



Coping with DM in Adolescence

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OUTLINE

1 Types of Diabetes & Treatment

2 Difficulties among adolescent with DM

3 Sources of stressors for them

4 Types of coping

5 How to help



Types :-

Type I

IDDM

5-10%

Childhood

Type II

NIDDM

increased about 4 folds (last 30yrs)

8.5 %

Age – usually more than 18 years

Gestational

Treatment:

•Lifestyle

- Active

- Weight

- Drugs

•Early diagnosis

•Insulin Vs. OH

•Blood pressure control

•Blood lipid control

Fact about Type I patients:-

- **80%, Unhygienic administer**
- **58% , Wrong dose**
- **77%, Glucose level (Test/interpret)**
- **75% , Foods (type / regular)**

● **Types of Diabetes & Treatment**

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Psychological stress

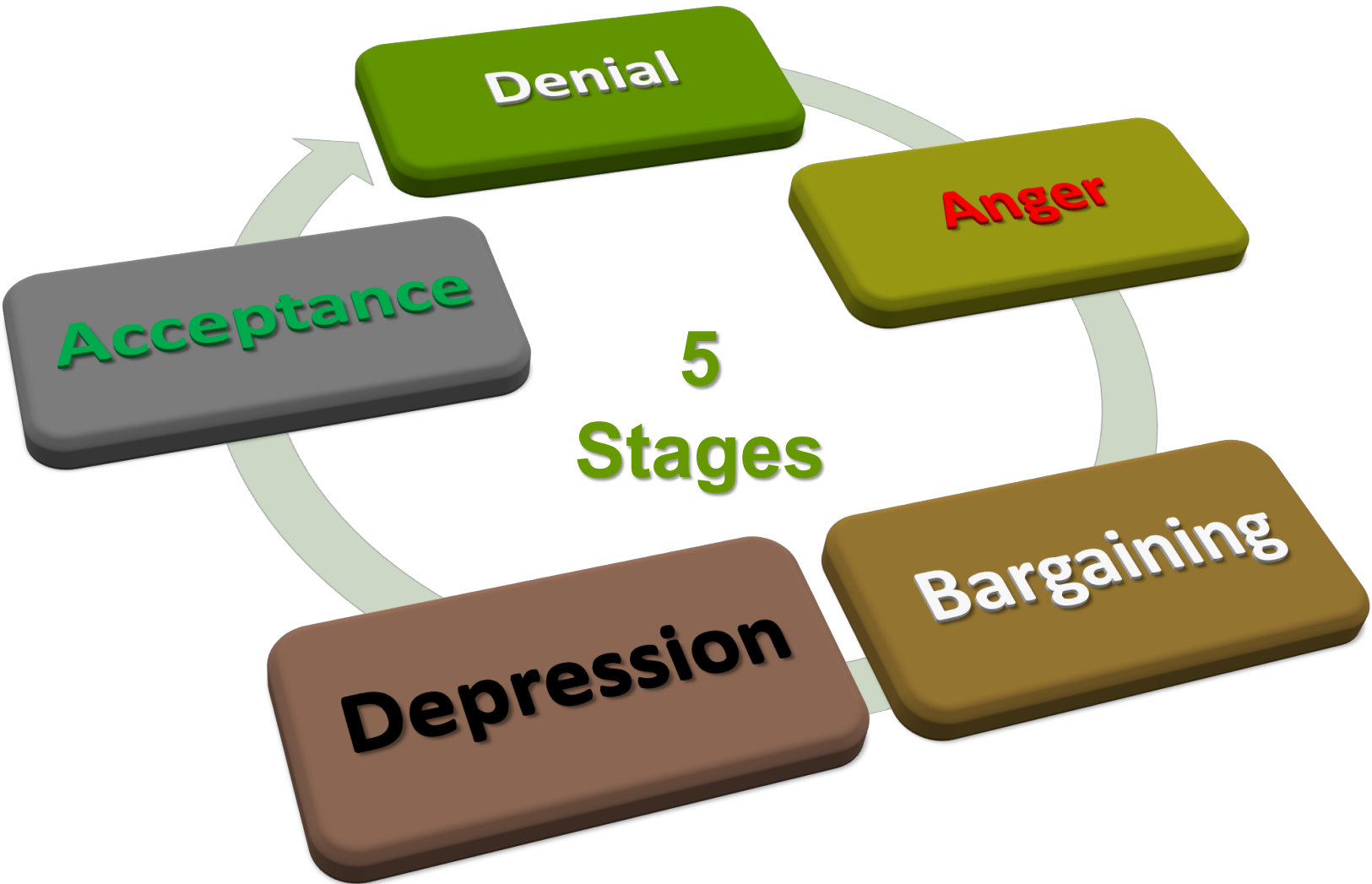
Difficult to alter lifestyle behaviors



Asymptomatic

Medical information seen as advisory

Pressure to eat



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What is Coping?

