

# Assessment of delivery of ambulatory care for children and adolescents with diabetes mellitus in Austria - a nationwide survey according to ISPAD/SWEET recommendations

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## Objectives

In order to provide optimal care for children and adolescents with diabetes mellitus a multidisciplinary team is essential.

Tab. 1. ISPAD/SWEET/APEDÖ recommendations for the multidisciplinary specialized pediatric diabetes team members per 100 patients in the optimal, moderate, and minimal setting:

	Optimal	Moderate	Minimal
Per 100 patients			
Nurse	1.0 FT	0.6	0.5
Doctor	1.0	0.8	0.5
Dietitians	0.5	0.3	0.3
Social worker	0.2	0.2	0.1 (access to)
Psychologists	0.3	0.2	0.1 (access to)

ISPAD and APEDÖ recommend the optimal resource allocation.

According to the ISPAD Guidelines a center should provide care to at least 150 children and youth with diabetes, others recommend at least 100/center.

## Methods:

To assess the current structure of diabetes teams and numbers of PwD in routine care in Austria. An online questionnaire was sent to all centers, which take care for children and adolescents with diabetes mellitus < 19 years of age. The questionnaires were filled out by all these centers (100%) between May 1<sup>st</sup> and August 31<sup>st</sup>, 2022.

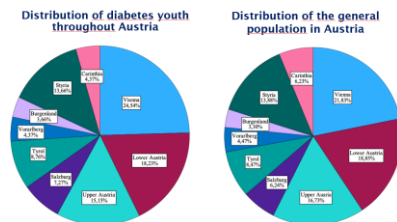
Fig. 1. map of Austria, 9 federal states, total Population 8.9 Mio



## Results

At time of the assessment 34 centers in Austria took care of 3550 children and adolescents with diabetes mellitus < 19 years of age.

Fig.2. distribution of patients in the federal states of Austria.



Tab.2. Center size: median center size 70, IQR 45-130, range 16-400 PwD, 8 centers: > 150 PwD.

Size	patients/ center n=	diabetes centers n=
Small	< 50	10
Medium	50 - 99	14
Large	100	10

Tab 3. results for the multidisciplinary specialized pediatric diabetes team members per 100 patients in fulltime equivalents (FTE) for the whole country of Austria (medians).

ISPAD/SWEET recommendations for optimal care	FTE per 100 PwD	current situation in Austria
Nurse/Diabetes Educator	1	0,38
Doctor	1	0,54
Dietician	0,5	0,17
Social Worker	0,2	0,04
Psychologist	0,3	0,11

Tab 4. Differences regarding center size

Diabetes team	Size of diabetes center			All centers median
	Small	Medium	Big	
Doctors	0,8	0,61	0,43	0,54
Diabetes nurses	0,42	0,36	0,4	0,38
Psychologists	0,21	0,29	0,18	0,23
Dietitians	0,74	0,28	0,11	0,28
Social workers	0	0,06	0,07	0,05

## Conclusions

The survey results revealed, that not one single center in Austria meets the ISPAD/SWEET recommendations for optimal care. The overall situation discovered, that more resources for staff are needed to provide adequate care for these children and adolescents with diabetes mellitus. Austria, as one of the top 20 wealthiest nations, should be able to provide adequate personnel resources for the care of young PwD.

## References

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