Title

Trends of Diabetes-Related Hospital Admission in Emerging Adults in the State of California

Permalink

https://escholarship.org/uc/item/5x51s0b7

Journal

Journal of the Endocrine Society, 5(Suppl 1)

ISSN

2472-1972

Authors

Nip, Angel

Lodish, Maya

Publication Date

2021-05-01

Peer reviewed

patients' illness-related concerns, acknowledging challenges of using insulin, and non-verbal behaviours. The qualitative section focussed on elaborating some responses made to the quantitative section, such as questions about explaining the cause of illness, listing words and phrases that may potentially impact patients, and explaining why the patients need to be initiated on insulin. The data was analysed using descriptive statistics and qualitative content analysis, respectively. **Results:** The findings of the quantitative study showed that the majority of the doctors (i) always greeted their patient as they entered the room (43.2%), (ii) addressed the risk of developing diabetes with patients' siblings/children (87.9%), (iii) always acknowledged the challenges of using insulin (42.8%), and (iv) never asked patients' experiences at the end of the consultation (31.9%). All common communication cues were rated as extremely important; eye contact (48.7%), tone of voice (41.5%), body language (39.6%), and words and phrases (41.8%). The qualitative findings revealed that doctors preferred to use verbal communication such as using authoritative language, educating patients using facts, analogies and behavioural information, employing empathetic language on occasion. Doctors also reported using negative words that portrayed fear, blame and disengagement in order to promote adherence. **Discussion and Conclusion:** The findings suggest that doctors rely on verbal rather than nonverbal communication when interacting with patients, with fear messages being a favoured means of ensuring adherence. It is possible that this may be because, while recognizing the value of nonverbal methods, doctors lack training in using these techniques in communication. Therefore, developing a communication skill training program for Indian doctors focussed on empathic and nonverbal communication can help to improve consultation and patient outcomes (e.g., adherence, patient satisfaction).

Diabetes Mellitus and Glucose Metabolism

DIABETES IN THE HOSPITAL

Trends of Diabetes-Related Hospital Admission in Emerging Adults in the State of California

Angel Siu-ying Nip, MD, Maya Beth Lodish, MD, MHSc.
UCSF, San Francisco, CA, USA.

Background: As adolescents with diabetes transition to adulthood, they may demonstrate poorer adherence to treatment regimens and may be vulnerable to complications such as diabetic ketoacidosis (DKA) or severe hypoglycemia. A number of important factors have been identified as risk factors for these poor outcomes, including loss of health insurance coverage, increased risk-taking behaviors, and difficulty coping with added responsibility. National data may inform efforts to improve health outcomes and prevent complications for vulnerable young adults during this challenging transition to independence. **Objectives:** To estimate the incidence of diabetes-related admissions and to describe the characteristics among youth and young adults with type 1 (T1D) and type 2 diabetes (T2D) in the state of California. **Study design and method:** This is a retrospective cohort study using the inpatient database from the Office of Statewide Health Planning and

Development during the years 2014 to 2018. Individuals aged 13–24 years hospitalized with DKA, or hypoglycemia, were identified by ICD codes. **Results:** A total 28,754 admission encounters were recorded. Mean ages for T1D and T2D were 17.3±5.6 years and 17.9±4.6 years, respectively. Hospitalization rates increased with age with a significant rise during the transition to adulthood, from 70.3/100,000 population at age 17 to 132.2/100,000 population at age 19 in T1D. Among hospital admissions in T1D and T2D, 16.3% and 18.7% were Black young adults respectively (p <.001). More young adults were on public insurance when compared to youth (64.1% vs 45.1% in T1D; 68.4% vs 50.4% in T2D, p <.001), and approximately 48.8% and 41.6% were from the lowest income quartile in T1D and T2D respectively (p <.001). There was no difference in mean length of hospital stay, but hospital charges were higher among young adults with both types of diabetes when compared to youth ($41,370 vs $36,160 in T1D; $37,218 vs $30,991 in T2D, p <.001). More young adults were admitted for severe cases such as DKA or hypoglycemia with coma in T1D, with rates tripling from 0.3/100,000 population in youth to 1.0/100,000 population in young adults. **Conclusion:** We demonstrated a significant rise in admission rates during the transition to adulthood in individuals with T1D. Among admissions in both types of diabetes, there were significantly more Black young adults who were on public insurance with lower socioeconomic status. This population group had poorer health outcomes with higher incidence for moderate and severe complications, and they cost more hospital charges than the youth population with both types of diabetes. Our findings suggest that the US healthcare system fails many emerging adults with diabetes, particularly for people of color, and that improving the medical transition is crucial. More resources should be focused on this at-risk population from a healthcare system perspective.

Diabetes Mellitus and Glucose Metabolism

DIABETES IN THE HOSPITAL

Understanding Facilitators and Barriers in the Hospital Discharge Processes of Newly Prescribed Insulin: A Mixed-Methods Study

Cheong M. Yu, MD[1], Alice Lu, BS, MPH[1], Emilie Touma, BA[1], Pamela Wax, MD, MBA[1], Amador Rosales, MS[1], Colleen M. Smyrniotis, MSN, CDCES[2], Daniel H. Schneider, MS[1], Jane L. Holl, MD, MPH[3], Amisha Wallia, MD[1].
[1]Northwestern University, Chicago, IL, USA, [2]Northwestern Memorial Hospital, Chicago, IL, USA, [3]University of Chicago, Chicago, IL, USA.

Patients, newly prescribed insulin, being discharged from the hospital are at high risk of adverse outcomes. An electronic enterprise data warehouse (EDW) algorithm was created and validated to identify these inpatients electronically. Qualitative interviews were also conducted to assess barriers in the discharge process. The EDW algorithm to identify inpatients (09/01/18-08/31/19), newly prescribed insulin at discharge, was created by identifying screening indicators (e.g., admission/discharge medication lists, discharge summary). Iterative adjustments to the algorithm were made after chart review and included review of