock, denial, anger, sadness, fear and guilt. These feelings usually subside with time and appropriate support.

Common responses to a diagnosis of diabetes include:

- anxiety about the condition
- fear of needles and multiple injections
- a feeling of being overwhelmed by injecting and other tasks that need to be performed daily
- frustration over fluctuating blood glucose levels
- feeling 'different'
- fear of experiencing hypoglycaemia (low blood glucose – potential symptoms include dizziness and fainting) in public
- embarrassment about their diabetes and their friends' possible negative reactions
- difficulty coping with the emotional reaction of family members.

The period immediately after being diagnosed with diabetes can be challenging. Emotional support offered by friends, family and a diabetes healthcare team can be very helpful during this time and can improve the way children or teenagers cope with their diabetes.

Children and teenagers coping with diabetes

Living with and managing diabetes every day can be a struggle. Children are commonly concerned about:

- feeling like they are a burden on the family
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- being treated differently or delicately, as if they are 'sick'
- coping with constant parental questions about their food intake, how they are feeling and whether or not they have taken their insulin
- getting extra attention from parents or others, which may cause jealousy among other siblings.

It's normal for children or adolescents to feel sad, angry and fed up with their diabetes at times. After all, diabetes is a lifelong condition, so the tasks and skills needed to manage it must be continued over a lifetime.

If children struggle with their diabetes management due to feeling depressed, anxious or overwhelmed, it is important to seek help from your diabetes healthcare team. A social worker or psychologist can help. In some cases, the involvement of a psychiatrist may be necessary.

Diabetes and school

Many parents are understandably concerned when their child starts or returns to school after being diagnosed with diabetes. However, schools are responsible for children's safety while at school, and will ensure that teachers understand diabetes and its potential harms. Parents must make sure that the school is given the information and resources they need to support their child's management of diabetes during school hours.

Some important points about management of diabetes at school are:

- A school must be provided with both a **diabetes action plan** and a **diabetes management plan** developed by your child's diabetes educator. The plans must clearly outline the details of your child's diabetes management during school hours.
- Meet with the school to discuss your child's diabetes care requirement and their diabetes action and management plans.

The plan should include management of:

- blood glucose monitoring
- **hypoglycaemia** (low blood glucose – early symptoms include shaking or trembling, sweating, paleness, hunger, light-headedness, headache, dizziness, pins and needles around mouth, mood change)
- **hyperglycaemia** (high blood glucose – acute symptoms include excessive thirst, frequent and copious urination, tiredness and blurred vision)
- exercise
- dietary needs
- the child's **insulin** regimen
- emergency contact details.

Separate and distinct management or action plans need to be developed for day excursions and school camps. Parents should request these from their child's diabetes educator well ahead of time.

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.

Inform your child's physical education (PE) teacher about diabetes. Physical activity can cause a drop in blood glucose levels, and it is important that the teacher can recognise and treat hypoglycaemia.

Encourage your child to tell their friends (at least, their best friends) about diabetes.

A range of online resources and information for parents and teachers is available from Diabetes Victoria. These include:

- **Diabetes action and management plans**
- **Mastering diabetes in preschools and schools**
- **Schools and early childhood settings – frequently asked questions**

Moving to diabetes self-management

Parents of young children with diabetes are usually highly involved in their child's diabetes management. As children get older, it is important that they develop the skills and confidence to manage their diabetes

independently.

Increasing independence in children and adolescents can be difficult for parents and children. Parents may be concerned that their child is not ready for certain responsibilities, while the child may crave independence. There is a fine balance between supporting your children to become more independent and allowing them to self-manage their diabetes.

Some suggestions to ease your child's move to diabetes self-management are:

- Help your child to become 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 them feeling overwhelmed.
With support and guidance, your child can learn to incorporate diabetes care into their everyday life and develop lifelong skills and confidence.

When to move to diabetes self-management

Moving from adolescent diabetes healthcare to an adult setting usually occurs around the age of 15 years, although the process is an ongoing one that should begin soon after diagnosis.

Some children may be transitioned to a Young Adults with Diabetes (YADS) clinic staffed by paediatric specialists. Once they are 18 or 19 years old, they will continue to attend their YADS clinic, but an adult diabetes specialist will take over their care. You and your child can prepare for this move by discussing it with your healthcare team. The NDSS resource [**Moving on up – a guide for young people with type 1 diabetes**](#) (pdf) provides further information about this transition.

It is important that parents use the transition process to think about encouraging children to take a more proactive role in their diabetes care. Children can begin to schedule their appointments and be asked to think of things to discuss when they meet with their diabetes team. It is also a good time to leave the room for part of your child's appointment, as this will allow your child to raise any issues they may not feel comfortable discussing with you in the room.

Learning diabetes self-management – diabetes camps

Diabetes Camps Victoria runs camps especially for children and adolescents aged between four and 17 years who have been diagnosed with type 1 diabetes. The goal of the program is to teach young people to manage their diabetes in a fun, safe and supportive environment, and to promote a culture of independence through adventure.

The camps include a wide range of activities designed to provide increased freedom and fun under professional supervision and with peer support.

Diabetes, body image and eating disorders

Body image concerns and eating disorders are a major issue for many adolescents. Having type 1 diabetes increases the risk of developing an eating disorder and parents should be aware of this.

Some children feel pressured by their friends and the media to conform to a certain body stereotype and weight. This pressure can lead to dieting and dieting can lead to eating disorders (disordered eating), most commonly in girls, but also in boys. Disordered eating can lead to poor and unstable blood glucose levels.

