

Psychosocial dispair in adolescents with Diabetes Mellitus

Diabetes is among the diseases that cause high death rates and disability around the world. The most common complications of diabetes that lead to death and disability include heart diseases, neuron, kidney, eyes and foot ulcers diseases. Common psychosocial problems in adolescents with diabetes are shown in Fig. 1. The term psychosocial here means the interrelation of social factors and individual thought and behavior. This brief article summarizes interview results from a study on psychosocial issues affecting adolescents with diabetes in Zambia.

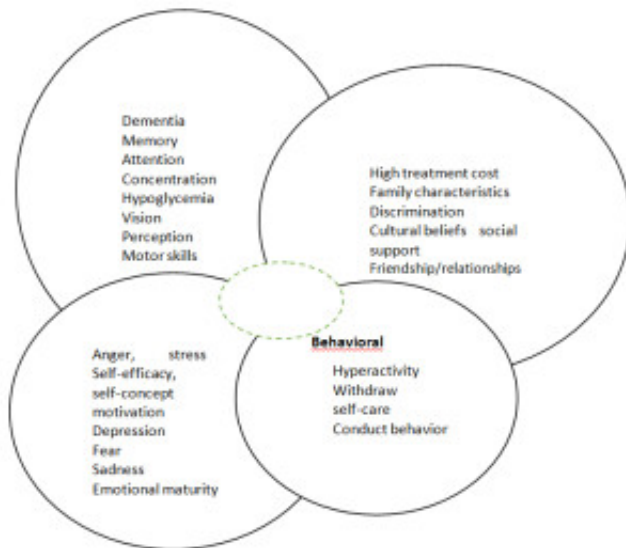


Fig. 1. The psychosocial conceptual model in diabetes.

Finding from this study showed that diabetes had a huge impact on adolescents' psychosocial wellbeing such that they had to make drastic lifestyle adjustments in order not only to manage the disease but also fit in with their healthy peer at school or at home. The adjustments they made include those involving diet for example one participant said; "But what I hate most is that I cannot take (eat) sweet food" – Female, 10th Grade). After being diagnosed of diabetes, adolescent could not engage in previously engaged activities. Guardians were concerned on adolescents' adherence to medical regime as a result, guardians were uncomfortable with adolescents engaging in activities away from home which they enjoyed before because in their view, adolescents could not take care of themselves in terms of following the medical regime as prescribed by medical doctors.

The study also reviewed that adolescents experienced diabetes-related stress as a result of challenging routine insulin administration, cost and access to required food, medication and transport cost or laborious distance to the hospital. Anxiety about the future was also a major

stressor among adolescents with diabetes. Adolescents also mentioned experiencing stigma and discrimination at home and at school, “Sometimes my friends refuse playing with me, like my cousin used to say that we can’t play with you because you have a disease and we don’t want to catch it. Girl, 9th grade. Female adolescent were perceived as reproductively unfit therefore unwanted for romantic relationships.

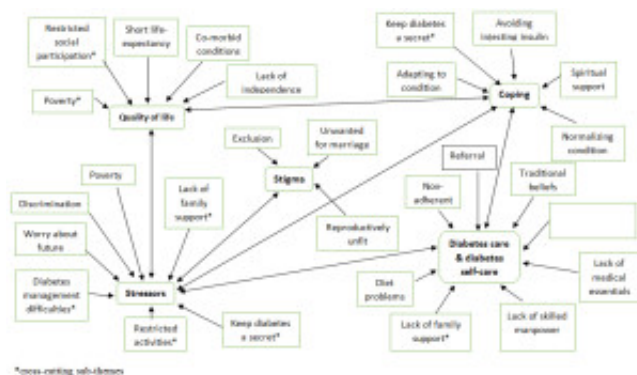


Fig. 2. Thematic and sub-thematic mapping: possible associations

Quality of life was poor among adolescents with diabetes. Factors that affected quality of life on this group included poverty, short life expectancy, comorbid conditions such as malaria, low participation in social activities and perceived lack of independence.

In addition, there was a common view that distance to hospitals, cost of food, medicine and other medical essentials were the major barriers to quality of health care among adolescents. In order to deal with these issues and stress, adolescents employed different coping strategies such as spiritual and social support strategies, avoiding injecting and adapting to the condition.

The findings discussed in this brief article suggest there is need to address psychosocial issues affecting adolescents with diabetes. As can be seen from the Fig. 2 below, psychosocial issues affecting adolescent have a bidirectional relationship. That is, each psychosocial issue shown in the figure influences others and vice-versa.

Three important recommendations made by the American Diabetes Association should be strictly followed; at diagnosis and during routine follow-up, health care providers should assess psychosocial issues and family stress that could impact adherence to diabetes management and quality of life and provide appropriate referrals to trained health professionals, preferably experienced in childhood diabetes; encourage developmentally appropriate family involvement in diabetes management tasks for children and adolescents, recognizing that premature transfer of diabetes care to the child can result in nonadherence and poor blood sugar control and ; consider mental health professionals as integral members of the pediatric multidisciplinary team. Since most

adolescents are still in school, it is important that diabetes care in schools and day care setting guideline recommended by American Diabetes Association are followed.

While these are useful recommendations, in poor countries, the attainment of these are farfetched. Instead, health care providers should first provide basic needs requiring survival of adolescents with diabetes such as insulin before attending to psychological needs. Moreover, most psychosocial issues stem from challenges of meeting basic needs. Lack of insulin, multiple insulin injections, transport money to attend health care, for example were the major contributors of stress and other psychosocial problems as well as depression which has been found to be more common in adolescents with diabetes than their healthy peers. This suggestion is based on Abraham Maslow's hierarchy of needs theory which argues that basic needs are to be met for the satisfaction of higher needs to be sought.

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Publication

[Living with type 1 diabetes is challenging for Zambian adolescents: qualitative data on stress, coping with stress and quality of care and life.](#)

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