Paediatric Diabetes and Endocrinology Clinic
Clinical Services Building, Level 7
Royal North Shore Hospital
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NSW GOVERNMENT | Health
Northern Sydney
Local Health District

31 October 2024

Dee Why Medical Centre
Shop A/1-5 Dee Why Pde
DEE WHY NSW 2099

Dear Doctor

Re: Luke Hollander 26/1/2010 MRN: 1443577
U 2 50-52 Old Pittwater Rd
Brookvale NSW 2100

DIAGNOSES:
1. Type 1 diabetes.
 - Diagnosed June 2023 in mild DKA, antibody testing 3/4 positive.
 - Initial screening bloods showed elevated TSH and normal T4, which normalised on repeat.
2. Social anxiety diagnosed 2016, no previous medications and not currently engaged with a counsellor.
3. OCD.
4. Strong family history of autoimmune disease.

MANAGEMENT:
Dexcom G6 CGM.
Optisulin 15 units.
NovoRapid breakfast 1 to 2 units, lunch 3 units, afternoon tea 4 units, dinner 4 units.
Corrections blood glucose >10 at 3 units, 13 at 4 units, 15 at 4.5, >15 at 6 units.

MEASUREMENTS:
HbA1c 6.4% (previously 5.8%).
Time-in-range 90% with 0% very high, 9% high and 1% low.
Height 166.6 cm (40th centile).
Weight 52.35 kg (40th centile).
BMI 18.9 kg/m^2 (40th centile).

It was a pleasure to review Luke with his mother in the Paediatric Diabetes Clinic on 31 October 2024 when he was 14 years of age. Luke has been well since our last review and has no particular issues managing his diabetes. He is independent with most diabetes decisions, although his mother is very supportive around this. They have made some small adjustments to his NovoRapid dose and an increase to his Optisulin. He is injecting 15 minutes before he eats and gives corrections if his blood glucose is >10. We spoke about some practical things, as Luke is changing school next year to Pittwater House for Year 9 and will require a new school plan, as well as wanting to attend camp, which is in the latter half of the year. We spoke about the practicalities around this and requiring a camp plan and potentially some training for the school. I encouraged Luke to participate in all these normal activities. Luke continues to do very well managing his diabetes, with a time-in-range of 90% and he reports occasionally having to avoid a low on a daily basis. We spoke about the importance of noticing a pattern with this and if so, making an adjustment to his insulin. He continues to be fairly aggressive with his corrections, correcting if a

blood glucose is above 10 and while this works most of the time, there is the occasion after a high blood glucose that he will develop a low. I have advised them to look at this pattern more closely, as I do not have record of when he had his injections and what doses to see whether or not he needs to be slightly less aggressive with his corrections.

Otherwise, I have congratulated Luke and his mother on his ongoing excellent management of diabetes. His examination was unremarkable, including his CGM sites on his legs and his injections in his hips. I note his weight has improved from previous, where it had plateaued, although the family are sometimes restricting carbs, particularly at dinnertime, to help control his blood glucose readings. Luke remains uninterested in an insulin pump. Luke is reluctant to have further blood tests done, so we will plan to do these in a year's time, as he is asymptomatic of thyroid or coeliac disease.

It was a pleasure to review Luke today and I have encouraged him to book some appointments with our diabetes educator and dietitian to start his transition process and he requires an annual review. It was a pleasure to review Luke and I look forward to seeing him in three months.

Yours sincerely,

Electronically Approved by:
Dr Amy Wanaguru
Paediatric Endocrinologist, Staff Specialist
Provider Number 4369358K

cc: Family of Luke Hollander, U 2, 50-52 Old Pittwater Rd, BROOKVALE, NSW 2100