

PSYCHOSOCIAL ADAPTATION OF CHILD AND FAMILY TO TYPE 1 DIABETES MELLITUS AND NURSING APPROACH

TİP 1 DİYABETES MELLİTUS OLAN ÇOCUK VE AİLESİNİN HASTALIĞA PSİKOSOSYAL UYUMU VE HEMŞİRELİK YAKLAŞIMI

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ABSTRACT

INTRODUCTION:

Type 1 Diabetes Mellitus (DM) is a chronic metabolic disease caused by beta-cell destruction due to autoimmune or other causes and resulting from absolute insulin deficiency. Type 1 diabetes is most commonly seen in children and adolescents. Because adaptation to diabetes leads to changes in the life style of the child and family, adaptation to the disease is quite difficult.

Type 1 diabetes mellitus has many psychosocial effects (anxiety, fear, anxiety, mourning, anxiety) on children. In this review, we aimed to investigate the psychosocial adaptation of children and their families with Type 1 diabetes mellitus.

CONCLUSION:

Psychosocial evaluation, counseling and education services of children and their families diagnosed with type 1 diabetes should be provided. Thus, adaptation of the child and family to the disease will be ensured, complications will be prevented and quality of life will be improved.

Key Words: Type 1 Diabetes Mellitus, Psychosocial adjustment, Nursing Approach.

ÖZ

GİRİŞ:

Tip 1 Diyabetes Mellitus (DM), otoimmün veya diğer nedenlerle beta hücre harabiyetine bağlı olarak gelişen ve mutlak insülin yetmezliği sonucu ortaya çıkan kronik metabolik bir hastalıktır. Tip 1 diyabet, en sık çocuklarda ve ergenlerde görülmektedir. Diyabete uyum çocuk ve ailenin yaşam biçiminde değişikliklere neden olduğu için hastalığa uyum oldukça zordur.

Tip 1 diyabetes mellitusun çocuk üzerinde birçok psikososyal etkisi (kaygı, korku, endişe, yas, anksiyete gibi) bulunmaktadır. Bu derlemede, Tip 1 diyabetes mellitus olan çocuk ve ailesinin hastalığa psikososyal uyumunun incelenmesi amaçlanmıştır.

SONUÇ:

Tip 1 diyabet tanısı alan çocuk ve ailelerinin psikososyal yönden değerlendirmesi, danışmanlık ve eğitim hizmeti vermesi gerekmektedir. Böylece çocuk ve ailenin hastalığa uyumları sağlanacak, komplikasyonların önüne geçilecek ve yaşam kalitesi artacaktır.

Anahtar Kelimeler: Tip 1 Diyabetes Mellitus, Psikososyal uyum, Hemşirelik Yaklaşımı.

INTRODUCTION

Diabetes Mellitus (DM) is a chronic metabolic disease characterized by hyperglycemia, which occurs due to the inability of the body to produce insulin hormone or to use insulin effectively (1,2,3). Type 1 diabetes, which is defined as the clinical picture resulting from absolute insulin failure due to autoimmune or other causes of beta cell destruction, may develop at any age, but is most commonly seen in children and adolescents (1,2,4).

Type 1 diabetes mellitus has many psychosocial effects on children. Pre-school and school-age children may experience negative emotions such as anxiety, fear, anxiety, reluctance and distress in coping with diabetes (5). Adolescents often experience feelings of mourning, anxiety, social isolation and loneliness because of their illness (6). The lack of balance of blood sugar, the combination of several factors such as diet, exercise, and drug use in controlling the disease, and the risk of developing chronic or acute complications lead to psychosocial adjustment problems in individuals with diabetes (7).

Many studies have been conducted in the literature on the adaptation of children with Type I diabetes mellitus (T1DM) to the disease:

Altundağ (2017) showed that there was an increase in the total social support scores of the patients after educational and social support attempts ($p < 0.05$). In addition, it was determined that diabetes knowledge score levels of type 1 diabetes patients increased after training activities ($p < 0.05$) (8). Şahin et al. (2015), the rate of mental illness in adolescents with diabetes was 68%. Adolescents with diabetes had lower quality of life perceptions. Authoritarian attitude was higher in the diabetic group than parental attitudes. In the diabetic group, parents were more likely to avoid methods of coping with anxiety (9). In the study of Arıkan and Antar (2007), 50.9% of children and adolescents had somatization, 47.3% had anxiety, 43.9% had obsession, 33.3% had depression, 37%, 5 patients had multiple psychiatric symptoms including psychosis, 48.2% anger and 28.1% phobia. Somatization score was found to be significantly higher in both early adolescents and late adolescents than in children (10). Bal Yılmaz et al. (2011), in their study, the mean scores of social support of diabetic adolescents; school disruption status, mother's education level and family income level was found to be statistically significant ($p < 0.05$) (11). Ng et al. (2019) showed that the fear and anxiety of parents and children with hypoglycemia decreased significantly after continuous glucose monitoring (12). Jaser et al. (2018) found that a positive psychology intervention in adolescents with T1D initially had significant, positive effects on coping and quality of life. However, it has been concluded that more intensive or longer interventions may be needed to maintain these effects and increase glycemic control and compliance (13). Dempster et al. (2019) found that parenting has a protective role in reducing the risk of depression among young people with Type 1 diabetes (14). Hagger et al. (2016) found that approximately one third of adolescents experienced high diabetes stress and this was related to glycemic control, low self-efficacy and decreased self-care (15). Survonon et al. (2019), the psychosocial self-efficacy level of adolescents with Type 1 diabetes was quite good. The highest scores were to manage the psychosocial aspects of diabetes and set diabetes goals. A positive relationship was found between self-efficacy and understanding and treatment of diabetes, adherence to diabetes, and the patient's communication with the doctor and nurse (16). Fallahi et al. (2019) found that spiritual care had a positive effect on the compliance of adolescents with Type 1 diabetes in the intervention group after the intervention and three weeks later, but the increase in compliance in the control group was not reasonable (17).

RESULT

Inadequate psychosocial adjustment to type 1 diabetes leads to inadequate self-care behaviors, accelerating the development of complications and adversely affecting the mental health and social life of the child and his / her family. Nurse has an important role in education, treatment, follow-up and self-care behaviors of the person with diabetes. Psychosocial evaluation and counseling and education services of children and their families diagnosed with type 1 diabetes should be provided. Thus, the adaptation of the child and family to the disease will be increased and acute and chronic complications can be prevented and quality of life will be improved.

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