



Cardiovascular Risk Factors in Youth with Type 1 Diabetes in Western Australia

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Introduction

- ✤ In Western Australia (WA), type 1 diabetes (T1D) incidence has been increasing by about 2-3% per year
- Cardiovascular disease (CVD) is a main cause of morbidity and mortality in T1D
- Early emergence of known later-onset CVD risk factors in T1D youth could inform future prevention strategies



WA is the largest state of Australia (total land area: ~980,000 square miles)

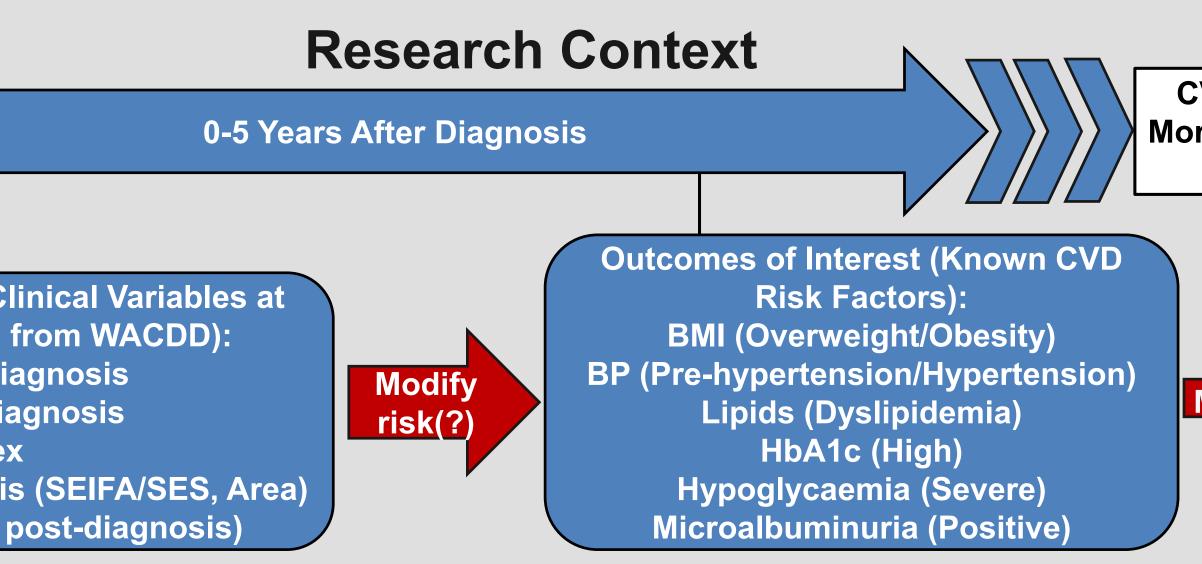
Objective of the Study

To investigate the association between characteristics at onset of T1D youth diagnosed <15 years in WA and the early emergence of known later-onset CVD risk factors within 5 years of diagnosis

Methods

- Study cohort: T1D youth diagnosed <15</p> years in WA from 1999-2014 with at least 5 years of follow-up data
- Analyzed demographic and clinical data obtained from the Western Australian Children's Diabetes Database (WACDD) from T1D diagnosis to 5 years follow-up
- Used logistic regression models to identify independent predictors of the early emergence of known risk factors for later-onset CVD

