COMMENTS AND RESPONSES

Routine Psychological Screening in Youth With Type 1 Diabetes and Their Parents: a Notion Whose Time Has Come?

Response to Cameron et al.

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We read with great interest the review of Cameron et al. (1) regarding the need of psychological screening in youth with type 1 diabetes. The authors noted differences in outcomes regarding the level of health-related quality of life (HRQOL) and prevalence of mental health problems in youth with diabetes, partly due to the variety of measures used. In this context, it is important to appreciate the difference between screening for mental health problems (e.g., depression) and monitoring patients' HRQOL. While screening is aimed at case-finding, monitoring aims to evaluate the HRQOL of all patients. Such an approach can help not only to detect problems at an early stage but also to facilitate doctor-patient communication and enhance patient satisfaction. In an ongoing trial of adolescents with type 1 diabetes, we implemented a HRQOL assessment in routine care using a relatively short combined generic- and diabetes-specific instrument (PedsQL). First results confirm positive effects on the adolescents' well-being and satisfaction with care (2).

Cameron et al. recommend the Child Health Questionnaire (CHQ) for first screening, followed by more specific tests if indicated. However, this is a lengthy instrument (87 items) without diabetes-specific items. Adding a diabetes-specific instrument would further lengthen the assessment. We recently reviewed HRQOL measures for routine use in adolescents with diabetes and identified short, reliable, and user-friendly measures for integration in clinical practice (3). Concerning depression screening in adolescents with diabetes, the World Health Organization 5-Item Well-Being Index (WHO-5) has positively worded items, excellent psychometric properties, and can be used for both adolescents and their parents (4).

We agree with Cameron et al. that the time has come to consider routine psychological screening in youth with diabetes and their parents. Differentiating between routine monitoring of HRQOL and psychological screening should prove helpful in choosing the most suitable instruments and in reaching a consensus on what to measure, how, and when.

References

1. Cameron FJ, Northam EA, Ambler GR, Daneman D: Routine psychological screening in youth with type 1 diabetes and their parents: a notion whose time has come? *Diabetes Care* 30:2716–2724, 2007
2. de Wit M, Delemarre-van de Waal H, Bokma JA, Haasnoot K, Houdijk M, Gemke R, Snoek F: Monitoring health-related quality of life in adolescents with type 1 diabetes improves psychosocial health and satisfaction with care. *Pediatr Diabetes* 8:11–23, 2007
3. de Wit M, Delemarre-van der Waal HA, Pouwer F, Gemke RJBJ, Snoek FJ: Monitoring health-related-quality-of-life in adolescents with diabetes: a review of measures. *Arch Dis Child* 92:434–439, 2007
4. de Wit M, Pouwer F, Gemke RJBJ, Delemarre-van de Waal HA, Snoek FJ: Validation of the WHO-5 Well-Being Index in adolescents with type 1 diabetes. *Diabetes Care* 30:2003–2006, 2007