CONCLUSION

Children with T1DM are at risk of early onset dyslipidemia. Poor diabetes control and obesity are contributing factors. Current practice is to optimise diabetic control instead of using statins as initial treatment. Long term outcome on early statin use may influence the current practice.

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Eating Disorder in Adolescents with T1DM: A Concern on the Rise

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INTRODUCTION

Type 1 Diabetes (T1DM) is a chronic illness which affects the young. Managing diabetes is all about balancing the need for insulin with food. Adolescents with T1DM are at risk of having more eating disorder as compared to general population. This study aims to learn about the nutritional status and risk of eating disorder in adolescent with T1DM.

METHODOLOGY

Adolescents with T1DM were invited to participate in the study. The study was done over eight weeks, during diabetes clinic visits at University Malaya Medical Centre. Nutritional status will be determined by anthropometric measurements which includes body mass index and body fat percentage (PBF). BMI<-2SDS is considered underweight and>85Th centile for age is overweight. Eating disorder was identified using Diabetes Eating Problem Survey-Revised (DEPS-R) questionnaire. Data on diabetes control (HBA1c) and other histories were obtained from medical records.

RESULTS

There were 43 respondents, 61% were boys. Eighteen percent were Malays, 16% Indians and 9% Chinese. There were 13 adolescents between 10-12 years-old, 19 (12-15 years-old) and 11 (16-18 years old). Mean duration of having T1DM were 4.9±3.5 years and their mean HbA1c at study period were 10.3±2.7%. A total of 16% were found to be underweight and 14% were overweight and obese. There were more cases of underweight (27%) in adolescents between 16-18 years old. Boys were found to have higher PBF than girls. There were 35% adolescents who are at risk of eating disorder. Between BMI and Hba1c, BMI was found to have higher correlation to have eating disorder p=0.07 rs=0.3.

CONCLUSION

Adolescents with T1DM were found to have a high risk of having eating disorder. Screening should start early and formal assessment would assist with early diagnosis. Early referral to child psychologist may be necessary.

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Diabetes Nephropathy among Adolescents with Type I Diabetes Mellitus

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INTRODUCTION

Diabetic nephropathy (DN) is a common cause of mortality and morbidity of young T1DM adult patients. This study is to assess the prevalence of DN in T1DM among adolescents, and its association with duration of diabetes and control.

METHODOLOGY

This is a multicenter retrospective study in paediatric department University Malaya Medical Centre (UMMC) and paediatric department University Teknologi MARA (UiTM), involving children between 10 to 20 years old. Data collection on patient background, control and treatment were obtained. Patients are considered to have DN if the urine albumin/creatinine ratio is >3.5 mg/mmol (girls) >2.5 mg/mmol (boys) in 2 out of 3 samples within 6 months.

RESULTS

109 patients (40% boys) were eligible in the study. Mean age is 15.1±2.7 years old (10.6-20.3). The mean age of diagnosis is 8.8±3.5 years old. The prevalence of DN is 10.1%. Amongst patients with DN, the mean duration of diabetes is 5.9±2.5 years, and the mean HbA1C at year of DN diagnosis was 11.3±2.3%. Only one patient was diagnosed with DN <11 years old. This is due to initial poorly controlled DM. One patient had hypertension at the point of DN diagnosis. The odds of having DN is higher with poorly controlled T1DM (OR 6.9 if HbA1c>9% vs OR 0.76 if HbA1c 7.5-8.9%).