- **The process of managing stressors (internal and external)**



Adolescence?

Early adolescence (11-14 yrs.)

- Am I normal ?

Mid-adolescence (14-16 yrs.)

- Independence
- self image

Late adolescence (17-older yrs.)

- Future oriented
- intimacy
- career goals



Developmental Complications

Body image issues

Developing
independence

Relationship with
peers



They Don't Ask for Help, Why?

Dependent Behavior

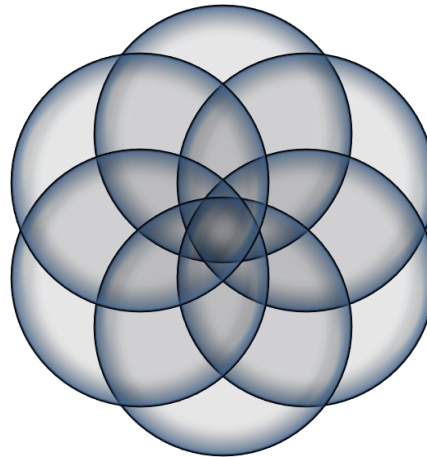
Parental involvement

Immaturity

Lack of support systems

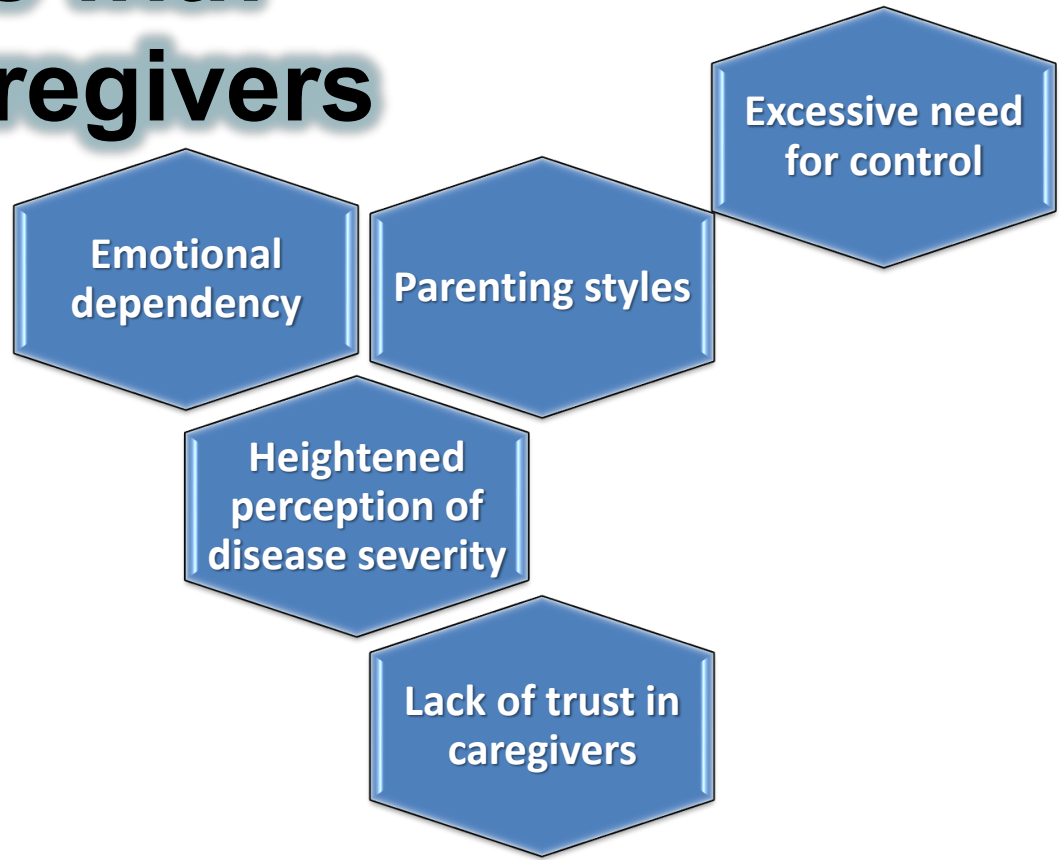
Severe illness or disability

Psychopathology





Obstacles with family/caregivers





Psychological Co-Morbidity

10 – 30 %

Diabetes
Mellitus is co-
morbid with :

Depression.

