

Dawn Youth Italian Study

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Dawn Youth Italian Study was born as an international project, realized in Italy within the patronage of SIEDP/ ISPED (Italian Society of

Pediatric Endocrinology and Diabetology) and of the Health Care Ministry. Despite an underlying uniformity between answers obtained in

Italy and those collected in other Countries, some differences on which one may think over came out.

Background

- 2001, Novo Nordisk and IDF conducted the DAWN (Diabetes, Attitudes, Wishes and Needs) study involving more than 5400 diabetes patients, and more than 3800 healthcare professionals in 13 countries.
- The **main purpose of the research** was to identify new ways to overcome the psychosocial barriers to optimal health and quality of life of people with diabetes and those at risk
- As a result of the DAWN study, the DAWN programme, a global Novo Nordisk initiative in collaboration with the IDF and an International Expert Advisory Board was established. The results of the study were published in lay and peer-reviewed journals
- In its continued commitment to people with diabetes, Novo Nordisk together with IDF and ISPAD have undertaken another survey to explore perceptions among
 - young adults with diabetes
 - parents of children with diabetes
 - healthcare professionals seeing children with diabetes.

The aim of the DAWN Youth survey was to:

- Gain understanding of the challenges and issues of young adults living with diabetes, as well as carers, parents and others facing the responsibility of supporting them
- help raise awareness of the unique challenges related to management of childhood diabetes
- inspire new efforts to improve the care for children and young people with diabetes and their families
- Identify new avenues for improvements in the context of psychosocial management of diabetes among children, with a view
- Create a new platform for dialogue among all key stakeholders to setup coordinated initiatives

Methodology (1)

- In most countries, online surveys were conducted using a 25-30 minute structured questionnaire.
- Recruitment was supported by national DAWN Youth committees with the help of national patient associations.
- Affiliate offices of Novo Nordisk in each market were responsible for liaising with the national committees/associations in contacting and directing the relevant respondent types to the web-based online questionnaires. This was done via different strategies and specific activities/events set-up in each market to facilitate this process.
- All online questionnaires were set-up in a secure password-protected environment and screening questions applied to ensure that only correct/eligible respondents were able to access the respective surveys.
- The data for each individual country illustrated within this document shows percentages based on the actual country sample size attained in each case.

Methodology (2)

Three respondent types were recruited:

- **Young adults** with diabetes aged 18 to 25 years
- **Parents or caregivers** of at least one child or young person with diabetes aged between 0 and 18 years
- **Healthcare professionals**, these comprised:
 - Paediatricians and paediatric diabetologists
 - Diabetologists/endocrinologists/diabetes specialists (treating both adults and children)
 - General Physicians/internists (treating adult and child diabetics)
 - Paediatric nurses and paediatric diabetes nurses
 - Paediatric dieticians
 - Paediatric psychologists

Sample

The sample achieved was as follows:

Country:	Healthcare professionals	Parents/Carers	Young adults with diabetes	TOTAL
Brazil	289	653	394	1,336
Denmark	30	601	204	835
Germany	78	196	195	469
Italy	78	147	311	536
Japan	0	260	235	495
Netherlands	38	252	96	386
Spain	51	377	154	582
USA	102	1,613	316	2,031
TOTAL	666	4,099	1,905	6,670

- The data displayed in these charts are based on all interviews completed by 31st January 2008

The majority of parents/carers received information on many aspects of diabetes, while the majority of young adults only received information about the nature of diabetes and eating the right food

	ALL (1905)	ITA (311)		ALL (4099)	ITA (147)
Information about what diabetes is and what it means to have diabetes	78%	74%	Information about what diabetes is and what it means to have diabetes	93%	95%
Information about eating the right type of food	71%	68%	Information about eating the right type of food	89%	91%
Information about the complications of diabetes	54%	42%	Information and training about how to test blood sugars and how frequently	89%	91%
Information and training about how to test blood sugars and how frequently	65%	35%	Information about the complications of diabetes	72%	77%
Information and education about treatment and how to follow doctor's orders	58%	34%	Information and education about treatment and how to follow doctor's orders	81%	76%
Other information	20%	5%	Other information	27%	15%
Don't know	12%	22%	Don't know	2%	2%

- **Base:** all young adults with diabetes
- **Base:** all parents/carers
- **Q3 (YA):** What type of training or information do you receive when you first found out that you had diabetes?
- **Q43 (PC):** What type of training or information did you and your child receive when you first found out that he/she had diabetes?

