

Comparative Factors Summary –

Obesity, Diabetes and Mental Disorders in Youth SFBLF © 2016



COMPARATIVE FACTOR	OBESITY	DIABETES – TYPE 1	DIABETES – TYPE 2	MENTAL DISORDERS
Global Prevalence	* 41 million under the age of 5 (2014)	* > 500,000 youth age 14 and under (2015)	* unknown but rising in youth worldwide	* 12.6% of children 4 – 17 years
Ability to Prevent	* most cases could be prevented	* cannot be prevented	* 70 % plus can be prevented/delayed	* many can be prevented
	* early intervention is critical both pre- and post-diagnosis; the latter to prevent or at least delay onset of complications and comorbidities			
Risk Factors	* unhealthy diet, inactivity and smoking are common risks			* many and varied
Age of Onset	* any age but increasingly in children and youth	* typically mid-teens but can be sooner or later	* increasingly appearing in children and youth	* 50% - 75% start before age 24
Early Onset Implications	* can be carried forward into adolescence and adulthood	* increased risk of diabetes-related complications	* undiagnosed sets the stage for complications being present at diagnosis	* untreated can trigger a spiral into increasingly difficult recovery
Persistence	* does not need to be chronic	* chronic life-long condition		* many are episodic * some life-long
Pre-Diagnostic Screening	* population-wide screening not seen as cost-effective * focus on high-risk populations is seen as essential			
Diagnostic Difficulty	* visually evident but still requires applicable BMI assessment	* determining diabetes type can be complex * determining mental disorders can be equally complex and potentially less certain * overlap in symptoms adds to complexity and uncertainty		
Post-Diagnostic Screening	* management plan dictates	* for comorbid mental disorders at time of diagnosis * subsequent as per management plan		* management plan dictates
Ability to Treat	* all can be treated and approaches require consideration of developmental stages * requires multi-disciplinary teams in various combinations plus family support			
Complications & Comorbidities	* Diabetes can lead to further medical complications if not managed well. * It is not uncommon for more than one mental disorder to be present simultaneously. * Diabetes and mental disorders can co-exist. * Abnormal weight or obesity can co-exist with both diabetes and/or mental disorders.			
KNOWLEDGE BASE				
Prevention	* all require both population and individual level programs			
Surveillance	* all require improvement, especially for Type-2 in youth, and greater age range congruence among all conditions			
Guidelines	* diagnostic and treatment guidelines exist but vary by country, region, medical discipline and are based on a mix of research evidence, expert consensus and extrapolation from other contexts			
Research	* each requires more aggressive evidence-based treatment research applicable to youth and including a focus on comorbidities, complications and transition			