









# Coping with Diabetes Mellitus in Adolescence

Editing File



-  **Important**
-  **Dr's notes**
-  **Only in male slides**
-  **Only in female slides**
-  **Extra information**
-  **Reference from Dr.**

## **Objectives:**

- **Difficulties among adolescent with DM type 1**
- **Sources of stressors for them.**
- **Types of coping.**
- **How to help.**

# 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 make 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

## Stages of Adolescence

Early Adolescence (11-14 yrs)	Mild Adolescence (14-16 yrs)	Late Adolescence (17-older yrs)
Am I normal?	<ul style="list-style-type: none"> <li>• Independence</li> <li>• Self image</li> </ul>	<ul style="list-style-type: none"> <li>• Future oriente</li> <li>• Intimacy</li> <li>• Career goals</li> </ul>
لما يصاب بالسكر في هذا العمر يسأل نفسه هل أنا شخص طبيعي؟	تهمة نظراته لنفسه ونظرة الناس له وغالبا في هذه المرحلة المراهق يكون أكثر استقلالية ومعتمد على نفسه في تعامله مع السكر	في هذا العمر يغلب عليهم التفكير بالمستقبل وتأثير السكر ومضاعفاته عليهم

## Types of Diabetes Mellitus

Type 1	Type 2
<ul style="list-style-type: none"> <li>• Insulin dependent DM</li> <li>• 5-10%</li> <li>• Childhood (mostly seen in adolescence)</li> </ul> <p><b>Facts about Type I patients:</b></p> <ul style="list-style-type: none"> <li>• 80%: Unhygienic administer ما ينظفون المكان قبل الحقنة</li> <li>• 75%: Foods (Type/ regular) ما يعرفون نوع الاكل الي يناسبهم</li> <li>• 77%: Glucose level (Test/ interpret) ما يعرفون يقرأون النتائج</li> <li>• 58%: Wrong dose</li> </ul>	<ul style="list-style-type: none"> <li>• Non Insulin dependent DM</li> <li>• Increased about 4 folds (30yrs) 8.5 %</li> <li>• Age: usually more than 18 years</li> </ul>

### Gestational\*

During pregnancy

## Treatment of DM Only in boys

- Lifestyle (Active, Weight, Drugs)
- Early diagnosis
- Insulin vs OH
- Blood pressure control
- Blood lipid control

# Diabetes Mellitus in Adolescence

## Difficulties That Diabetic Adolescents Face

### ★ Dependency on family (difficulty in developing independence)

- Isolation from peers and their relationships with peers
- Physical limitations. They feel they can't play and workout.  
ليه؟ لان الجهد الزائد يهلكهم ويخفض مستوى السكر عندهم بشكل سريع فيضطرون ياكلون اي شي يرفع سكر الدم وممكن يرتفع فوق الطبيعي ويجيبهم نوبة ارتفاع  
and the cycle goes on, that's why they should avoid some strenuous exercises.
- Parents can't differentiate between common anxiety symptoms of temperament and hypoglycemia.  
يظنون ان طفلهم هذي شخصيته (متوتر ومزاجي) والواقع إنه يواجه أعراض ما قبل نوبة ارتفاع سكر الدم أو العكس
- Diet restriction (always the same food and diet)
- 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)

## Challenges of Diabetic Adolescents with Family & Caregivers Only in boys

- Excessive need of control from parents
- Emotional dependency (unable to make their own decisions)
- Parenting lifestyle
- Heightened perception of disease severity (نظرة الأهل للمرض تشكل فارق كبير، اما انه يبسط الأمور او انه يصعبها ويصبح صارم)
- Lack of trust in caregivers

## Why Don't Diabetic Adolescents Ask for Help? Only in girls

- Dependent behavior
- Parental involvement (over protection)
- Immaturity
- Lack of support system
- Severe illness of disability
- Psychopathology قد يكون عنده مرض نفسي و يتطلب علاج

