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Barriers in Young Adults with Type 1 Diabetes



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- **Important**
- **Additional information**
- **Male doctor's notes**
- **Female doctor's notes**

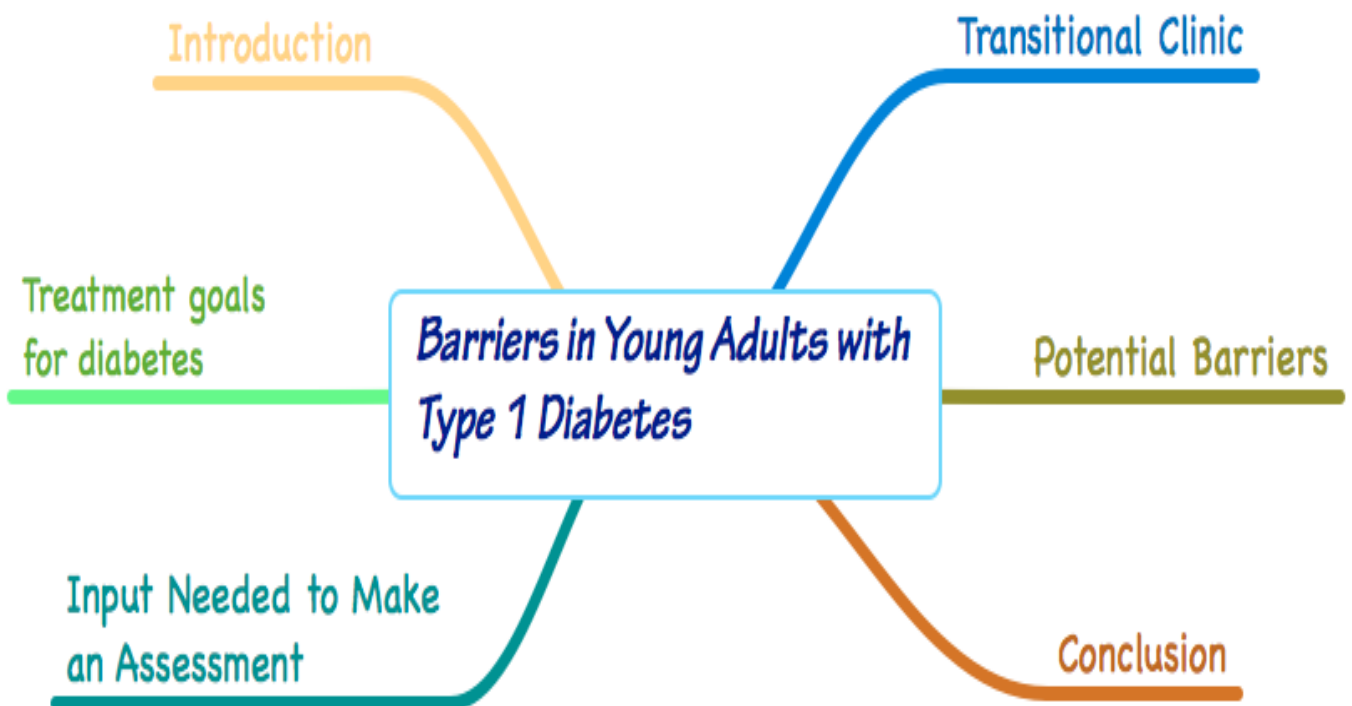


Objectives:

Not given



Mind Map





Introduction

Glycemic control and adherence behaviors remain low for patients with type 1 diabetes. These low levels of glucose control and behavioral adherence produce significant physical and psychological complications for individuals with DM1. Complications such as blindness, lower limb amputation, renal failure, heart attack and stroke will create obvious health impact for the individual, as well as a significant financial impact upon the health system as a whole.



