

Annual Monitoring of Children with Type 1 Diabetes

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Annual monitoring of children with Diabetes will minimize problems and complications that occur due to diabetes.

When and how to monitor a child with Type 1 Diabetes?

1. The child needs review by the doctor every three months, or sometimes much earlier.
2. Diet and education review should occur every visit.
3. The child's growth should be assessed by measuring height and weight regularly.
4. A hemoglobin A1c test should be performed every three months.
5. Screening for diabetes complications should occur after five years of diabetes in younger children or after two years in teenagers.
6. Screening for thyroid dysfunction is recommended soon after diagnosis of Type 1 Diabetes. Measure TSH soon after diagnosis of T1DM. If normal, recheck every 1-2 yrs.
7. Consider screening for celiac disease in individuals who have a first degree relative with celiac disease, growth failure, diarrhea, flatulence, abdominal pain.
8. Annual screening for kidney disease should be done with serum creatinine and a random spot urine sample for albumin-to-creatinine ratio (UACR) once the child has had diabetes for 5 years.
9. An initial dilated & comprehensive eye exam is recommended at age ≥ 10 years or after puberty has started, whichever is earlier, once the child has had diabetes for 3-5 years. Subsequent screening is either annual/6 months/3 months, depending on the eye findings.
10. Annual comprehensive foot exam is done at the start of puberty or at age ≥ 10 years, whichever is earlier, once the child has had type 1 diabetes for 5 years.

A simple check list for parents at follow up visits:

| | | |
|--------------|---------|---------|
| Name | DOB: | D |
| M onset date | | |
| Date | Wt (Kg) | Ht |
| | (Cm) | BP |
| | | HbA1c |
| | | Fundus |
| | | UACR |
| | | S.Creat |
| | | Lipids |
| | | TSH |
| | | Neuro |
| | | CAD/PAD |
| | | Feet |

