



Effective Health Care Mental Health Support for Juvenile (Type 1) Diabetes Mellitus Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Mental health support for juvenile (Type 1) diabetes mellitus was found to be addressed by an existing report by the AHRQ Evidence-Based Practice Center (EPC) Program titled *Diabetes Education for Children with Type 1 Diabetes Mellitus and their Families*. Given that the existing report covers this nomination, no further activity will be undertaken on this topic.
- Couch R, Jetha M, Dryden DM, Hooton N, Liang Y, Durec T, Sumamo E, Spooner C, Milne A, Gorman K, Klassen TP. Diabetes education for children with type 1 diabetes mellitus and their families. Agency for Healthcare Research and Quality (AHRQ). Evidence Report/Technology Assessment No. 166. 2008
<http://www.ahrq.gov/downloads/pub/evidence/pdf/diabetesed/diabetesed.pdf>

Topic Description

Nominator:	Individual
Nomination Summary:	The nominator is interested in psychiatric care for patients who have been diagnosed with juvenile diabetes. Population(s): Children aged 2-14 with a diagnosis of juvenile diabetes mellitus (early stages of disease) Intervention(s): Insulin and diet Comparator(s): Insulin, diet, and psychiatric care Outcome(s): Desired areas of improvement include understanding of the condition, coping, and education of parents.
Key Questions from Nominator:	1. For patients with diabetes mellitus, what is the effect of taking the opinion of the psychiatrist?

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)

- This topic was found to be addressed by an existing AHRQ EPC Program product titled *Diabetes education for children with type 1 diabetes mellitus and their families*. The key questions of this report include:
 1. What is the evidence that diabetes education on day-to-day management of diabetes improves metabolic control (as determined by HbA1c, numbers of diabetes-related hospitalizations, frequency of diabetic ketoacidosis [DKA] and numbers of episodes of hypoglycemia)?
 2. What is the evidence that medical nutrition therapy education on day-to-day management of diabetes improves HbA1c values and results in less variability in blood glucose levels?
 3. What is the evidence that diabetes education results in improved long-term management of diabetes, including better adherence to recommendations made in clinic and decreased hospitalizations and emergency department (ED) visits for diabetes-related complications?
 4. What is the evidence that diabetes education programs improve knowledge about diabetes management?
 - a. What is the evidence that this knowledge increases the child's self-confidence in his or her ability to handle the disease and has a positive impact on the child's quality of life (QOL) and other psychosocial issues (e.g., school absences, school performance, adherence to a medical regimen)?
 - b. What is the evidence that this knowledge improves long-term metabolic control (i.e., decreases or prevents diabetes-related complications), as shown in the Diabetes Control and Complications Trial (DCCT) (as measured by retinal, renal, cardiovascular, and neurological evaluations), in children of families who receive these diabetes education or medical nutrition therapy program services compared to children of families who do not receive these services?
 5. What is the evidence that training in intensive diabetes management (consistent with DCCT, including blood glucose monitoring at least four times a day, three or more daily insulin injections or use of an insulin pump and education on when and how to adjust insulin doses) conducted in the practitioner setting yields:
 - a. Improved metabolic control, (as determined by HbA1c values, numbers of diabetes-related hospitalizations, frequency of DKA and numbers of episodes of hypoglycemia)?
 - b. A decrease in or prevention of diabetes-related complications (as measured by retinal, renal, cardiovascular, and neurological evaluations), as demonstrated by DCCT?