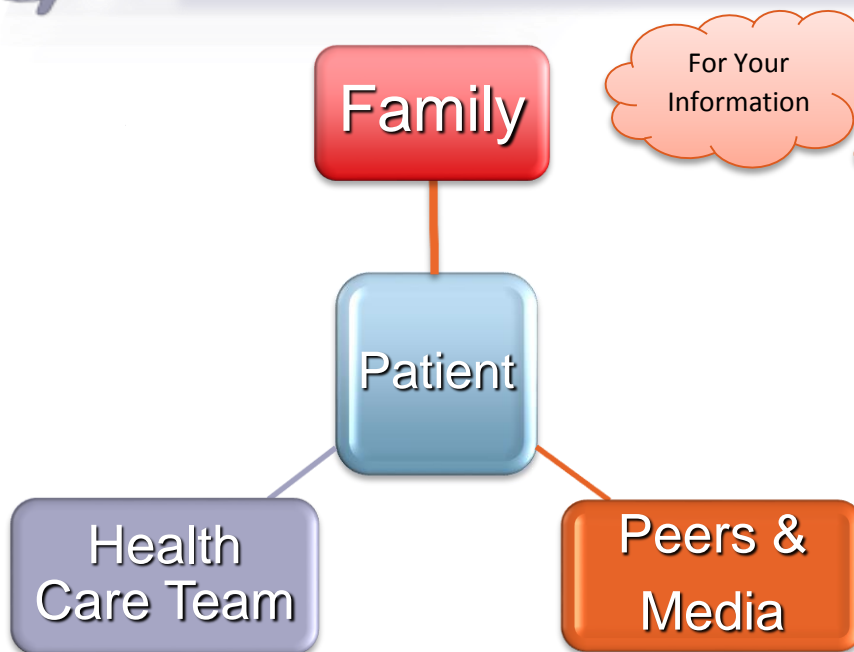
Treatment goals for diabetes

- Symptoms free.
- Prevent short term complications.
- Prevent long term complications.
- **Quality of life =Lifestyle focus.**

All new researches do not talk about the treatment's efficacy but rather focus on the quality of life.



Input Needed to Make an Assessment



For Your Information

Before treatment is initiated, it is necessary to obtain a diagnosis of ADHD by a qualified professional.

There are no specific physical tests for ADHD.

Neuropsychological testing has a role in specific cases.

A diagnosis of ADHD requires evaluation by different raters in multiple settings – a complete process.

Parent – reports non-compliance with daily routine, overall functioning.

Teacher – reports academic performance failure/disruption of classroom/fighting during lesson breaks.

- Child – has self-esteem issues: “I’m too stupid.”
- Peers – has few friends; rejected by peers.

MCQ Question

- ✓ The Most Important factor that influences the patient’s improvement is the **Family**.

Emerging adulthood is marked by *uncertainty, exploration, and inconsistent behavioral patterns* that make it particularly difficult for young adults to follow treatment regimens and manage their glucose levels. That emerging adulthood may be a difficult period for both patients and clinicians because it does not fit well into either adult or pediatric diabetes health care settings.

- The patient’s type of thinking leads to inconsistency in following physician’s commands. They need a health care team (Physician, Dietician, Psychiatrist)
- Sometimes the psychological fact is the most fact affecting the patient.
- In this age the peers and media could easily affect the patient, because this age is so fragile so a simple thing can easily change their way of thinking.

- Pediatric clinics are typically designed for the family and do not help the patient learn how to meet individually with a physician.
- These settings typically do not spend time focusing on transition issues because most of the clinic time is spent discussing treatment from a family implementation perspective.
- Adult clinics, conversely, target patients who are presumed to have the ability to sit individually with a physician, ask the appropriate questions, and implement recommendations independently.
- Many individuals between the ages of 15 and 25 do not possess the skills to independently complete such recommendations.

Emerging adults, therefore, do not thrive when attending an adult clinic because they are typically not ready to absorb recommendations directly from a physician without the assistance of parents. Emerging adults also struggle in the adult care setting because these settings are typically more formal, and focus on eliminating the risks of **long-term complications** of diabetes.

