Infants (0-2 years old)

Children at this stage are developing a sense of trust with parents and the world around them. Erratic sleeping and eating patterns are expected. When diabetes is diagnosed in infancy, parents are expected to provide all diabetes management.

Tips:
- Have everything ready before testing blood sugars or giving injections.
- Don’t use child’s bed for injections or blood test (keep bed a “safe” place).
- Use the smallest lancet for finger sticks.

Toddlers (2 to 3 years old)

Toddlers are able to participate in some self-care. They often begin looking for approval from parents while testing their limits. Many toddlers are picky eaters and become easily distracted. Important issues are temper tantrums and discipline. Parents are still expected to provide all diabetes care.

Tips:
- Be organized to minimize stress.
- Be patient and calm. Test blood sugar before ignoring a temper tantrum.
- Have child help with simple tasks, such as choosing a finger for testing or choosing site for injections.

Pre-school (4 to 5 years old)

Preschoolers are BUSY! They are able to start understanding rules and can do more self-care under a parent’s supervision. Eating and sleeping habits should become less erratic. Preschoolers will want to know the reason “Why?” Let preschoolers know that diabetes management is not negotiable.

Tips:
- Allow child to do more diabetes care.
- Use reward systems such as sticker charts.
- Help child learn symptoms of low blood sugar.
- Assure children that diabetes care is NOT being used as punishment.
- Do not label blood sugars as “bad” or “good”.

Development and Diabetes
Infancy through Adolescence
School Age (6 to 10 years old)

School aged children are fearful of being different from their peers. They also begin to spend a lot of their time away from home. Children at this age can perform some of their diabetes self care, with adult support and assistance when necessary.

Tips:
- Make sure that the school is fully educated on diabetes management.
- Have child participate in school activities or sports to help with normal peer relationships.
- Allow child to make decisions around meal planning and injections ahead of time to avoid stress.

Early Adolescence (11 to 14 years old)

Children in early adolescence are susceptible to erratic insulin requirements due to rapid growth changes. Blood sugar control may become somewhat difficult. Body image, peer pressure and self-esteem become very important during this time. Many children in early adolescence begin to challenge authority (ex: parents, diabetes educators or physicians).

Tips:
- Let child make decisions regarding treatment options (MDI or pump therapy)
- Begin to allow independent visits with health care team
- Closely monitor school performance and attendance
- Child should be providing own diabetes management with parental supervision when needed
- Assess teenagers for depression (common when diagnosed with chronic disease)

Adolescence (15-18 years old)

Adolescence is a time for autonomy and developing a sense of self. Many children experiment with risk taking behaviors (not taking insulin, forgetting to check blood sugars, drinking or smoking). Adolescents with diabetes should be independent in all diabetes cares, with assistance from caregivers when needed.

Tips:
- Parents should watch for risk taking behaviors
- Allow independence with diabetes care and problem solving but schedule time weekly to review blood glucose meter and pump information with teen
- Begin to discuss transition to an adult health care provider
- Discuss future goals and plans (ex: further education, jobs, insurance)
Resources

www.diabetes123.com  Developmental Issues: Infants thru Adolescence

http://care.diabetesjournals.org/cgi/content/full/21/1/186  Appropriate Self-Management by Age