Some teenagers will manipulate their insulin doses in an attempt to lose weight or avoid weight gain. This can lead to diabetic ketoacidosis (accumulation of dangerous substances called ketones in the blood and urine), which is life threatening. Disordered eating, along with blood glucose levels that are not in the target range, can also increase the risk of long-term complications, such as damage to the eyes and kidneys.

If you think your child has an eating disorder or is overly concerned about their body image and weight, talk to their diabetes healthcare team or dietitian about appropriate counselling and support. An information resource about type 1 diabetes and eating disorders is available from Diabetes Victoria

Diabetes and driving

People with diabetes can hold a driver's licence or learner's permit as long as their diabetes is well managed. A medical report must be provided before a driver's licence or learner's permit can be issued. This report should come from the person's treating doctor or diabetes specialist.

The main concern of the licensing authorities is the possibility of hypoglycaemia occurring while driving. Diabetes complications like eye problems are also a concern. More information is available from VicRoads and the [Diabetes Victoria page 'Driving and diabetes'](#).

Diabetes and alcohol

Drinking alcohol may be a problem for teenagers with diabetes as it directly increases the risk of hypoglycaemia through its effects in the body, and indirectly by promoting behaviours that contribute to risk. It is preferable that teenagers with diabetes don't drink, but it is important that they and their friends understand what effects they can expect if they do drink.

Discuss alcohol use with your child and develop strategies that will reduce the risk of alcohol-induced problems.

Alcohol and hypoglycaemia

Alcohol increases the risk of severe hypoglycaemia because it:

- inhibits stored glucose release from the liver into the bloodstream
- reduces the ability of a glucagon injection to reverse hypoglycaemia
- can mask the early signs and symptoms of hypoglycaemia
- can lead to confusion, which may affect a person's ability to manage hypoglycaemia
- may delay hypoglycaemia until many hours or even a day after drinking alcohol. Together with exercise (such as dancing or sex), alcohol can increase the risk of hypoglycaemia
- affects blood glucose levels in varying and deceptive ways, depending on the content of the drink. Different alcoholic drinks contain varying amounts of alcohol and sugar, so they affect blood glucose levels differently. Sweet alcoholic drinks can initially raise blood glucose levels, giving the person with diabetes a false impression that they need more insulin or are not at risk of hypoglycaemia.

Indirect risks of alcohol use for teenagers with diabetes

The indirect risks faced by a person with diabetes who drinks alcohol include:

- forgetting to take insulin as required
- forgetting to carry diabetes identification in case of emergency
- others mistaking the signs of hypoglycaemia for simply being drunk and not coming to the aid of a person with diabetes.

If your teenager has been drinking alcohol, make sure they are woken at a reasonable time the following morning to check their blood glucose level, take their insulin and eat. They may need assistance from a trusted friend or relative with some of these tasks.

Reducing risk for teenagers with diabetes

Encourage your child to avoid alcohol or drink it only in moderation. If your child is going to drink alcohol, suggest that they:

- be with someone who knows they have diabetes, and understands the signs of hypoglycaemia and how to treat it
- eat some carbohydrate food before drinking alcohol and every couple of hours while they are out, then before going to sleep

- alternate between alcoholic and non-alcoholic drinks
- choose low-alcohol drinks in preference to those with low carbohydrates
- carry hypoglycaemia treatment and testing supplies at all times
- test blood glucose levels, especially before bed, and continue to monitor the next day to detect hypoglycaemia
- discuss risk reduction with their doctor or diabetes educator beforehand in regards to insulin adjustment, especially if they are likely to undertake a lot of physical activity, such as dancing.

The NDSS booklet **[Alcohol and type 1 diabetes](#)** has more information about reducing risks when drinking alcohol for teenagers with Type 1 diabetes.

Diabetes and 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, resources are available to help you **quit**. Always **discourage your child from smoking**.

Diabetes and other drug use

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

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

To reduce the chances of your child being harmed by illicit drug use:

- 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 hypoglycaemia and hyperglycaemia. Drugs may alter their ability to recognise symptoms. Encourage your child to always carry hypoglycaemia treatment.
- Make sure some of your child's friends know about their diabetes, are aware of the signs of hypoglycaemia 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 a drug on their body. Drugs will have different effects due to impurities and differences in composition.
- Make sure your child always has identification that states they have diabetes.
- Remind your child to drink plenty of non-alcoholic fluids to stay hydrated.
- Encourage your child to read the NDSS info sheet **[Drug Use and Type 1 Diabetes](#)**.

Diabetes and 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 healthcare team. Nevertheless, your child may ask you for information or advice, so be aware that:

- Contraceptive advice can be sought from your child's doctor, diabetes specialist, Family Planning Victoria and through Diabetes Victoria.
- Sex is a form of physical activity that can lower blood glucose levels. Your child should have hypoglycaemia treatment readily available.
- Women with diabetes can have healthy babies, but pregnancy 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 Victoria.

- Diabetes contributes to sexual health problems for some people. Urinary tract infections and candida infections (thrush) 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.

Diabetes and body piercings and tattoos

Diabetes can reduce the body's ability to fight infection. If your child is considering a tattoo or body piercing, make sure they know about the increased risks of infection with these procedures and that they:

- make sure they are in good health and that their diabetes is well controlled to reduce the risk of infection
- speak to their diabetes healthcare team before having a tattoo or piercing for advice on how to prevent infection
- understand that 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 employs only properly trained staff
- seek advice from a 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 doctor
- Your diabetes specialist
- Diabetes healthcare team
- **Royal Children's Hospital**, Melbourne Tel. (03) 9345 5522
- **Diabetes Victoria** Tel. 1300 437 386
- **Diabetes Camps Victoria** Tel. (03) 9667 1746

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