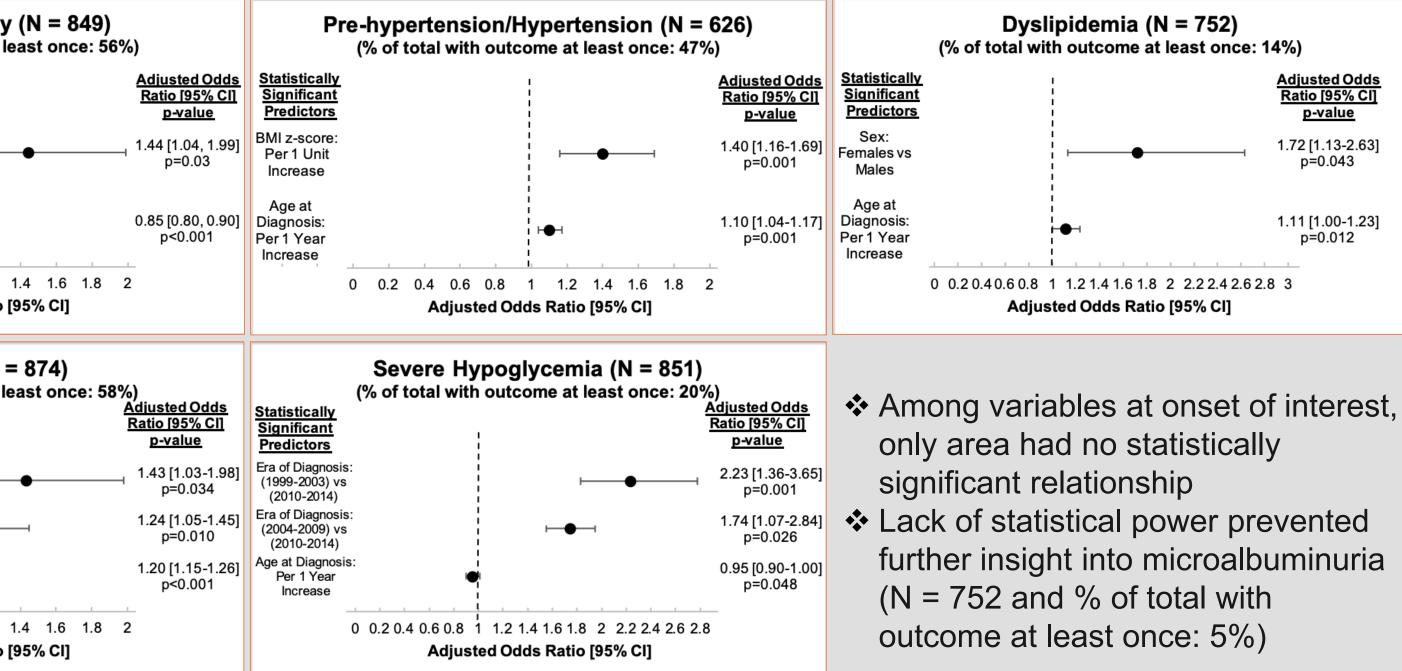
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	BMI (3-6 months
 Nui To pro like 	dels were conduct mber of cases ider examine the asso bability value (p-v lihood of presentin usted odds ratios Overweight/Obesity
<u>Statistically</u> <u>Significant</u> <u>Predictors</u>	
SES: Low SES vs High SES	
Age at	
Age at Diagnosis for Males: Per 1 Year Increase	r ⊢●I
Diagnosis for Males: Per 1 Year	H⊕l
Diagnosis for Males: Per 1 Year Increase	0 0.2 0.4 0.6 0.8 1 1.2
Diagnosis for Males: Per 1 Year Increase Statistically Significant Predictors SES: Low SES vs High	0 0.2 0.4 0.6 0.8 1 1.2 Adjusted Odds Ratio
Diagnosis for Males: Per 1 Year Increase Significant <u>Predictors</u> SES: Low SES vs High SES BMI z-score: Per 1 Unit Increase	0 0.2 0.4 0.6 0.8 1 1.2 Adjusted Odds Ratio
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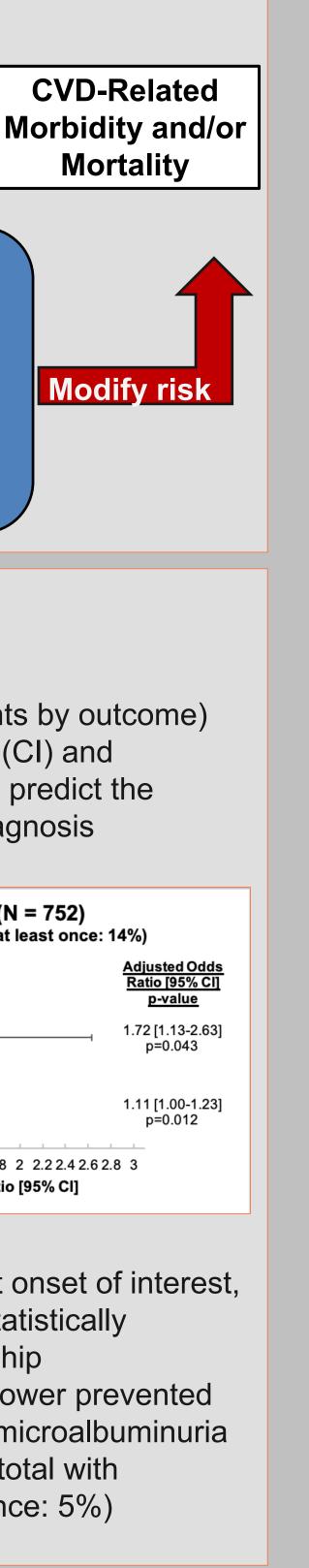
Results

ted by outcome of interest (i.e. known CVD risk factor)

ntified from WACDD vary by outcome due to criteria (i.e. at least 15 measurements by outcome) ciation of interest, adjusted odds ratios (with associated 95% confidence interval (CI) and value) indicate the likelihood of a variable at onset (i.e. predictor) to independently predict the ng with an outcome of interest at least once during the 5-year period following diagnosis deemed statistically significant if p-value < 0.05







Conclusion

For youth with T1D, demographic and clinical characteristics at onset might independently predict the likelihood of the early emergence of known risk factors for later-onset CVD

Future Questions

- Assess known later-onset CVD risk factors over time
- Extend analysis time to further evaluate risk factor trajectories in later stages of youth and adulthood
- Consider other factors at onset (e.g. drug) use, family structure) and their potential association with known later-onset CVD risk factors

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Dr. Aveni Haynes,

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CDC is an integrated clinical and research centre within TKI which serves as the only pediatric clinical diabetes Centre for Research Excellence (CRE) in Australia