

Psychological care of the diabetic patient

Abstract

Diabetes Mellitus is a metabolic disease characterized by inability to assimilate glucose and chronic hyperglycemias. The World Health Organization distinguishes: Type 1 (T1DM), Type 2 (T2DM), Gestational Diabetes and secondary forms. All types need a complex, continuous and self-managed treatment that includes pharmacological therapy, regular measurements of the glycemic level, diet care and caution in daily activities. The experience we present is the result of collaboration between the Hospital Psychology Service, the Department of Endocrinology, Diabetology and Metabolism and the Department of Pediatrics of the S. Croce and Carle Hospital in Cuneo. The purpose of our intervention in diabetic patients during childhood and adult age is to promote awareness and adaptation to the disease, offering an early response in the event of suffering and psychological distress. In the article, we describe our working method and we briefly focus on the main problems that characterize paediatric and adult diabetic population.

Keywords: diabetes, pediatrics, psychology, stress, compliance, psychological support

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Introduction

Diabetes Mellitus is a metabolic disease characterized by the partial or total inability of the body to assimilate glucose, which causes an increase in blood glucose levels.¹ The World Health Organization distinguishes some major forms of diabetes: Type 1 (T1DM), Type 2 (T2DM), Gestational Diabetes and secondary forms resulting from other diseases.²⁻⁵ Although they are different for etiopathology and required treatment, all types of diabetes mellitus need a complex, continuous and largely self-managed treatment that includes pharmacological therapy, regular measurements of the glycemic level, diet care and caution in daily activities.⁶ All these issues shape social life, work and affect negatively patients' identity and body scheme.⁷ When the patient fails in accepting the pathology feels angry, sad and these emotions interfere with the management of the pathology.^{8,9} Therefore, psychological support should be part of the therapeutic process from the onset, in order to identify and treat risk factors, helping the patient in developing an adaptive approach, with positive outcomes on compliance and glyco-metabolic control. The experience we present is the result of collaboration between the Hospital Psychology Service, the Department of Endocrinology, Diabetology and Metabolism and the Department of Paediatrics of the S. Croce and Carle Hospital in Cuneo.

Materials and method

The aim of the psychological intervention is to promote awareness and adaptation to the disease, offering an early response in case of suffering and psychological distress. The modalities differ according to the age of the patient. For pediatric population, an integrated team has been active since 2007. The multi professional team is composed of pediatric diabetologists, specialized nurses, dietitians, psychologists and social workers. They propose different therapeutic sessions:

- i. Family educational session in cases of new diagnosis to promote an appropriate communication of diagnosis and therapy
- ii. Psychological Individual sessions for patients

iii. Psychological session for parents

- iv. group sessions for children / teenagers and their parents during follow up meetings called "Routard";
- v. psychotherapies with patients and families with psychological or psychosocial disease that can affect negatively the therapeutic compliance;
- vi. Day hospital counseling with children between 6 and 10, to promote self-management.

For adult population, a support activity has been progressively structured since 2012, in order to offer one or more individual sessions:

- i. to newly diagnosed patients;
- ii. to patients with long-lasting disease suffering from psychological problems or stressful events that interfere with the management of the disease;
- iii. to diabetics hospitalized for glycemic decomposition or disease's complications.

For adult patients we use psychological interview. The consultation focuses on the current problem and offers a space to reflect and share disease-related experiences. The psychologist also shares information with the team and examines medical records to verify any previous psychiatric diagnoses. When necessary, we use grids to recognize psychological needs (the hospital team has created a special grid) and validated tests (HADS and TAS). In a number of cases, we use the approach EMDR to face up the stressful or traumatic impact of pathology's diagnosis and complications.

Results and discussion

Since 2014, a total of 302 patients have benefited from one or more psychological sessions. 78 of these are under the age of 18, while 224 are older. 134 are males, 168 are females. The most common problems, as already highlighted in our previous writings,^{10,11} are the following.

Limitations to everyday life

Practical aspects of diabetes management that affect school, work and friendship, especially for young persons, diabetes is difficult to reconcile with daily and social life. They feel angry or sad for the need of therapy management during outdoor time and they suffer for the limitation of freedom.

Difficulty in accepting the disease

Cognitive or emotional refusal to suffer from a chronic illness that requires changes in lifestyle; negative experiences connected to the self-image as a sick person. Family difficulties: family members can negatively affect compliance if they don't provide support or if they have high conflict and/or psychopathologies.

Psychological symptoms

Anxiety and depression increased by the disease and interfering with the management of the therapies, especially among adolescents, we sometimes notice behavioral disorders.

Stressful events

Mourning, separation or accidents that precede the onset of diabetes and/or affect the progress of the disease.

Psychiatric disorders

Psychosis, substance addiction and eating disorders.

Our clinical experience has allowed us to detect a different approach depending on age. While for adults the main problem is the acceptance of the disease, minors seem to focus on social and educational limitations. In addition, an important aspect is the precocity of the diagnosis. When diabetes occurs in early childhood, there is no previous time to compare the present. Therefore, disease is assumed as a characteristic of itself and integrated with the self-concept. Difficulties increase when the onset occurs in adolescence, because the changes imposed by the disease are added to the physical, social and psychological transformations, generating consequences on the identity. Finally, a diagnosis in adulthood disrupts established habits and routines, causing cognitive fatigue and generates concerns about future and complications. According to the age, the family context is involved in different degree. When the disease affects a child, parents can be an important protective factor that helps the young patient to accept the diagnosis and to manage the therapy and diet changes. When they struggle to accept the illness of the child, they transmit anxious and insecure coping skills. For these reasons, the care of a minor with DM must always include a complementary intervention on the family unit.

Conclusion

Our experience suggests the importance of psychoneuroendocrinological care of the diabetic patient.^{12,13,14} The continuous collaboration between the psychologist and the diabetic

team prevents, recognizes and treats psychological suffering, with positive consequences on the quality of life, on therapeutic compliance and outcomes.

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Conflict of interest

The author declares not to have conflicts of interest.

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