Three-quarters of young adults could talk to parents or friends, while only 7% could talk to a diabetes doctor

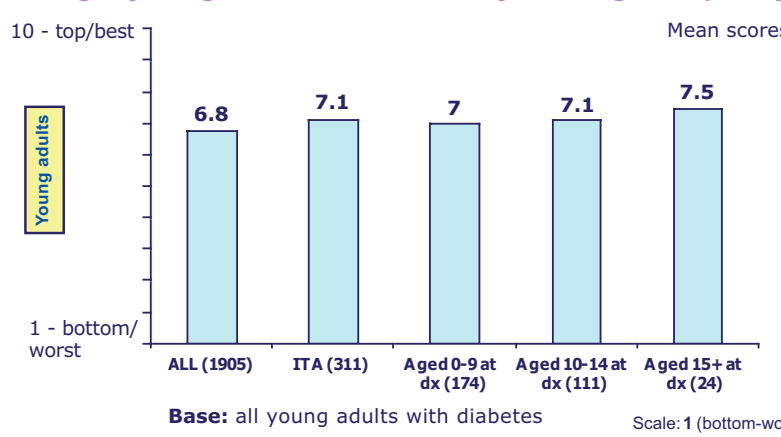
	ALL (1905)	ITA (311)
My friends	47%	73%
My parents	56%	72%
My spouse/partner/significant other	34%	38%
Friends who also have diabetes	24%	36%
My brothers and sisters	22%	30%
Diabetes nurse	19%	29%
Volunteers at the diabetes association	4%	8%
Diabetes doctor	21%	7%
GP/family doctor	11%	4%
Grandparents	5%	4%

Base: all young adults with diabetes

Q5 (YA): At times when you're feeling frustrated or unhappy about living with your diabetes, who can you talk to about your feelings?

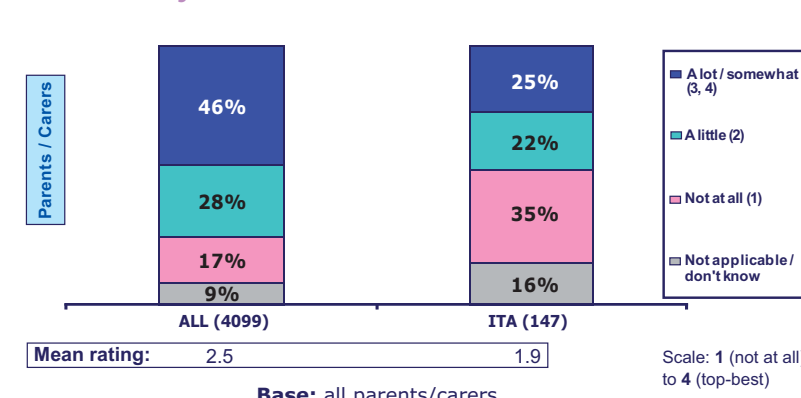
Excludes country answers less than 4%

On average, young adults believed they had a good quality of life



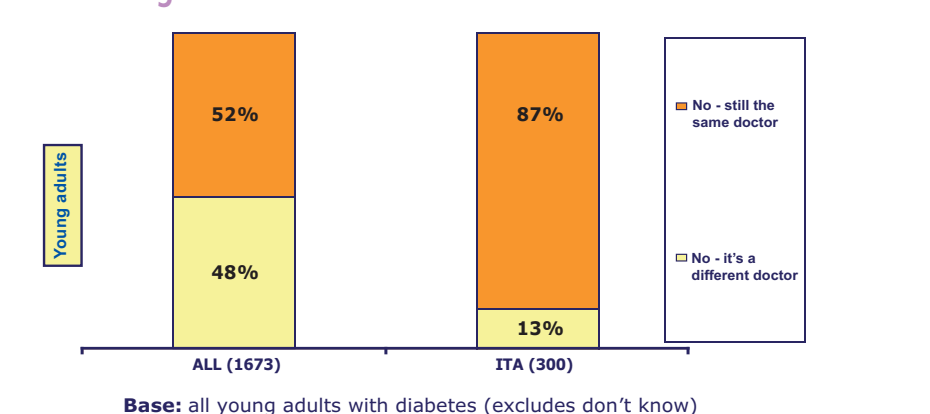
Q8 (YA): Below is a picture of a ladder. The top step indicates the best possible life, and the bottom indicates the worst possible life: where on this ladder would you place your life today?

