ECHO Idaho: Diabetes and Metabolic Conditions
CASE RECOMMENDATION FORM

ECHO Session Date: 10-15-26

Thank you for presenting this patient update to ECHO Idaho.

Summary: This case involves a 13-year-old female with Type 1b insulin-dependent diabetes diagnosed in 2025, whose glycemic control has remained relatively stable with an A1c averaging at or below 7%, most recently 7.4% in August 2026. She uses a continuous glucose monitor and insulin pump with daily Novolog and has a history of diabetic ketoacidosis. Comorbid conditions include depression, anxiety, and well-controlled asthma managed with Advair, Singulair, and Zyrtec. Recent primary care evaluation identified vitamin D and vitamin B deficiencies, for which supplementation was initiated. The patient receives diabetes education, nutrition counseling, endocrinology care, and weekly individual mental health counseling, with family counseling under consideration. Key social and health factors affecting management include dietary habits, physical activity, sleep, stress, and family dynamics.

Primary Question: The family's primary concern is maintaining optimal blood glucose control while supporting the patient's emotional well-being and relationships with family and peers during adolescence. The patient's mother has also expressed concerns regarding the quality of specialty care, reporting a negative experience with the endocrinologist that left her feeling dismissed and unheard regarding her daughter's Type 1b diabetes diagnosis.

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Strengthen trust and communication within the diabetes care team

As the family reported concerns regarding communication and care coordination among members of the diabetes care team, efforts should focus on improving continuity, consistency, and trust across providers.

- Continue strengthening relationships with members of the diabetes care team, particularly the diabetes educator, who may provide consistent support and education between specialty visits.
- Ensure the patient and family feel heard, respected, and validated when discussing concerns and treatment decisions.
- Utilize supportive, strengths-based communication rather than fear-based messaging about diabetes complications.
- Leverage trusted healthcare relationships, including the school nurse and primary care provider, to help bridge communication gaps and reinforce consistent recommendations.

Increase peer support and community connection

Connect this student with peers who have similar experiences may reduce feelings of isolation and improve coping and self-management.

- Explore opportunities through Camp Hodiah, where youth with diabetes can connect with peers and participate in activities designed to support diabetes management and confidence.
- Connect with Breakthrough T1D (formerly JDRF) local chapters for support groups, educational programs, family events, and peer networking opportunities.

- Encourage connection with other parents of children living with Type 1 diabetes to provide support, practical strategies, and shared experiences.

Continue and Strengthen Mental Health Support

It is great that this student is already attending weekly therapy; continue and strengthen mental health support.

- Evaluate whether the patient feels connected to and supported by her current counselor.
- Consider family therapy to address communication challenges and relationship strain between the patient and her mother.
- Continue addressing the psychosocial impact of living with a chronic condition during adolescence.
- Focus counseling efforts on coping skills, resilience, independence, self-management, and adjustment to life with Type 1 diabetes.

Support the Parent-Child Relationship

Balancing diabetes management with adolescent autonomy is essential.

- Help the family develop strategies that support both diabetes safety and age-appropriate independence.
- Encourage a balanced approach that emphasizes planning and flexibility rather than restriction, allowing participation in birthdays, celebrations, sports, and other important social experiences while maintaining diabetes management goals.
- Utilize family therapy as appropriate to improve communication and reduce conflict surrounding diabetes care responsibilities.

Utilize the Primary Care Provider as a Consistent Resource

A strong relationship with the PCP can provide continuity and support between endocrinology visits.

- Ensure ongoing engagement with the PCP as a key member of the care team.
- Utilize the PCP to address routine diabetes-related concerns, monitor overall health, and support care coordination.
- Encourage the PCP to provide continuity during periods of transition or challenges within specialty care.

Monitor Glycemic Patterns Around Menstrual Cycles

The patient has experienced increased insulin resistance around menstruation.

- Continue developing and implementing a menstrual cycle diabetes management plan.
- Track blood glucose trends before, during, and after menstrual cycles to identify predictable patterns.
- Collaborate with the diabetes care team regarding insulin adjustments, particularly basal rate modifications, during periods of increased insulin resistance.

Address Nutritional Deficiencies and Overall Wellness

Recent findings included low vitamin D, low folate, and dehydration.

- Continue prescribed vitamin supplementation and hydration strategies.
- Reassess vitamin levels and nutritional status during follow-up visits.
- Recognize that nutritional deficiencies may contribute to fatigue, mood concerns, and overall well-being and should remain part of ongoing monitoring.

Reinforce Existing Strengths

Several strengths were identified that support positive long-term outcomes.

- Glycemic control has remained relatively stable, with a most recent A1c of 7.4%.
- The patient is actively engaged in weekly counseling.

- The mother is highly involved and committed to her daughter's health and safety.
- The school nurse has established a strong, trusting relationship with both the patient and family.
- The patient has access to diabetes education, nutrition counseling, specialty care, and mental health support services.