



Psychiatry



Editing File

Coping with Diabetes Mellitus in Adolescence

- ✓ Notes
- ✓ Important
- ✓ Extra

Objectives:

- I. Types of Diabetes and treatment
- II. Types of coping
- III. Difficulties among adolescent with DM type 1
- IV. Sources of stressors
- V. How to help

What is Diabetes Mellitus?

It is a group of metabolic disorders in which there are high blood sugar levels over a prolonged period. (Extra)



[Introduction video](#)

Types of DM:

Type I	Type II	Gestational
<ul style="list-style-type: none"> ○ Insulin-dependent diabetes mellitus(IDDM) ○ 5% - 10% ○ Childhood 	<ul style="list-style-type: none"> ○ Non-insulin dependent diabetes mellitus(NIDDM) ○ Increased about 4 folds (Last 30 years) ○ 8.5% ○ Age usually more than 18 	<p>During pregnancy</p>

- Family history (specially history of autoimmune diseases) is important in T1DM while obesity is an important risk factor to T2DM. (Important)
- The older, the higher risk of developing DM. <30 years old
- Glucose impairment → Pre-diabetes

Treatment of Diabetes Mellitus:

- Lifestyle
- Active
- Weight control

- Drugs
- Early diagnosis
- Insulin Vs. Oral hypoglycemic

- Blood pressure control
- Blood lipid control
- Renal function

Must be tightly controlled

Facts about Type I patients:

- 80%, Unhygienic administer (ما ينظفون المكان قبل الحقنة)
- 58% , Wrong dose
- 77%, Glucose level (Test/interpret) (ما يعرفون يقرؤون النتائج)
- 75% , Foods (type / regular) (ما يعرفون نوع الأكل اللي ينفعلهم)

- Early diagnosis is important to detect early stages (or pre-diabetes) of DM so complications will not progress earlier in life.
- Delayed diagnosis → intense symptoms

What is a stressor?

It is a chemical or biological agent, environmental condition, external stimulus or an event that causes stress to an organism. (Extra)

Sources for stressors for them (Adolescents and children):

Psychological stress

أي شي ممكن يآثر على نفسية الطفل,
مثلا نظره اصدقائه له ,فكرة انه بياخذ
الدواء طول حياته...

Difficult to alter lifestyle behaviors

ببغير طريقة اكله وجرعات الادوية
اللي لازم ياخذها

Asymptomatic

كثير منهم ما يعرف انه عنده الا بوقت
متأخر ليش؟

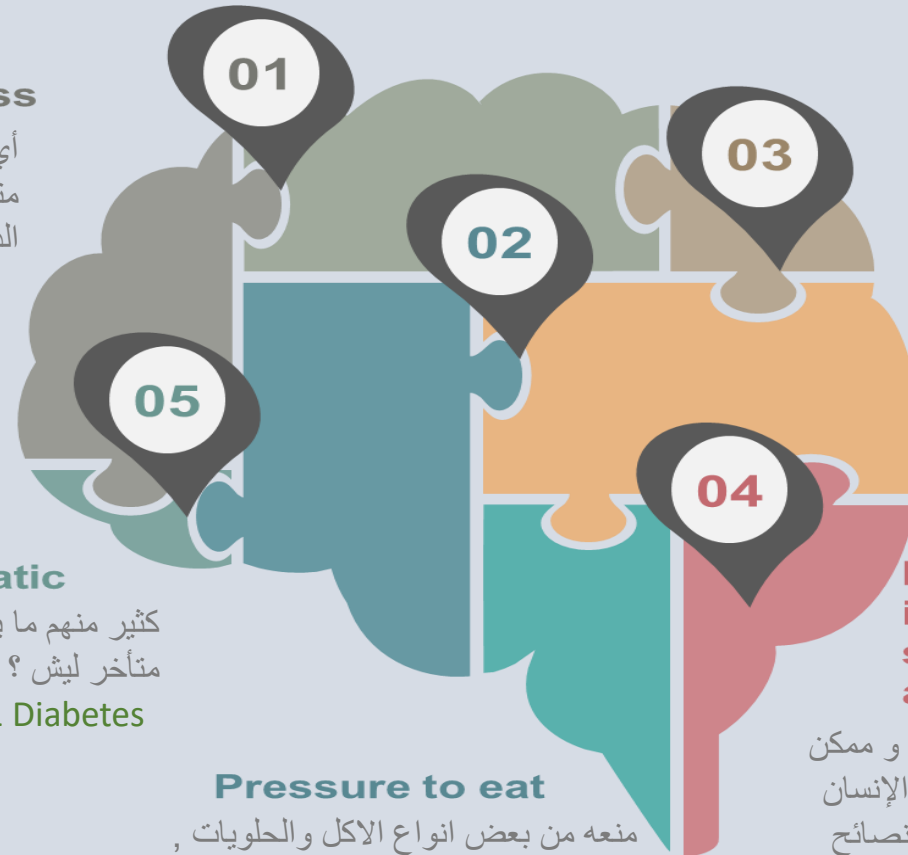
Threshold for Type 1 Diabetes
is very high

