

Effective ways of engaging younger people with diabetes: What are you doing?



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George Benson once sang “Children are our future, teach them well and let them lead the world.” According to the report released in early October, we’re not looking after our children and young people with diabetes as well as we could. New figures show that people with diabetes aged under 40 receive fewer vital checks and are less likely to hit treatment targets than older age groups.

The National Diabetes Audit 2012–2013 presented its findings for the care of over 2 million people in England and Wales with diabetes (Health and Social Care Information Centre [HSCIC], 2014). It found that out of approximately 130 000 people under the age of 40, only 29.1% with type 1 diabetes and 46.3% with type 2 diabetes received eight of the nine NICE recommended care processes. These annual checks assess the effectiveness of diabetes treatment, as well as cardiovascular risk factors, such as blood pressure, serum cholesterol, body mass index and smoking, and the emergence of early complications, including eye screening, foot surveillance and kidney surveillance.

People aged 65 to 79 years had the highest rate of receiving care processes, at 59.9% for those with type 1 diabetes and 66.7% for those with type 2 diabetes. The audit also records the three NICE recommended treatment targets that should be monitored and met for people with diabetes. These are glucose control, blood pressure and serum cholesterol. It found:

- In the under 40s age group, 14.7% of people with type 1 diabetes met all three treatment targets.
- In the under 40s age group, 24.3% of people with type 2 diabetes met all three treatment targets.

People aged 80 and over had the highest treatment target achievement rate, with 25.5% with type 1 diabetes and 45.1% with type 2 diabetes meeting all three treatment targets.

There are many factors that will contribute to the low numbers of young people not receiving the

nine NICE recommended care processes, including non-attendance at clinic appointments; but this is not a new problem. We need to find innovative ways of engaging our younger population with diabetes in order to support them towards better outcomes and prevent costly long-term complications.

Professor Jonathan Valabhji, the National Clinical Director for Obesity and Diabetes, NHS England stated:

“Although there is opportunity for improvement everywhere, and variation between localities and providers remains significant, the outstanding message from this report is the need to address the substantially worse routine care and treatment in younger people with type 1 and type 2 diabetes and in people with type 1 diabetes at all ages.”

Technology can help us engage our young adults in a way that they relate to and allows a break away from conventional clinics or doctors’ surgeries. There are many blogs and apps about diabetes that are readily accessible if the individual is interested. Recently, a nurse consultant colleague won an award for running a Skype clinic with her young adult population. This use of technology meant that she was able to have a meaningful consultation with someone who might have otherwise missed their appointment at the hospital. Maintaining communication with this group of patients is crucial to ensure that when the time is right for them to accept help and intervention, us healthcare professionals are available and accessible.

We would love to hear about any initiatives are you using in your local area to engage your younger population with diabetes and ensure they are receiving the nine NICE recommended care processes. Get in touch! ■

Health and Social Care Information Centre (2014) *National Diabetes Audit 2012–13. Report 1: Care processes and treatment targets.* Available at: <http://bit.ly/1mTWjub> (accessed 29.10.14)