- Emerging adults have a certain type of thinking (*Here & Now*) so they don't think about the future and the long term complications. To achieve your goal in their treatment try to focus on the short term complications so they would respond.

The study suggested that this population responds better to care that focuses on problem solving the unpredictable life circumstances that are prominent within this population and developing strategies that are tailored to the developmental abilities of the young adult population.



Transitional Clinic

- The fact that emerging adults do not fit well into either the adult or pediatric diabetes care setting provides the rationale for the development of transitional clinics tailored to the young adult population.
- The American Diabetes Association (ADA) has begun to develop guidelines to assist practitioners in the transition of young adults from pediatric to adult diabetes care.



Potential Barriers

- Patient actors such as **cognitive development** (way of thinking), **medication factors** (three times a day for example is intolerable or the fact that the medication causes weight gain), and **system or provider factors** may all play a role in levels of adherence within adult and pediatric populations.
- Psychological issues such as anxiety regarding the various aspects of the treatment (e.g., **needle phobias**).
- Depression.
- Barriers to adherence.
- Level of conflict.



Conclusion

- The need for transitional clinics in diabetes care is founded upon the low levels of adherence, poor glycemic control, and the high levels of mortality that exists for the emerging adult population (ages approximately 17–25).
- This population is believed to be clearly different from pediatric and adult populations because it represents an intermediary phase of diabetes care when the responsibility for treatment follow-through is typically being shifted from the parents to the young adult patients.

Develop transitional clinic & initial guidelines for this populations:

- Information regarding the factors that influence adherence and glycemic control in the emerging adult population, suggest that patients' confidence in their ability to count carbohydrates accounts for at least some of the variability in HbA1c levels.
- That is, patient reported levels of confidence in counting carbohydrates appear to be significantly associated with HbA1c levels in the emerging adult population
- Patients' report that the diabetes treatment is inconvenient.
- The fact that the emerging adult population has a high degree of variability in their routines.
- Researchers should consider exploring innovative methods to address the variable lifestyle issues that present in the young adult population as well as consider methods to improve patient confidence in regards to carbohydrate counting.

- The fact that emerging adults' report that the diabetes treatment regimen does not fit well with their variable lifestyle and their report that they have difficulty counting carbohydrates may be interrelated phenomenon.
- **The ability to count carbohydrates is a fundamental skill that patients are expected to execute quickly and accurately every time they eat.**
- Accurately counting carbohydrates is a critical aspect of managing blood sugar levels on a daily basis and patients are expected to complete this procedure multiple times every day, regardless of what setting they are in and regardless of the type of food they consume.
- It may be worthwhile to investigate if diabetes education programs designed for this transitional population should include training that focuses on teaching emerging adults to accurately and quickly (a.k.a., fluently) determine the number of carbohydrates in a meal without having nutritional information about the food in that meal.
- There is no question that living with diabetes is a heavy burden for children, adolescents and their families. Some seem to suffer more than others. Most, however, display incredible resilience. Overall, experience and research seem to show that the best preventive approach to the psychological difficulties seen in children and adolescents with diabetes is **a strong, supportive family** who is able to gain strength and direction from a team of professionals sensitive to the psychological issues associated with diabetes and who act on them appropriately.

A very effective method in treating Diabetes is "Group Therapy" It is when some Diabetics sit together and share their experiences (You are not alone).



Questions:

1. The Most Important factor that influences the patient's improvement is:
 - A) Health Care Team.
 - B) Peers & Media.
 - C) Family.
 - D) School & Work.

2. Emerging adults have a certain type of thinking which is:
 - A) Here & Now thinking
 - B) long term thinking
 - C) Creative thinking
 - D) Fast thinking



For any questions, suggestions or problems, please
contact us

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Good Luck!

Key Answers

| | |
|---|---|
| 1 | C |
| 2 | A |