Pressure to eat

منعه من بعض انواع الاكل والحلويات,
اللي هي متعته في الحياة!!

Medical information seen as advisory

ما تقدر تبسط المعلومات عن المرض اللي عنده لدرجة يفهمها و ممكن
يفهم المريض أن هذا نوع من التحكم و فرض السيطرة. كون الإنسان
خلال هذه الفترة العمرية يفكر بالاستقرارية و هذا النوع من النصائح
ممكن يشعره بأنه غير مستقل و غير قادر على اتخاذ قرار بنفسه.



Stages of grief

So, Now you told them that they have diabetes , what will they do ?



شرح الخطوات :

يعني اول ما تعلم المريض انه عنده دايابيتس (الاطفال والمراهقين) يبدأ اول شي ينكر الموضوع ويقول لا مافيني شي , بعدها مع اصرار اهله على العلاج يبدأ المريض يغضب ويعصب , بعدها يتعود على الموضوع شوي ويبدأ يساوم الدكتور أو أهله (طيب لو عدلت اكلي؟ لو بطلت التشوكليت ارجع طبيعي ؟), طبعا بعد فترة بيستوعب انه ما يقدر يسوي شي ويدخل في الاكتئاب , واخر شي بيوصل مرحل يتقبل فيها المرض.

- To diagnose a diabetic (or any chronic) patient with depression, diagnostic criteria must be followed*.
(Do you remember CNS block?)
- Those stages are not necessary to be in the same sequence. It depends on person's behavior.

What is Coping (Adapting) ?

After accepting the fact of being ill, coping starts.

- The process of managing stressors (**internal and external**).
- Coping of adolescents with chronic illness focus on **coping with illness it self**.
(مرة مهمة واذا جاكم سؤال فهو غالبا عنها)

Adolescence stages

Early adolescence (11-14 years)

Am I normal ?

Mid-adolescence (14-16 years)

- Independence
- self image
More common with females

Late adolescence (17-older years)

- Future oriented
- Intimacy (رأي الجنس الاخر فيه)
- career goals

Family conflict : Dr. Mohammed explained this part. It is not extra, don't skip it.

- one study found that diabetes-specific family conflict had a **stronger negative impact on quality of life than the intensity of treatment.**
- negative and critical parenting, has been related to poor metabolic control and poorer quality of life in youth
- Why family conflict has negative impact? Because it puts the child under stress all the time and that will increase CORTISOL in the body which in return will increase glucose and decreases the uptake.



Developmental complications

Dependency on family
(developing independence)
تلاقي أمه وأبوه وراه دائما

Relationship with peers

Body image issues

Morbidity

- Psychological morbidity appears to be from 10 – 30 % with chronic illnesses.