# Diabetes Mellitus in Adolescence

## Psychosocial Factors and Diabetes

Only in girls

- **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
- Psychological dysfunction may cause recurrence of acute diabetic episode specially in adolescents.  
رغم ان المريض يأخذ الادوية بشكل منتظم الا ان القراءات لسي مرتفعة وهذا بسبب تعرضه للضغط العالي
- Life experience and emotional factors can have an important bearing on the course of diabetes.  
بدال ما يتنوم بالمستشفى مره وحده بالسنة بسبب ارتفاع السكر، يتنوم ٤ مرات الي خمسة
- 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.
- Children & adolescents with diabetes show an increased rate of learning problems **and school absence.**
- There are a negative impact on everyday stressors on health, immune and circulatory systems.
- Cognitive impairment on intelligence scales have been noticed.
- The majority of school personnel has inadequate understanding of diabetes and its management.

اول شيء نسأله المريض لما يجي العيادة، حياته قبل لا تظهر عليه الاعراض او قبل لا يبدا معاه المرض، وهل واجه أحداث صعبه او لا. ليه نسأله؟ لان الضغوطات سبب أساسي في تحفيز المرض، مثلاً

١. قد يكون المريض حامل للمرض بحاله خاملة والتعرض للضغط النفسي يحفز نشاط المرض ويكون السكر نشط في هذه الحالة وترتفع قراءاته
٢. أو ان المريض حالته نشطة وقراءاته مرتفعة ولكن بدون أعراض فبالتالي الضغط النفسي يحفز ظهور اعراض مرض السكر عليه

## Factors Affecting Types of Adjustment of DM

Only in girls

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

## Diabetes and Comorbidity

- Psychological morbidity appears to be from 10–30 % with chronic illnesses.
- ★ **Diabetes mellitus is comorbid with most commonly Anxiety disorders then Depression**
- **Other comorbid behavioral & psychological problems: (less common)**
  - Anger
  - Adjustment disorder
  - Social withdrawal
  - Acute organic brain syndrome
  - Low self esteem
  - Behavioral problems
  - Eating disorders

# Coping with Diabetes Mellitus

## Definition

- Coping is the process of managing internal and external stressors
- (Coping of adolescents with chronic illness **focus on coping with illness itself**)

## Types of Coping Only in girls

Additive (main) effect model	Interactive model
Focus on well-being regardless amount of stress.	Coping moderates the impact of stressor to varying degree depends on severity of stressor.
مهارة تراكمية: نعلمهم كيف يتأقلمون مع الحياة بشكل كامل ويكون عندهم القدرة على التعامل مع كل أنواع الضغوطات بغض النظر عن كميتها، وهذا أفضل نوع ولكن صعب تطبيقه	مهارة تفاعلية: نعلمهم كيف يتأقلمون مع الضغط الحالي او ضغط معين يواجهونه، مثلا التكيف مع ضغط الاختبارات في فترة اختبارات

## Stages of Grief Only in boys

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

Denial → Anger → Bargaining → Depression → Acceptance  
(الإنكار) (المساومة)

- The duration of these stages differs from one person to another, some people might go through them for years and some for days
- Those stages are not necessary to occur in the same sequence. It depends on one's behavior

## 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.
- When to refer the patient to a child and adolescent psychiatrist?
- Education
- School and family counseling
- Individual psychotherapy
- Managing psychiatric disorders

## How to Help with Coping?

- **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.

# Important notes

- ★ Stress changes a latent case of diabetes into an active one
- ★ The main obstacle that the patient and his family face is **dependency** .
- ★ Psychological factors may precipitate the onset of diabetes and influence the timing of symptoms presentation
- ★ The best way of coping with DM is coping with the disease itself
- ★ Parent support is the most important factor for patients improvement
- ★ DM is mostly co-morbid with psychological disorders: **Anxiety (mostly) and depression**

**Female Dr: 3 questions will come in the final (mostly from previous questions) 🎁**

# MCQs :

**1. What is the most common psychiatric disorder associated with type 1 diabetes ?**

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

**2. 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 |
|---------------------|---------------|----------------------|-------------------------------|

**3. Which one of 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 |
|--------------------|---|---|----------------|

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

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

**5. A 15 year old diabetic patient's mother 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 |
|---------------|---------------|----------|---------|

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

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



**G**   **d Luck!**

## **Team leaders**

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