



Kids To Ketones

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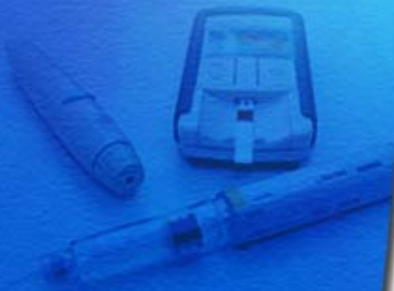
Ms RV March 2007

- 21 year old working as financial adviser.
- Presented in diabetic ketoacidosis (DKA) after omission of insulin.
- Several social issues with recent break-up with boyfriend.



Background

- Type 1 diabetes
 - Diagnosed at age 11
 - Infrequent testing ~ fortnightly
 - Glargine 36 units mane
 - Novorapid 6-10 units tds pre-meals
 - Occasional hypo's at 0200-0300hr.
 - No complications known but no screening for 4-5 years.
 - Due for follow-up Lyell McEwin Health Service (LMHS).



Transition period

- Seen at Women's and Children's Hospital (WCH) from diagnosis until age 17.
- Transition programme followed.
- Royal Adelaide Hospital (RAH) outpatient appointment with consultant.
- Subsequent appointment was seen by registrar of which patient/family was not happy.
- Had outpatient appointments at several other hospitals with many endocrinologists and variable attendance.
- Agreed to see endocrinologist regularly at LMHS.



Other past history

- Hypercholesterolaemia
 - Atorvastatin 40mg nocte
- Mild intermittent asthma
 - Ventolin PRN
- Episodes of self-harm
 - Refuses psychology



Progress

- Ketoacidosis resolved.
- Insulin adjusted according to BSLs.
- Seen by diabetes educators (DNE), able to demonstrate good knowledge but refused Insulin Adjustment Clinic.
- Declined DNE outpatient because of work commitments.
- Seen by consultant and discharged with outpatient follow-up as arranged.

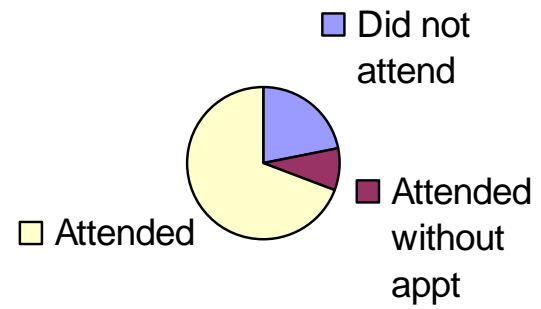


Subsequent admissions

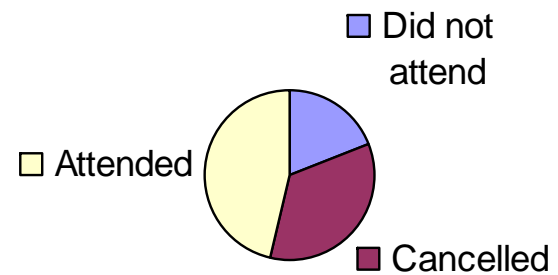
- Alcohol-induced DKA.
- Gastroenteritis-induced DKA.
- Omission of insulin.
- Psycho-social issues identified on last DKA presentation with alleged domestic violence.
- Most recent DKA presented in March 2008 at Queen Elizabeth Hospital.



Paediatric outpatient encounters



Adult outpatient encounters



Issues

- Differences between paediatric outpatient and adult outpatient clinics
 - Seen on demand and at short notice.
 - Cancelled clinics are not questioned.
- May not be seen by same constant physician in adult clinics.
- Lack of “out-of-hours” clinics for work commitments in adult.
- Social focus on disease vs. medical focus on disease.
- Patient’s responsibility for own health.



Avoiding Hospital Presentation

- Young adult clinics at various times to cater for university and work commitments.
- Having a consistent physician following up patient to establish rapport and trust.
- Diabetes educators and counsellors/social workers that are “common” to both adult and children services to smooth transition.



Discussion

