Experiences and Difficulties in Transitioning from Pediatric to Adult Diabetes Clinical Care

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BACKGROUND

- Emerging adulthood (ages 18-25) is a developmental stage characterized by new challenges, responsibilities, and major life changes.1
- Emerging adults with Type 1 Diabetes (T1D) must also juggle the transfer of healthcare from the pediatric to adult clinical setting.
- The ADA currently recommends that pediatric providers begin transition preparation at least one year prior to planned transfer to minimize lapses in care.2
- Current literature suggests that healthcare transition is associated with an increased risk of acute and chronic health complications for patients with T1D.3-5
  - Poor glycemic control
  - Deterioration of self-care
  - Acute diabetes-related hospital admissions
  - Vascular complications
  - There is limited research regarding ways to optimize the transition process for patients with T1D.

OBJECTIVES

- To highlight patient-focused areas of improvement that could be used to optimize transition of care.

STUDY DESIGN

Barbara Davis Center (BDC) patients with a diagnosis of T1D between ages 17-25 who had completed both a pediatric BDC transfer visit and at least 1 adult BDC appointment were identified.

- Demographic information and diabetes characteristics were obtained via retrospective chart review.
- 13 patients were randomly selected to complete a “Type 1 Diabetes Transition” questionnaire developed by faculty and staff at the BDC.
- The questionnaire included open-ended questions regarding experiences transitioning to adult diabetes care.

Interviews were conducted over the phone, recorded, and analyzed for themes. Initial broad themes were generated separately by research team members. Members then met to determine a consensus list of finalized themes.

Using finalized themes, members separately analyzed interviews and assigned one or more to each interview question. Final assignments were made by unanimous group vote.

RESULTS

- Thirteen (n=13) young adults with T1D (M_age 23.09±1.52 years; M_duration 13.04±5.35 years) completed the questionnaire (Table 1).
- Five interview questions were thematically analyzed (Table 2).
- Participant responses for each question either (Table 2):
  1) Fit into the finalized themes
  2) Lacked sufficient information to judge (“insufficient info”)
  3) Were too infrequent to be considered a theme (“other”)
  4) Answered “nothing” to the question (“none”)

Table 1: Participant Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency (n)</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Sex (%Female)</td>
<td>6</td>
<td>46%</td>
</tr>
<tr>
<td>Age (years; mean±SD)</td>
<td>23.09±1.52</td>
<td>100%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
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<tr>
<td>%Caucasian</td>
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<td>%Hispanic</td>
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<tr>
<td>%Other</td>
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<tr>
<td>Insurance</td>
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<tr>
<td>%Private</td>
<td>69%</td>
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<tr>
<td>%Public</td>
<td>31%</td>
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<tr>
<td>T1D Duration (Years)</td>
<td>13.04±5.35</td>
<td>100%</td>
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Table 2: Thematic Analysis of Transition Questionnaire Responses

<table>
<thead>
<tr>
<th>Area</th>
<th>Strengths</th>
<th>Challenges</th>
<th>Areas for Improvement</th>
<th>Support Systems</th>
<th>Support Type</th>
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<td>Support:</td>
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<td>Challenges:</td>
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<td>Limitations:</td>
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CONCLUSIONS AND NEXT STEPS

- Strengths: Similar to preexisting literature on the benefits of joint transition clinics, patients in this study highlighted that a streamlined process and previous familiarity with the clinic made transferring care easier.3,7
- Challenges: Notable barriers to the transfer process included provider compatibility issues, lack of guidance, and difficulty changing providers. These findings are consistent with what has been described in the transition literature for a variety of chronic illnesses, including T1D.7-10
- Support: Young adults in this study highlighted the continued need for financial, emotional, and diabetes-care support as they transition to adult clinical care. Current literature strongly promotes the importance of multifaceted support systems in healthcare transition for young adults with chronic diseases.8,9,11-16
- Future Directions: These findings may indicate areas where providers at this joint transition clinic can improve the transition process. They also provide valuable considerations for creating a patient-centered, effective transition program.
- Limitations: Small sample size, recall bias, and limited resources to re interview participants for additional information and clarification.

REFERENCES

4. Deterioration of self-care
5. Insufficient Info

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CONFIRMS OF INTEREST: None

COMIRB Approval #: Protocol #20-165.

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