

# 'Complication Screening'

## Information for Parents and Carers

Eye, nerve and kidney disease are complications of diabetes. Complications are not something that just happens in older people, they can also happen to young people with diabetes.

There is evidence to show that by keeping diabetes under control the risk of complications is reduced. It is important, for people with diabetes to have regular screening for complications. Early signs of complications can be treated and in some cases be **reversed** while others can be **prevented from progressing** any further.

**Important:** If your teenager is not attending a diabetes specialist, then they need to ask their GP to arrange to be screened for diabetes complications. If any of the screening tests are positive then their GP should refer them to a diabetes specialist immediately.

### Type 1 Diabetes -When to Start Screening?

Complication screening in young people with Type 1 diabetes should start once they have started puberty and have had diabetes for at least 2 years. In younger children (pre-puberty) screening should start once they have had diabetes for 5 years. Screening can also detect some medical problems that are more common in young people with Type 1 diabetes, like Thyroid and Coeliac Disease.

### What Screening Tests are Done?

The table below outlines what tests need to be done and when.

What Should be Done?	How Often?		
	At Diagnosis	Every 3 Month Visit	Yearly & Other (Every)
<b>Measurement of:</b> - Weight & Height - Blood Pressure	✓ ✓	✓ ✓	
<b>Blood Tests for:</b> - HbA <sub>1c</sub> - Coeliac Disease - Thyroid Disease	✓ ✓ ✓	✓	2 years 2 years
<b>Blood test for:</b> - Lipid Disorders	✓*		If normal, then every 2 years
<b>Examination of:</b> - Eyes - Kidneys (urine test) - Feet	✓ ✓		✓** ✓ ✓***

\* Screening for Lipid Disorders should commence within 6 – 12 months of diagnosis

\*\* If fundal photography is used, then every 2 years

\*\*\* Yearly if HbA<sub>1c</sub> is over 9%

## Type 2 Diabetes -When to Start Screening?

Complication screening in young people with Type 2 diabetes should start when they are first diagnosed.

### What Screening Tests are Done?

The table below outlines what tests need to be done and when.

What Should be Done?	How Often?		
	At Diagnosis	Every 3 Month Visit	Yearly & Other (Every)
<b>Measurement of:</b> - Weight & Height - Blood Pressure	✓ ✓	✓ ✓	
<b>Blood Tests for:</b> - HbA <sub>1c</sub> - Lipid Disorders	✓ ✓	✓	✓
<b>Examination of:</b> - Eyes - Kidneys (urine test) - Feet	✓ ✓ ✓		✓* ✓ ✓

\* If fundal photography is used, then every 2 years

### Parent Guidelines

In 2002, Complication Screening Guidelines for Parents of children and adolescents with Type 1 diabetes were developed and disseminated throughout Queensland. These guidelines were revised in 2006 to be consistent the latest recommendations from the Australasian Paediatric Endocrine Group (APEG, 2005).

These screening tools are available by contacting the Mater Children's Hospital, Brisbane or you can download them from the Parent & Carer section of this website.

### Website

For more information on diabetes control visit the Queensland Government Diabetes Care Website: Module 4: Monitoring and Control  
[www.workingwonders.com.au/rchsubsites/diabetes26042005/html/m\\_05..htm](http://www.workingwonders.com.au/rchsubsites/diabetes26042005/html/m_05..htm)

### Reference/s:

1. Stillman, J., Lang, E., Grieve, C., (2003) *Paediatric and Adolescent Diabetes Education Manual*, For Health Professionals. Queensland Health, Queensland Government Publication. Module 5
2. Australasian Paediatric Endocrine Group for the Department of Health and Aging: Clinical Practice Guidelines: Type 1 diabetes in children and adolescents. National Health and Medical Research Council (NHMRC), Australian Government, March, 2005

Visit the Sweet Transition website at [www.sweet.org.au](http://www.sweet.org.au)