

Physical activity

Regular physical activity is an essential component of a healthy lifestyle for all children and adolescents, including those with diabetes. Early education and experiences help establish life-long physical activity habits.

All members of the multidisciplinary diabetes care team play an important role in the education and promotion of physical activity for children and adolescents with diabetes. These may include exercise physiologists and other health professionals, such as a physiotherapists or dietitian-nutritionists who have expertise in this area.

Topics that may be covered with you and your child/adolescent in the initial sessions include:

- family lifestyle and activity level
- current physical activity level and limitations
- benefits, risks and optimum levels of activity
- glycaemic awareness and control before during and after physical activity.

Foot care

Appropriately trained health professionals, such as your diabetes educator, general practitioner, a paediatric endocrinologist or paediatrician/physician or podiatrists may perform foot screening.

If problems are detected, referral to a podiatrist or other specialist may be required.

Podiatrists can advise on foot care needs. The main reason for referring a child/adolescent to a podiatrist is for diabetes foot assessment, education regarding foot care and management of lower limb problems.

Topics that may be covered in the education sessions include:

- foot care
- footwear facts
- when to seek help
- good glycaemic control and its relationship to feet.

Role of the general practitioner

The general practitioner has an important role in managing the general health care, including immunisation of the child/adolescent with diabetes and providing support to the child/adolescent and their families.

The ready availability of general practitioners means they are able to assess problems that arise between planned specialist visits. This should result in rapid treatment of illness, in consultation with your endocrinologist if necessary.

For older adolescents, the general practitioner may be appropriate for discussion of sexual health issues.

At each visit to the general practitioner the following issues may be addressed:

- presenting problem
- review of blood glucose levels
- current state of health and well-being
- current issues in school
- medication review adjustments, in consultation with family and hospital
- confirm supplies of insulin and glucagon
- focus on developing the family as 'expert'
- family adjustment to care of diabetes, stresses and life events.

Reviews by the team

- a paediatric endocrinologist or paediatrician/physician should review all children and adolescents with type 1 diabetes every three months for diabetes control and adjustment (more frequently if stabilisation is under way)
- all children and adolescents with type 1 diabetes should have access to the multi-disciplinary team at least once per year
- screening for associated medical conditions and complications should occur regularly. Check with your doctor for current recommendations.

For further information:

This brochure provides general information about how the paediatric diabetes management team can help you manage type 1 diabetes in childhood and adolescence. If you would like more detail about managing diabetes contact your general practitioner, paediatrician, paediatric endocrinologist, hospital or diabetes centre in your local area.

Other information and support available from:

Diabetes Australia Queensland

Phone: 07 3239 5666 or
1300 136 588 outside Brisbane metro area
Internet www.daq.org.au

Juvenile Diabetes Research Foundation

Phone: 07 3221 1400
Parent support phone: 07 3349 9590
Internet www.jdrf.org.au

National Diabetes Services Scheme

This is a Commonwealth Government scheme to subsidise the cost of syringes, needles and glucose testing strips.

Contact Diabetes Australia.

Carer's Allowance:

Available through Centrelink

Other important contacts:

Care for Children and Adolescents with Type 1 Diabetes

and their Families

A parent's guide



Good management and maintenance of a healthy lifestyle relies upon a partnership between the child/adolescent with diabetes, their family and a team of health professionals experienced in managing type 1 diabetes.

The health care of children and adolescents with type 1 diabetes should be under the direction of a paediatric endocrinologist or paediatrician/physician trained in the care of children and adolescents with diabetes.

Education for managing diabetes in childhood and adolescents may include general diabetes education, healthy eating, psychological and social aspects, physical activity and foot care. This education will involve a number of health professionals, including the general practitioner.

The following checklists will help you to keep track of when you need to see a particular health professional and it also outlines the information that will be covered in the initial sessions. Afterwards, continued education and support is also important as your child's/adolescent's needs and understanding change over time.

Diabetes education

A diabetes educator can give you information on how you can help your child/adolescent to manage diabetes.

It is recommended that a child/adolescent see a diabetes educator:

- at initial diagnosis of diabetes
- when there are changes in the management of diabetes
- changes in physical well-being such as:
 - severe hypoglycaemic episodes
 - for insulin stabilisation
 - eating disorders
 - an increase in sporting activities
- social changes such as
 - starting day care
 - commencing school or high school
 - change in carers
 - attending school camps or schoolies week
 - commencing international travel
 - changes in the family dynamics
 - if it is 12 months or more since your last visit.

Your diabetes educator and your doctor may also be able to help you in preparing for any planned elective surgery.

Topics that the diabetes educator will discuss with you and your child/adolescent in the initial sessions include:

- what is diabetes?
- insulin therapy & injection technique
- blood glucose monitoring
- hypoglycaemia
- sick day management
- introduction to the role of other team members.

Healthy eating

A dietitian-nutritionist can help you understand the role of food and diabetes and how to identify positive changes to meet your child's/adolescent's and family's needs. A flexible approach to food and eating habits is encouraged.

It is recommended to see a dietitian-nutritionist:

- at initial diagnosis
- whenever you have questions or concerns about food or eating habits
- when there is a change in management
- if you feel eating habits are too rigid
- if you have concerns about poor growth or weight changes
- to discuss making the family's eating habits consistent with healthy eating guidelines
- if there are other conditions such as coeliac disease, eating disorders, food allergies or intolerances
- at least once every 12 months.

Topics to discuss with the dietitian-nutritionist in the initial sessions may include:

- food, the body and diabetes
- planning to eat regular meals and snacks
- recognising carbohydrates foods and understanding their digestion and function
- healthy eating guidelines for all children
- the relationship between physical activity and food intake.

Psychological and social aspects

It is recommended that a child/adolescent and their family see a psychologist/social worker/psychiatrist at or around the time of initial diagnosis or when the following issues arise:

- subsequent hospital admissions
- family adjustment issues & sibling problems
- limited social support
- other physical or mental health issues

Or when your child/adolescent shows signs of:

- depression, anger, anxiety
- behaviour problems
- eating issues/body image issues
- significant anxiety re hypos, BGL checks, needles

Or

- if it is 12 months or more since your last visit.

Topics that may be discussed with you and your child/adolescent in the initial sessions include:

- the typical range of emotional reactions to the diagnosis of diabetes
- guilt & grief
- family stress
- coping styles
- behaviour management.

Regular contact, at least yearly, may help to identify and manage any problems before they develop further.