(85% adolescents; 85% parents, 93% health professionals) indicating good face validity. High Cronbach's α co-efficient levels (0.91 adolescent; 0.80 parent; and 0.87 health professional) showed internal consistency. The overall DQOL score for adolescents was 101.5 (SD 22.9). The statistical relationships of QOL between adolescents, parents and health professionals were low (range r = 0.12–0.36). These DQOL, parent and professional questionnaires have also been used to assess the relationships between Quality of Life, the perceived burden of diabetes and the measured level of metabolic control.

The psychometric adequacy and acceptability of these instruments indicates their value as QOL assessment tools which are brief, easy to administer and score in a busy clinical setting. They also enable comparisons across countries and languages and the development of international health outcome parameters. The inclusion of parent and health professional perspectives completes a comprehensive assessment in this quality assurance approach.

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Ketoacidosis remains the main diagnostic circumstance for IDDM in children

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The analysis of 129 IDDM patients with onset before the age of 15 years, consecutively registered in the Bucharest Diabetes Centre in the years 1993–1997 showed the following clinical characteristics: 1. A slight male predominance (67M/62F); 2. Mean age ($\pm$SD) 10.2 $\pm$ 3.1 years; 3. Family history for IDDM in the first degree relatives in 3.1% of cases; 4. Prediagnostic period (the delay between the onset of the first symptoms and diagnosis) of 17.1 $\pm$ 8.2 days; 5. The majority of cases (129, i.e. 82.9%) were diagnosed in ketoacidosis and in 67 cases (51.9%) the ketoacidosis was severe (pH $\geq$ 7.20 and or total-CO_2 $\geq$ 10 mEq /l); 6. In 88 cases (60.8%) the triggering factor for metabolic decompensation was a viral or microbial infection; 7. The number of consultations in the symptomatic prediagnostic period in which the diagnosis of diabetes was missed was 1.7 $\pm$ 0.8% suggesting that the main direction of education action must be towards general practitioners.

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Initial clinical approach of childhood type 1 diabetes mellitus in the Netherlands

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Aim: To analyze the clinical approach (i.v. infusion therapy and/ or admission to hospital) and the clinical parameters influencing these decisions at diagnosis.

Methods: Nation-wide study using questionnaires to attending paediatricians of 0–14 year olds, who were reported as type 1 diabetes mellitus to the Dutch Paediatric Surveillance Unit.

Results: 671 patients with first insulin injection between 1/1/93 and 31/12/94 were included. Ascertainment was 91.2%. Diabetic ketoacidosis (DKA) i.e. p H < 7.30 was present in 26% of the cases. Admission to hospital was significantly related to pH (r = −013), hydration status (r = 0.09) and blood glucose level (r = 0.10). After exclusion of cases with clinical reasons for admission, 251 children in good clinical condition at diagnosis remained. 193 of these 251 cases in good condition were admitted to hospital. 154 cases were admitted to hospital due to DKA (pH < 7.30, 171 cases) or impaired consciousness and/or hydration status (154 cases). 52 patients were admitted for psychosocial reasons and 43 cases for other clinical reasons.

I.v. infusion was more closely related to pH (r = 0.28), hydration status (r = 0.17) and blood glucose (r = 0.13) in logistic regression (p < 0.00001). Patients were assigned to three groups, according to the facilities of the hospital: Group 1: No diabetes nurse practitioner (DNP) available for paediatric patients (68 cases); Group 2: DNP services available inside the hospital (521 cases); Group 3: DNP services available, including home visits (82 cases). The groups did not differ in age, duration of symptoms, glucose level and blood pH. The percentage of cases in DKA (pH < 7.30) was not different between the groups. Outpatient treatment was started in 11% of the cases, but varied significantly between the groups: Group 1: 10.3%, Group 2: 5.4%, Group 3: 45.1% (χ^2 p < 0.00001). The distribution of the 193 patients admitted to hospital in good clinical conditon in the three groups was: Group 1: 27 cases (40% of the group), Group 2: 165 cases (32%) and Group 3: 1 case (1%).

Conclusions: Assessment of the clinical condition of the patient was a the main basis for the decision to admit a child to hospital at clinical onset of type 1 diabetes mellitus. However, correlation coefficients are low since 193 children (29% of all cases) were admitted to hospital despite good clinical condition. The availability of services of diabetes nurse practitioners only influenced the number of admissions if home visits were included as a standard procedure.

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Diabetes-manifestation in children (0–14 years) in Berlin before and after German reunification: incidence, clinical presentation and initial therapeutic management

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Aim: To compare the diabetes incidence, clinical presentation and therapeutic management during the initial hospitalization of children with type 1 diabetes before (1988) and after German reunification (1996–1997).

Methods: Data of all children aged 0–14 years that were diagnosed in the respective years in the 8 Berlin Children's Hospitals with manifestation of type 1 diabetes was analyzed