

Pediatric Specialists Successfully Treat Growing Numbers of Children with Type 2 Diabetes



Expert Advice From:

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Type 2 diabetes remains a rare condition in children and adolescents, but the number of young people diagnosed with the disease is increasing at an alarming rate, health officials warn.

Today, 24 in 100,000 youths suffer from the condition versus nine in 100,000 youths a decade ago, explains Dr. Griselda Alvarez, a pediatric endocrinologist at MemorialCare Miller Children's & Women's Hospital Long Beach.

"We are concerned about this increase," Alvarez says. "Disturbingly, it has particularly increased in the most vulnerable youth – those whose families have limited resources and are from disadvantaged backgrounds. Race and ethnic minority groups bear a disproportionate burden of this disease."

Dr. Alvarez is a Health Sciences assistant professor at the David Geffen School of Medicine at the University of California, Los Angeles. Her clinical practice at Miller Children's & Women's includes general pediatric endocrinology and diabetes.

With about one-third of American children and adolescents found to be overweight or obese, a problem closely related to the increase in Type 2 diabetes, she notes that some children diagnosed with the disease are as young as 10-years-old.

"The increase in cases is related to the childhood obesity epidemic in the U.S.," she notes. "Some data also suggests that there are other diabetes risk factors including environmental pollutants, which have effects on metabolism. It's a complex condition."

Parents concerned about Type 2 diabetes in their children should be aware of symptoms, including increased thirst, increased urination both during the day and night, fatigue, and unexplained weight loss.

"As a specialist, I urge our primary care colleagues to be aware of the risk factors for children, such as those with family who have diabetes, a child who is overweight or experiencing obesity particularly those in puberty, and those displaying the physical signs of insulin resistance," Dr. Alvarez says. "It's especially important for primary care providers to do appropriate lab work surveillance in high-risk children. They must be aware of the needs of vulnerable populations and intervene early."

The common assumption is that Type 2 diabetes in children and adults is the same, Dr. Alvarez observes. But the reality is that the condition in children requires much more aggressive treatment and must begin immediately upon diagnosis.

"Kids can get very sick very quickly," she warns. Without proper intervention, children can suffer early comorbidities, such as high blood pressure, high cholesterol, and even begin to show signs of early kidney damage.

"Serious effects – such as hyperglycemic coma and/or diabetic ketoacidosis – can occur more insidiously in children than adults often bringing them late to medical attention," she notes. "Although Type 2 diabetes in youth and adults share the same name, it has become clear that we may even need to rename this disease to effectively communicate how serious it is for youth."

Once a child receives a Type 2 diabetes diagnosis, Dr. Alvarez says, their condition can be treated in a number of effective ways, including changes in nutrition and exercise, mental health support (ie. stress reduction, sleep hygiene), and medical therapy including metformin, GLP-1 (glucagon-like peptide-1) analogs, and/or insulin.

When young patients are treated at a comprehensive children's hospital like Miller Children's & Women's and its clinics, Dr. Alvarez notes, they are treated by a multi-disciplinary team of physician specialists, certified diabetes educators, nutritionists, physical therapists, social workers/mental-health professionals, and other specially trained experts who approach a child in a holistic manner.

"The right sub-specialized physicians are what these kids need," she adds. "Children have a good prognosis when these intense therapies are implemented by the right medical team."

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