Anxiety disorders.
(Most common)

Other Psychiatric problems

Anger

Adjustment
disorders

Eating disorders

Social withdrawal

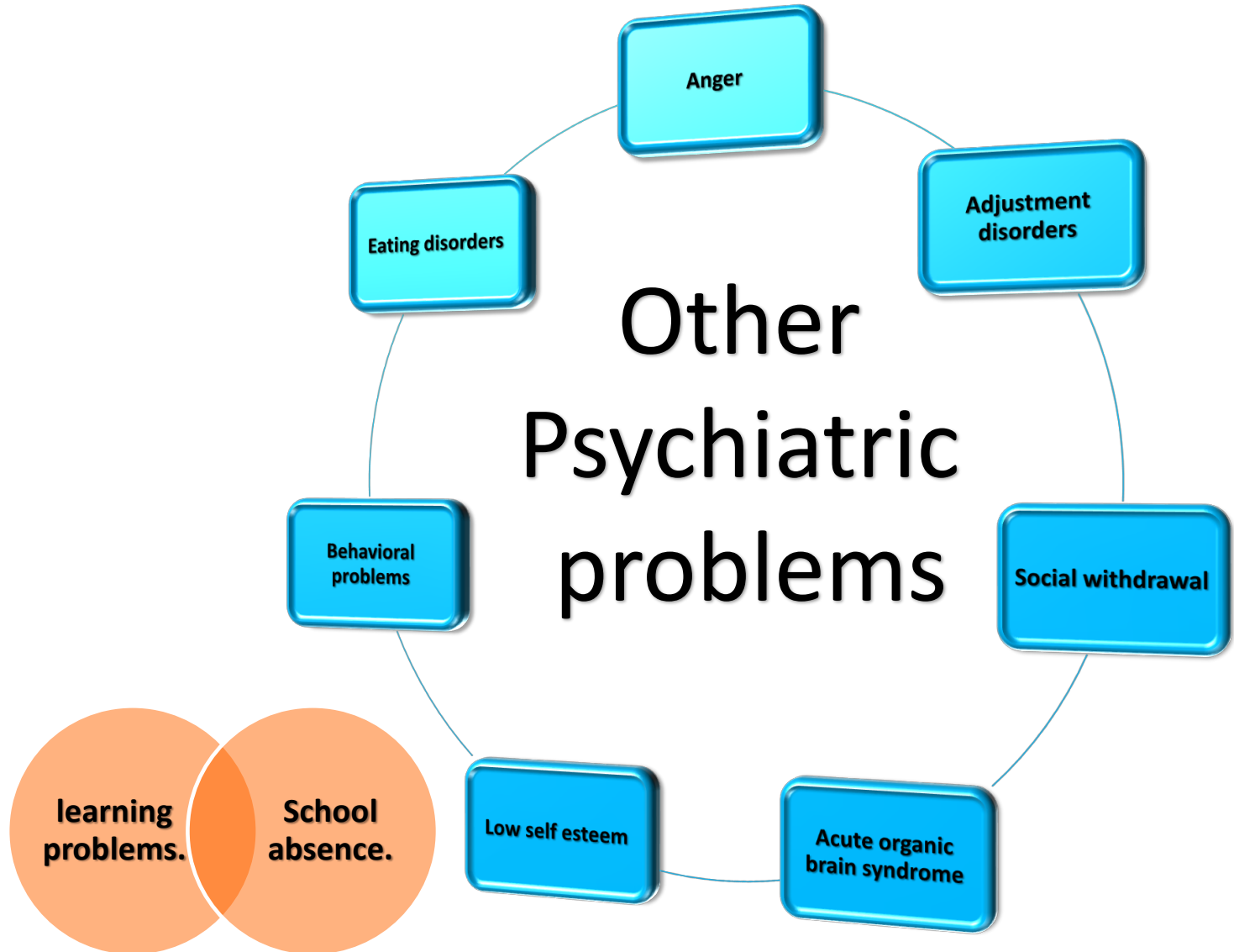
Behavioral
problems

Low self esteem

Acute organic
brain syndrome

learning
problems.

School
absence.



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Coping of adolescents with chronic illness focus on coping with illness itself

