







Coping with Diabetes Mellitus in Adolescence

[. . وَمَا تُوفِيقِي إِلَّا بِاللَّهِ . .]

| Objective | Color index | |
|--|-------------------------------------|--|
| • Difficulties among adolescent with DM type 1 | Black : Main content. Gray : Notes. | |
| Sources of stressors for them. | Red: important. | |
| Types of coping. | | |
| How to help. | | |

Editing File

Team Leaders







introduction

- Adolescence can be a difficult period of life. The need to become more independent, to create
 an identity and to adopt a new lifestyle can influence the way that adolescents with diabetes
 cope with their disease
- The freedom to makes one's own choices about lifestyle is seen as important in this age group.
 Taking increasing responsibility for diabetes self-care is part of the process

adolescence and sources of stress

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

Types of Diabetes Mellitus

Type 1 Type 2

- Insulin dependent DM
- 5-10%
- Childhood

- Non Insulin dependent DM
- increased about 4 folds (last 30yrs) 8.5 %
- Age usually more then 18 years

Facts about Type I patients:

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

Treatment

Lifestyle ·Active ·Weight ·Drugs ·Early diagnosis ·Insulin Vs. OH ·Blood pressure control ·Blood lipid control

☐ Psychosocial Factors and Diabetes (important) its play an important role in the course of illness

- 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.
- Psychological dysfunction may cause recurrence of acute diabetic episode specially in adolescents.
- Life experience and emotional factors can have an important bearing on the course of diabetes.

□ Diabetes and Comorbidity

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

- Diabetes mellitus is co-morbid with: most commonly Anxiety disorders then depression
- Other co-morbid behavioral & psychological problems:
- -Anger Adjustment disorders Social withdrawal- Acute organic brain syndrome Low self esteem
- Behavioral problems Eating disorders

□ Difficulties that they face

- Diet restriction. Always the same food and diet
- Frequent blood testing & injections.
- Dependency on family. (difficulty in developing independence) (most important)
- Isolation from peers. And their relationships with peers
- Physical limitations. They feel they can't play and workout.
- Parents can't differentiate between Common anxiety Symptoms of temperament AND hypoglycemia.
- body image issues

Sources of stress in DM

- The illness itself.
- Illness-specific stressor such as:
 Disease-related pain.
 Medical procedures
 Stress related to admission.
- Extreme self control (diet)
- Psychological stress
- Difficult to alter lifestyle behaviors
- Pressure to eat
- Medical information seen as advisory
- Asymptomatic (thinks he doesn't have the disease)

■ What factors affect types of adjustment?

- Personal strength & interpersonal skills.
- Child temperament
- family influences on coping
- Peer group influences on coping
- Feelings and attitudes about how they cope
- Quality of life and how this affected coping
- Personal meaning of illness
- Fear for the future and how this affected coping.

□ Effects of stress

- There are negative impact of everyday stressors on health, **immune and** circulatory system

Other effects:

- Children & adolescents with diabetes show an increased rate of learning problems.
- Cognitive impairment on intelligence scales have been noticed.
- School absence.
- The majority of school personnel has inadequate understanding of diabetes and its management.

Coping

It is The process of managing stressors (internal and external).

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

Types

Additive (main) effect model which focus on well-being regardless amount of stress.

Interactive model: coping moderates the impact of stressor to varying degree depends on severity of stressor.

5 Stage

| Denial | Anger | Bargaining | Depression | Acceptance |
|----------|-------|-------------|------------|------------|
| Defilial | Anger | Daigailling | Deblession | Acceptance |

How to help

- Parent support.
- Cognitive coping (understand how the insulin help to grow stronger)
- Behavioral coping (minimize the experience of being deprived from popular food ..)
- Coping with Symptoms of Depression.

Psychosocial Aspects of Management

- Most of youngsters with diabetes and their families will cope well with the social and psychological stresses imposed by the illness.
- Education
- When to refer the patient to a child and adolescent psychiatrist?
- School counseling
- Individual psychotherapy
- Family counseling
- Managing psychiatric disorders

□ Very important notes

- in the course of illness psychological factor is very important
- anxiety is the most common psychiatric disorder associated with DM, depression is the second
- Dependency is the most common difficulty they face
- Best way of coping is coping with the disease itself

Quiz

Answers Key!
1.D 2.C 3.D 4.C 5.B 6.C

1) Which one of the following a DM patient face?

- A. Frequent blood testing
- B. Diet restriction
- C. Peers Isolation
- D. All Choices

2) Psychological morbidity appears to range from?

- A. 1-5%
- B. 20-50%
- C. 10-30%
- D. 3-4%

3) 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

4): What is the most common disorder associated with diabetes in adolescents?

- A) Schizophrenia
- B) Depression
- C) Anxiety
- D) Anorexia nervosa

5) Sources Of Stress And Worries In Mid-Adolescence?

- A. Career goal
- B. Self image
- C. Future oriented
- D. Intimacy

6) which one of the following Psychosocial Factors is TRUE in regards to Diabetes?

- A. Stress does not changes a latent case of diabetes into an active one.
- B. no relation between Psychological factors and the onset of diabetes
- C. May cause recurrence of acute diabetic episode
- D. Life experience and emotional factors are not important

Good luck!