Almost half of parents/carers had their work disrupted to some extent by their child's diabetes



Q45 (PC): How much has your child's diabetes disrupted your work?

When they turned 18, the vast majority of young adults did not change the doctor who treated their diabetes



Q26 (YA): When you turned 18, did you change the doctor who treats your diabetes?

School friends and teachers were the two groups at school that young adults were most likely to inform that they had diabetes

Base: all young adults with diabetes who are in/were in secondary education

Q46 (YA): At school, who knows (who knew when you were in secondary school) you had diabetes?

	ALL (1637)	ITA (309)
School friends	76%	87%
Class teacher	54%	78%
Other teachers	57%	73%
Office staff	16%	34%
School/head teacher	27%	18%
Other	11%	10%
Canteen staff/ staff who prepared food	9%	6%
School nurse/ health worker	14%	2%
No one	6%	2%
DK/can't remember	9%	7%

Young adults thought teachers who were better informed on how to deal with emergency diabetes situations would benefit young adults with diabetes at school

Base: all young adults with diabetes

Q54 (YA): What type of additional help do you think schools should be able to provide for young adults with diabetes?

	ALL (1905)	ITA (311)
Teachers who are better informed on how to deal with an emergency diabetes situation	68%	65%
A school nurse on site	33%	38%
Teachers who are better informed about diabetes	58%	32%
Glucagon made readily available at school as well as someone properly trained to administer it	45%	28%
Healthy food and drink options	55%	27%
Juices and glucose sources made readily available	43%	26%
School friends who are better informed about diabetes	35%	24%
Nutritional information about food served at school	43%	17%

Excludes overall mentions <6%

School friends and class teachers were the two groups at school that young adults were most likely to rely on if they required help managing their diabetes at school

Base: all young adults with diabetes who are in/were in secondary education

Q47 (YA): If you need help with managing your diabetes at school, who would be able to help you?

	ALL (484)	ITA (38)
School friends	58%	42%
Class teachers	21%	34%
Other teacher	26%	11%
School nurse/ health worker	12%	3%
Office staff	4%	3%
No one	16%	18%
DK/Can't remember	12%	24%

Class teachers were the group at school that the majority of parents/carers thought their children were most likely to rely on if they required help managing their diabetes at school

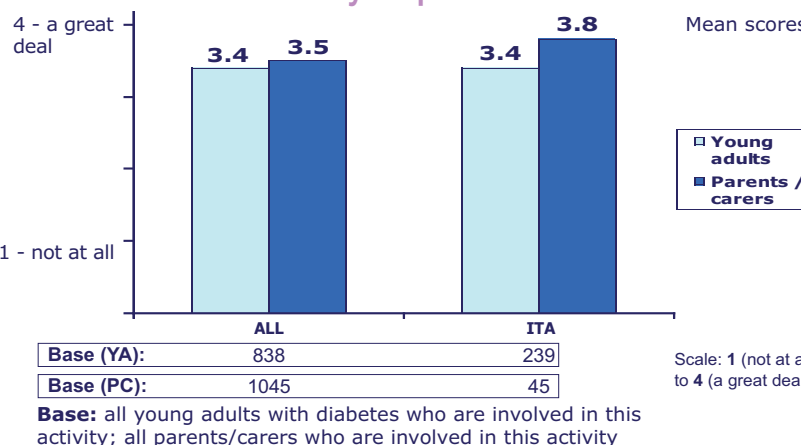
Base: all parents/carers with children in school receiving education

Q26 (PC): Do you know who your child can rely on when requiring help to manage his/her diabetes at school?