Diabetes mellitus is
co-morbid with :

Depression

Anxiety disorders
(most common)

مهمة مرة , اذا جاكم سؤال
وش اكثر
(psychiatric disorder)
يرتبط مع الدايابيتس ؟

Psychosocial Factors and Diabetes (Extra)

THIS SLIDE IS EXTRA

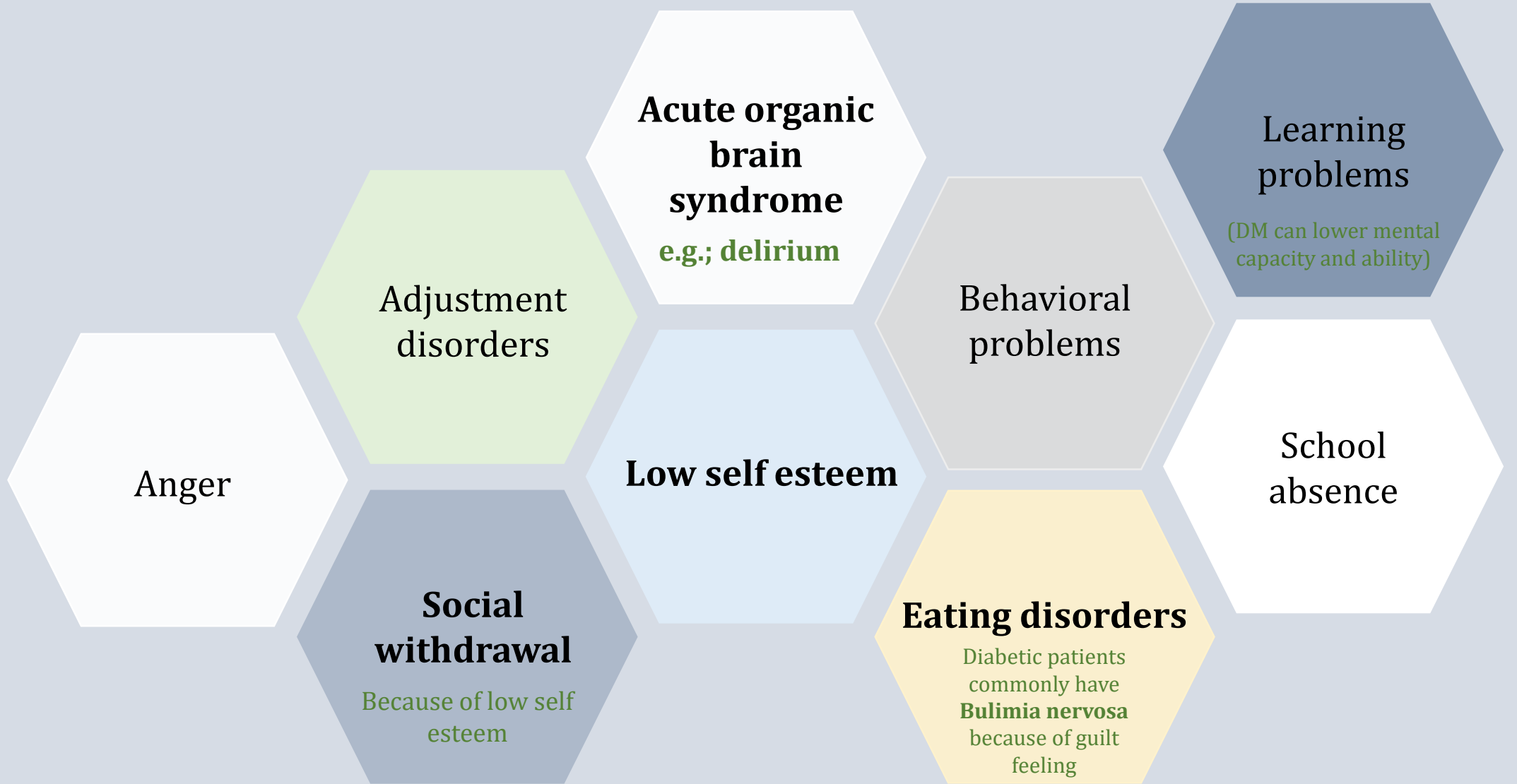
- Stress sometimes changes a **latent case** of diabetes into an **active one**.
- Psychological factors may precipitate the onset of diabetes and influence the timing of symptoms presentation.
- It has been established that there is an excess of life events in the few months preceding the onset of the condition particularly in older children & adolescents.
- Life experience and emotional factors can have an important bearing on the course of diabetes.

