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Self-Care Autonomy and Outcomes of Intensive Therapy or Usual Care in Youth with Type 1 Diabetes

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Objective This article evaluated whether deviation from developmentally appropriate self-care autonomy moderated the effects of intensive therapy (IT) or usual care (UC) on glycosylated hemoglobin (HbA_{1C}) in 142 youths with diabetes. **Methods** Youths received an autonomy/maturity ratio (AMR) score at baseline that was a ratio of standardized scores on measures of self-care autonomy to standardized scores on measures of psychological maturity and were categorized by tertile split into low, moderate, and high AMR. **Results** Higher baseline AMR was associated with higher baseline HbA_{1C} for IT and UC.

Baseline AMR scores predicted glycemic outcomes from UC; the high AMR tertile showed deteriorating glycemic control over time, whereas the low AMR tertile maintained better glycemic control. All three AMR groups derived equal glycemic benefit from IT. **Conclusion** Children with inordinate diabetes self-care autonomy may fare poorly in UC but these same children may realize less glycemic deterioration during IT.

Key words: adolescents; children; intensive therapy; type 1 diabetes.

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