

The Role of the General Practitioner in Transition

Information for Health Professionals

There are two important roles for the general practitioner in the management of young people with diabetes:

- 1. If the young person has continuing involvement with a Diabetes Clinic or diabetes specialist:** The general practitioner has an important role as a partner in the management of all young people with diabetes and should be the primary point of contact for day to day health issues such as minor intercurrent illnesses, injuries and other health surveillance
- 2. If the young person has dropped out of specialist care.** The role of the General Practitioner (GP) becomes quite different, even critical. In this circumstance, the GP's role is to:
 - build a professional relationship with the young person in order to understand their life situation and endeavour to find out why they dropped out of diabetes specialist care
 - make an assessment of their current diabetes control
 - undertake an assessment for diabetes complications
 - encourage the young person to resume contact with a specialist diabetes clinic or doctor
 - provide continuing supplies of insulin and other medication.

If no pre-existing relationship exists with the young person or the young person appears reluctant to re-engage with a diabetes service then, one should consider all presentations as an opportunistic chance to ensure complication screening is up-to-date.

Not all areas in Queensland have an adult diabetes service or clinic that the young person can be transitioned to. It may be necessary for the young person's general practitioner (GP) to become the primary diabetes service provider with periodic support from a visiting diabetes specialty outreach service or by referring the young person annually for assessment to either a diabetes clinic or private diabetes specialist.

Medical Consultations

At each visit to the GP even for intercurrent illnesses the following issues should be addressed:-

- review of blood glucose results, frequency of hypoglycaemic episodes, recent HbA1c results
- current state of health and well-being including life circumstances that may impact on diabetes control

- self-initiated changes to insulin dosage since last visit and results of these on blood glucose control
- review of diabetes complication screening status, and when required, order appropriate screening tests
- confirming supplies of insulin, glucagon (check expiry date), and supply of ketone strips for testing of blood or urine.
- Initiation of referral to diabetes educator and other allied health e.g. dietitian when required.

(Adapted from Diabetes Best Practice Guidelines, 2002)¹

It is essential that complication screening be carried out regularly (refer to the Resources section of the website).

Referral to Diabetes Specialty Service

Immediate referral to a diabetes specialty service should occur in any of the following situations:

- If there are **any** abnormal findings on the annual Diabetes Complication Screen
- If the HbA1c is > 9% on two or more occasions in one year
- If there is continued and significant weight loss
- BMI <18kg/m² or >25kg/m²
- If the young person is experiencing difficulty adhering to the treatment regimen (or is non-compliant)
- If the young person is pregnant or is considering becoming pregnant
- If there has been an admission to hospital for a diabetes related conditions e.g. ketoacidosis, severe hypoglycaemia
- Diagnosis of co-existing diseases
- If there are any mental health issues

Reference/s:

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2. Sawyer S, Blair S, Bowes G. Chronic illness in adolescents: transfer or transition to adult services? *J Paediatr Child Health* (1997); 33:88-90
3. McDonagh J.E., Viner R.M., Lost in Transition? Between paediatric and adult services. *BMJ* (2006);332:435-436
4. Viner R., Transition from paediatric to adult care. Bridging the gaps or passing the buck? *Arch Dis Child* (1999);81:271-275
5. Best Practice Guidelines for the Management of Type 1 Diabetes in Children and Adolescents. Queensland Health, 2002
6. Lang, E., Diabetes in Children and Adolescents. Queensland Government Diabetes Care Advance Website, 2005