• كل الذكريات و الأحداث التي نمر بها، يتم تخزينها في العقل الباطن، فعندما يمر الإنسان بموقف معين، يقوم العقل الباطن باستحضار الذكريات المرتبطة بذلك الموقف فيبني الإنسان مخاوفه و موقفه على حسب الذكرى. مثلاً شخص معين علم بوفاة أحدهم بسبب مرض السكري ، العقل الباطن يحفظ هذه الحادثة دون ان يعي ثم حينما سُخِص ذلك الشخص بمرض السكري، تلقائياً يسترجع ذكرى وفاة ذلك الشخص فيبني خوفه من المرض.

- Diabetes mellitus is not the only chronic disorder that leads to psychological symptoms. All chronic diseases do.

Other co-morbid problems

Other co-morbid behavioral & psychological problems:



DM patients don't ask for help, why?

- Dependent behavior
- Parental involvement
- Immaturity (ما يقدر المريض حالته و سوؤها و تعتبر أشد معضلة للأطباء النفسيين)
- Lack of support system
- Severe illness or disability
- Psychopathology (Depression and Anxiety)

Obstacles with family / caregivers (يعني كيف تتغير طريقة تعامل الاهل مع الطفل)

Emotional
Dependency

Parenting styles

Excessive need of
control

Heightened
perception of
disease severity

Lack of trust in
caregivers

How to help? (Treatment)

Parent support

Coping with depression and anxiety.

Cognitive coping:
Understand how the insulin helps to grow stronger.

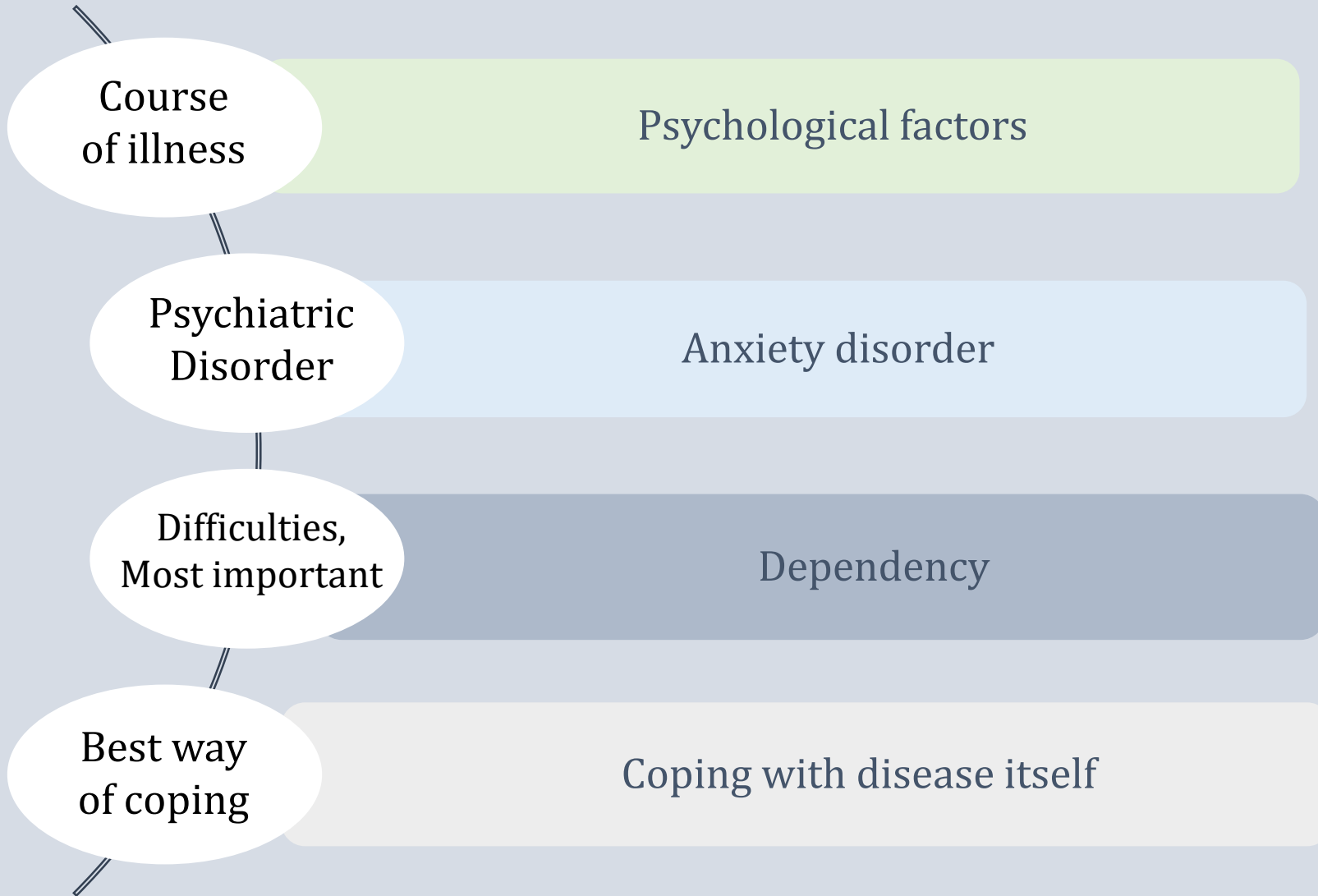
Behavioral coping:
Minimize the experience of being deprived from popular food .