	ALL (3299)	ITA (126)
Class teachers	57%	67%
School friends	38%	35%
Other teacher	32%	31%
School teacher/ Head teacher	20%	10%
Canteen staff/ staff who prepare food	7%	7%
School nurse/ health worker	28%	6%
Office staff	12%	6%
No one	8%	10%
DK/Can't remember	3%	4%

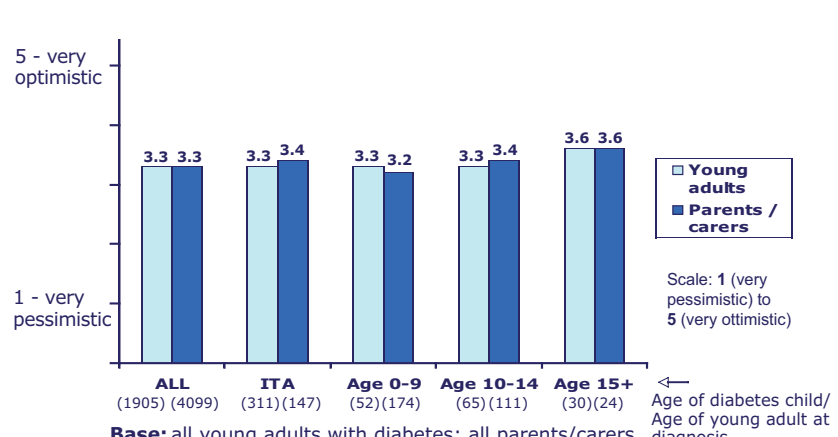
Excludes country mentions <4%

Young adults and parents/ carers felt youth camps for children with diabetes had been very helpful



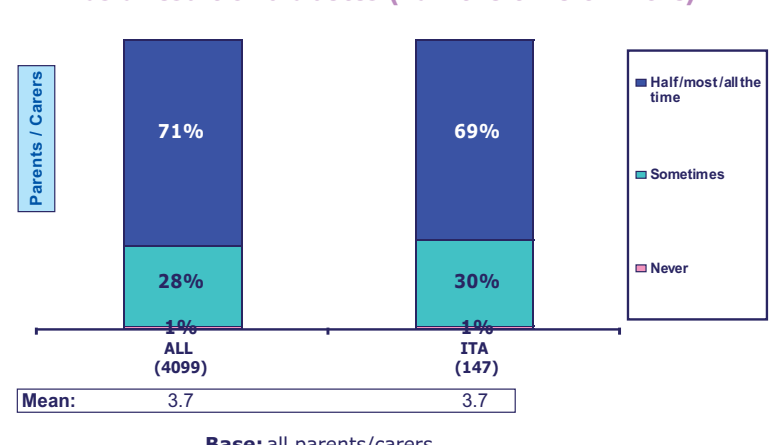
Q57 (YA): To what extent has this activity helped you?
Q53 (PC): To what extent has this activity helped you?

Young adults and parents/carers were generally optimistic about their/their child's health in future



Q62 (YA): Using a scale of 5-1, where 5 means very optimistic and 1 means very pessimistic, how optimistic are you about your future in terms of...?
Q57 (PC): Using a scale of 5-1, where 5 means very optimistic and 1 means very pessimistic, how optimistic are you about your child's future in terms of...?

Seven in ten parents/carers frequently worried about their child having long term health problems as a result of diabetes (half the time or more)



Q7 (PC): How often do you worry about your child having long-term health problems as a result of his/her diabetes?

Conclusions

- In Italy, regarding the **interlocutors** preferred by young patients, an easiness of communication with parents and friends rather than with medical figures come out.
- At school there is a trust relationship between students and teachers, who are considered as a reassuring figure by young patients.
- **Pathology doesn't cause** an embarrassment for Italian young people during normal daily activities, and it doesn't represent a restriction to social relationships development.
- Young people with diabetes think that **well-informed teachers** about diabetes management and other related events could represent an additional safety element in order to spend school time in a serene way.
- **Diabetes doesn't seem** to represent an obstacle to the achievement of a good progress at school, even if some difficulties happen during other activities not directly linked with school.
- Many young people consider **school camp** as an appreciated initiative, while abroad proposals linked with internet seem to have a great success.
- In Italy, unlike other Countries, **parents** stated that they didn't have particular difficulties in carrying on working activities.
- On the whole, **patients' satisfaction** level is higher in Italy (86%) than in other Countries (65%).