

Transition or Transfer of Care of Young Adults with Diabetes? – More than semantics and a challenge for adult diabetes care

Peter H Winocour MD FRCP, ENHIDE, East and North Hertfordshire NHS Trust

Transitional diabetes care is recognised as a critical process over time that enables adolescents with type 1 diabetes to develop self management skills with support from paediatric and adults specialist team in preparation for transfer to adult care.

Care at and beyond transfer to adult services is acknowledged as challenging. A joint transitional service has operated in East Hertfordshire since 1995. A young adult service following transfer has operated since 2010 across the merged acute two sites of the Trust.

An audit of 84 cases between 2000 and 2005 found delays in 1st visits to adult clinics, comparable non attendance rates and poor metabolic control to that seen in transition services, but despite a move to more intensive insulin regimes after transfer there were higher DKA rates and a high prevalence and rate of progression of retinopathy. A shared clinical database system across the sites for all ages and attention to clinic transfer was introduced.

This current retrospective audit covered the transfer of 79 cases with data for analysis over the period 2006-12.

Results

- 30% still waited more than 1 year for an appointment in adults services or were yet to be seen
- 86% received only 1-2 clinic appointments within the year after transfer
- There remained no difference in DNA rates for those who had an initial adult clinic review, compared to transition clinics, but 23% were lost to follow up after transfer to adult services
- Although glycaemic control had improved from the earlier audit poor control (HbA1c > 75 mmol/mol) was noted in 25% in transition and 35% after transfer
- A similar high prevalence of retinopathy (36-37%) was noted in transition and after transfer
- Although less DKA admissions than in earlier audit, no reduction in rates after transfer
- The computerised data base system led to much improved care processes and their documentation

Discussion

This audit reveals a high rate of non attendance and emergency metabolic admissions after transfer to adults services in a cohort who often have established diabetic complications. Loss to follow up was common. Additional review of all cases aged 19-30 in our department demonstrated 61% either cancelled or did not attend appointments over a 2 year period. This highly vulnerable group of younger adults are not well served by currently commissioned hospital clinic based services. A paradigm shift to a more flexible patient focused service needs active consideration to improve the prognosis for young adults with diabetes.

Retinopathy and Hb1Ac Control

Before transfer:

	HbAc1 Control (%)		
	Good	Moderate	Poor
Retinopathy	28	38	34
No Retinopathy	28	53	19

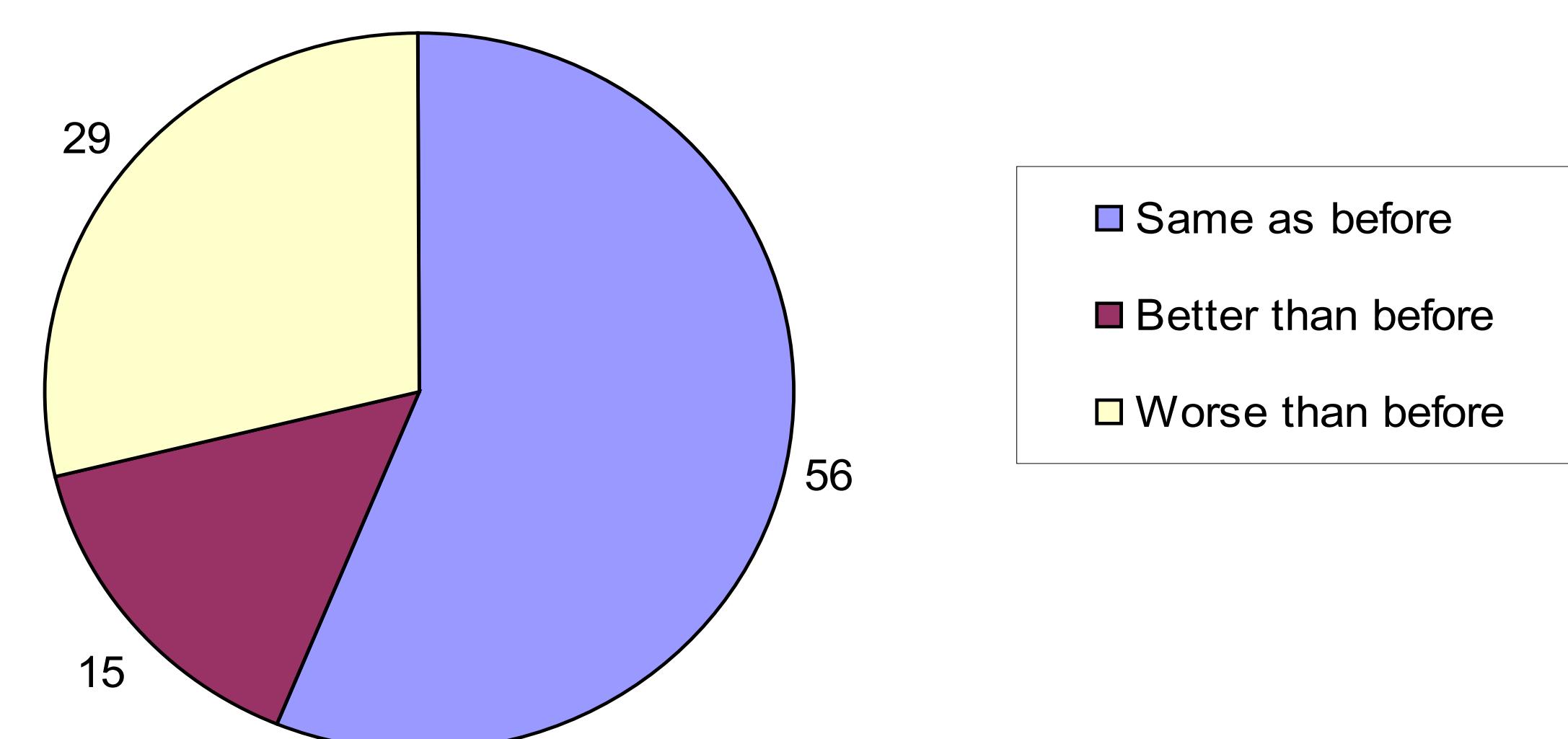
After transfer:

	HbAc1 Control (%)		
	Good	Moderate	Poor
Retinopathy	25	46	29
No Retinopathy	17	43	40

Hb1Ac testing

	HbAc1 Control Rate (% of patients)*		
	Good	Moderate	Poor
Before Transfer*	29	46	25
After Transfer*	22	43	35

Comparison of diabetes control before and after transfer (% of patients - n=68)*



2007 Audit

Pre V Post same (76-77mmol/mol)
10% in good category (< 60 mmol/mol)
Control has improved between audits!

DNA Rates 2007 Audit