The easiest thing you can change with a child is behavior.

Psychosocial Aspects of Management:

- Education.
- School and Family Counseling.
- Managing psychiatric Disorders.
- Individual psychotherapy.

• عشان نعالج الأعراض النفسية لمريض السكري، لازم نعالج كل شيء مع بعض و ممكن إننا نركز على شيء أكثر من غيره لكن أهم شيء إننا ما نترك حاجة بدون علاج.



Q1.What is the most common psychiatric disorder associated with Type 1 diabetes ?

- A. Depression
- B. Anxiety
- C. Schizophrenia
- D. Delirium

Q2. what is the best way of coping in a child with type 1 diabetes ?

- A. Diet restriction
- B. Bargaining
- C. Parent counseling
- D. Coping with illness itself

Q3.which one the following is considered one of the stressors for an adolescent with diabetes ?

- A. Pressure to eat
- B. Difficult to alter lifestyle behaviors
- C. Medical information seen as advisory
- D. All of them

Q4.Adolescent patients with diabetes don't usually ask for help. Why?

- A. Fear of the treatment
- B. Psychopathology
- C. Immaturity
- D. B and C

Q5.A 15 years old diabetic patient's mother had noticed her child to ask frequent questions about the possibility of not getting the disease if she kept her diet well controlled. Which stage of grief is the patient at?

- A. Depression
- B. Bargaining
- C. anger
- D. none

Q6. Which of the following can be associated with diabetes mellitus?

- A. Low self esteem
- B. Psychosis
- C. Increase mental ability
- D. Memory loss

Answer key:

1:B 2:D 3:D 4:D 5:B 6:A

Stressors

- In Diabetic patients, stressors sources vary and each stressor has a different effect on the disease course (**Psychological factors can change the course of disease**).
- Those sources are:
 - I. Psychological stress (**most common is ANXIETY**)
 - II. Pressure to eat (can develop anxiety)
 - III. Asymptomatic (patient can deny the fact that they have DM)
 - IV. Difficult to alter lifestyle behaviors (Peer influence cause more difficulty)
 - V. Medical information seen as advisory (This age group hate to be guided)

Stages of Grief

Denial → Anger → Bargaining →
Depression → Acceptance

Coping

- Coping is : the process of managing the stressors (internal and external).
- **Family conflict and over caring has a very negative impact on the coping process which leads to DEPENDENCY.**

Difficulties they face

- I. Diet restriction
- II. Dependency on family (Independency is essential in the treatment to an extent)**
- III. Physical limitations and body image issues
- IV. Frequent blood testing and injection
- V. Isolation from peers

How to help?

- Parent support
- Coping with depression and anxiety
- Cognitive coping
- Behavioral coping

Important to know!!

BEST WAY OF COPING : **COPING WITH THE ILLNES ITSELF**

MOST COMMON PSYCHIATRIC DISORDER WITH TYPE 1 DIABETES in ADOLSCENTS AND CHLDREN IS : **ANXIETY**



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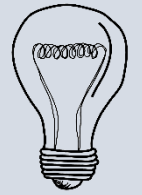
436psychiatry@gmail.com



“Don’t stop until you’re Proud”

Team Leaders:

Mohammed Habib & Aseel Badukhon



Your suggestions matter

References:

- ✓ Doctors’ notes and slides