

# Trans-cultural Transitions:

*The role of the multidisciplinary team  
in supporting young people with  
Type 1 diabetes*

**ADEA-NSW/ACT Branch Conference – 10 March 2018**



Dianna Fornasier

NP, CDE (NSW CDE of the Year 2017)

Strathfield Family Medical Centre

Lisa Robins

Psychologist Diabetes Centre

Bankstown-Lidcombe Hospital

Linda Mann

GP Inner West Sydney

VMO at RPAH

Melissa Xerri

Consumer representative

Type 1 diabetes ten years

Leanne Gregory

Accredited Practising Dietitian

St Vincent's Diabetes Service

Sarah Abdo

Endocrinologist Staff Specialist

Bankstown Lidcombe Hospital.



Your trusted partner in diabetes care

# Patient Information

3

- ▶ Tahirah is a 19 year old Egyptian-born woman
- ▶ Emigrated to Australia at 10 years of age
- ▶ Type 1 Diabetes
- ▶ No contact with Paediatric Diabetes Service for over 12 months

# Social History

- ▶ University student
- ▶ Works part-time in retail
- ▶ Lives with parents and younger sister in Western Sydney
- ▶ Follows the Western Sydney Wanderers soccer team
- ▶ No partner
- ▶ Loves to text!
- ▶ Walks for exercise

# General Practitioner

5

- ▶ Weight 50kgs, Height 165cm, BMI 18.4
- ▶ Presents to GP at initial appointment, with mother, who has the following concerns about Tahirah:
  - frequent hypos
  - weight loss of 5kg over last 3 weeks
  - eating problems

# Past Medical History

- ▶ Diagnosed with type 1 diabetes at age 8 years
- ▶ Menarche at 15 years
- ▶ No known allergies
- ▶ No previous mental health or physical health issues
- ▶ Denies use of illicit drugs
- ▶ Non-smoker
- ▶ Social drinker
- ▶ No contraception
- ▶ No regular medications

# Family History

7

- ▶ Mother - history of GDM and Type 2 diabetes
- ▶ Father diagnosed with hypertension and hypercholesterolaemia
- ▶ Sister diagnosed with polycystic ovary syndrome
- ▶ 22 year old cousin living in Lebanon with Type 1 diabetes

## Current regime

Basal-bolus:

- ▶ Levemir: 14 units bd
- ▶ Novorapid: 4-6 units    4-6 units    4-6 units

# Cycle of Care Pathology

- ▶ BMI
- ▶ HbA1c
- ▶ BP
- ▶ Ketones
- ▶ Non-fasting cholesterol – total
- ▶ LDL
- ▶ HDL
- ▶ EUC
- ▶ FBC
- ▶ Ferritin
- ▶ Ca
- ▶ PO4
- ▶ CRP
- ▶ TS anti-thyroid antibodies
- ▶ Anti-transglutaminase antibodies
- ▶ Total IgA
- ▶ KFT
- ▶ Coeliac
- ▶ VitD
- ▶ B12
- ▶ LFT
- ▶ Overnight urine micro-albuminuria x 3



# One Month Later....

- ▶ Tahirah is admitted to hospital with DKA via Emergency
- ▶ pH 6.85
- ▶  $\text{HCO}_3^-$  2mEq/L
- ▶ Base excess -30mEq/L
- ▶ Na 121 mmol/L
- ▶ K 4.0mmol/L
- ▶ Glucose 38.4mmol/L
- ▶ Stabilised and discharged after five days in ICU

# Discharge Summary to GP via eHealth

10

- ▶ Medication regimen not altered
- ▶ Pathology:

A1c	eGFR	Lipids	ACR	Hb	TSH	LFTs	Coeliac	Vit D
9.2% (77)	90	WNL	1.6	108	6.1	WNL	Neg	31

- ▶ D/C Summary recommends follow up with GP and Endocrine Team

# At Home

11

- ▶ Mother fears another DKA episode and hospital admission, and insists on patient visiting GP with discharge summary from hospital
- ▶ Patient agrees but will only attend with 20 year old female cousin

# GP Follow Up

12

- ▶ No evidence of retinopathy
- ▶ eGFR 90ml/min
- ▶ Diabetic foot assessment – NAD
- ▶ Patient mentions to GP following concerns:
  - No understanding of her type of diabetes by hospital staff
  - Inconsistent self-management advice
  - Did not appreciate people around her with type 2 diabetes giving her unsolicited advice
  - Tahirah admitted to insulin omission