SHORT COMMUNICATION

Diabetes Management

Pediatric diabetes: Chronic condition that affects children and adolescents

Dalia Somjen*

Received: 13-Dec-2022, Manuscript No. FMDM-22-93216; **Editor assigned:** 15-Dec-2022, PreQC No. FMDM-22-93216 (PQ); **Reviewed:** 29-Dec-2022, QC No. FMDM-22-93216; **Revised:** 09-Jan-2023, Manuscript No. FMDM-22-93216 (R); **Published:** 16-Jan-2023, DOI: 10.37532/1758-1907.2023.13.438-440



Pediatric diabetes, also known as type 1 diabetes, is a chronic condition that affects children and adolescents. It is a disorder that arises when the pancreas fails to produce enough insulin, a hormone that regulates blood sugar levels in the body. As a result, children with diabetes face lifelong challenges in managing their blood glucose levels and avoiding long-term complications such as heart disease, nerve damage, blindness, and kidney failure. In this article, we will explore the diagnosis, treatment, and management of pediatric diabetes.

■ Diagnosis

The diagnosis of pediatric diabetes usually starts with a blood test that measures the levels of glucose in the blood. If the blood sugar level is higher than normal, the doctor may order additional tests to confirm the diagnosis. These tests include a glycated hemoglobin test, which measures the average blood sugar level over the past three months, and a glucose tolerance test, which measures how the body responds to a sugary drink.

Once the diagnosis of diabetes is confirmed, the child and their family will work with a team of healthcare professionals to develop a comprehensive treatment plan. The team may include a pediatric endocrinologist, a dietitian, a diabetes educator, and a mental health professional [1-5].

■ Treatment

The primary goal of treating pediatric diabetes is to keep blood sugar levels within a normal range. This is done through a combination of insulin therapy, dietary modifications, and physical activity.

Insulin therapy is the cornerstone of diabetes management. Children with diabetes require insulin injections or insulin pumps to regulate their blood sugar levels. Insulin injections are typically given several times a day, either with a syringe or an insulin pen. Insulin pumps are small devices that deliver insulin through a catheter inserted under the skin [6,7].

Dietary modifications are also an essential part of diabetes management. Children with diabetes need to eat a healthy and balanced diet that is rich in fruits, vegetables, whole grains, and lean proteins. They also need to limit their intake of sugary and processed foods. A registered dietitian can help develop a meal plan that meets the child's nutritional needs and helps keep their blood sugar levels stable [8-10].

Physical activity is another crucial aspect of diabetes management. Regular exercise helps improve insulin sensitivity and can help lower blood sugar levels. However, it's important to monitor blood sugar levels during and after exercise, as physical activity can cause blood sugar levels to drop too low.

Managing pediatric diabetes is a complex and



Department of Endocrinology, Institute of Health, Jimma University, Jimma, Ethiopia *Author for correspondence: dalias@hotmail.com

SHORT COMMUNICATION Somjen D

ongoing process that requires a multidisciplinary approach. In addition to insulin therapy, dietary modifications, and physical activity, there are several other aspects of diabetes management that are important to consider.

Monitoring blood sugar levels is an essential part of diabetes management. Children with diabetes need to check their blood sugar levels several times a day, using a glucometer or Continuous Glucose Monitoring (CGM) device. This helps them track their blood sugar levels and make any necessary adjustments to their insulin doses, diet, or physical activity.

Education and support are also essential for children with diabetes and their families. Diabetes education programs can help children and their families learn how to manage their diabetes and cope with the challenges of living with a chronic condition. Peer support groups and online communities can also provide valuable emotional support and encouragement.

■ Conclusion

Mental health is another critical aspect of diabetes management. Living with a chronic condition can be stressful and overwhelming, and children with diabetes may be at increased risk of depression, anxiety, and other mental health issues. Mental health professionals can help children and their families manage the emotional and psychological aspects of diabetes. Preventing long-term complications is another important aspect of diabetes management. Children with diabetes are at increased risk of developing long-term complications such as heart disease, nerve damage, blindness, and kidney.

Pediatric diabetes: Chronic condition that affects children and adolescents

SHORT COMMUNICATION

References

- Dattani MT. Brook C G D Brook's clinical Paediatric Endocrinology. John Wiley and sons publications, New Jersy, United States (2020).
- Pham-Short A, Donaghue KC, Ambler G, et al. Screening for Celiac Disease in Type 1 Diabetes: A Systematic Review. *Pediatrics*. 136(1):e170-e176 (2015).
- 3. Sukriti K, Manish G, Syed RM, et al. Original Article Prevalence and Clinical Profile of Celiac Disease in Patients with Type 1 Diabetes Mellitus in Western Uttar Pradesh, India. *Pediatrics*. 30(2):142-146 (2015).
- 4. Bredberg ACA, Ivarsson S. Serological Screening for Celiac Disease in Healthy 2.5-Year-Old Children in Sweden. *Pediatrics*. 107(1):1-6 (2015).
- Bhadada SK, Kochhar R, Bhansali A, et al. Prevalence and Clinical Profile of Celiac Disease in Type 1 Diabetes Mellitus in North India. Gastroenterol Hepatol. 26(2):378-381 (2011).
- 6. Thain ME, Hamilton JR. Coex and Tence of Diabetes Mellitus and Celiac Disease. *Pediatrics*. 85(4):7-9 (1973).
- Holmes GKT. Coeliac Disease and Type 1
 Diabetes Mellitus ± the Case for Screening.
 Diabet Med. 18(3): 6-11 (2001).
- Akirov A, Pinhas-hamiel O. Co-occurrence of Type 1 Diabetes Mellitus and Celiac Disease. Pediatrics. 6(5):707-714 (2015).
- Savilahti E, Simell O, Koskimies S, Rilva A, Akerblom HK. Celiac Disease in Insulindependent Diabetes Mellitus. *Pediatrics*. 108(5): 690-683 (1986).
- Mellitus D. Prevalence and Characteristics of Coeliac Disease in Type 1 Diabetes Mellitus. Acta Paediatr. 76(4): 671-672 (1987).