



RESPONSE TO COMMENT ON GAGNUM ET AL.

Long-term Mortality and End-Stage Renal Disease in a Type 1 Diabetes Population Diagnosed at Age 15–29 Years in Norway. *Diabetes Care* 2017;40:38–45

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We thank Sun et al. (1) for their comments on our article on mortality, causes of death, and end-stage renal disease in patients with type 1 diabetes (T1D) (2). We reported that deaths related to alcohol, suicide, and violence (intoxications or accidents) occurred at higher rates in people with T1D compared with the general population in Norway. Sun et al. (1) highlight the importance of paying attention to psychological issues in diabetes care. They asked whether we had information on psychological disorders at the time of diagnosis of T1D in our study. Unfortunately, we do not have any such information. The available information we had on psychological disorders in this cohort was collected from the death certificates and medical records around the time of death. We agree that it would have been interesting to have access to this information at baseline, as well to highlight the impact of comorbidity with abuse of alcohol and drugs or mental

disorders in T1D. In our study there was information in medical records or on death certificates about suicide, alcohol, drug abuse, or psychological disorders for 37.7% (55/146) of the deceased. However, this information was probably not complete for all patients. A Swedish study on mortality during the first 10 years of the disease among patients diagnosed with T1D at age 15–34 years reported heavy impact from social and mental dysfunction and from careless use of alcohol and drugs (3). Sun et al. (1) draw attention to studies reporting higher risk of psychological disorders in T1D. Having an irregular lifestyle and mental dysfunction makes it difficult to maintain good adherence to the demanding treatment of T1D.

Studies providing information on mental illnesses and misuse of drugs and alcohol at baseline would be valuable to further explore the high mortality among patients with T1D. We agree that particular

attention to psychosocial aspects in diabetes care is important.

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References

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