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Title: Psychiatric Disorders and Health-Related Quality of Life in Children With Type 1 Diabetes Mellitus.

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Abstract

BACKGROUND:

Type 1 diabetes mellitus (T1DM) is a chronic condition with major effect on health-related quality of life (HRQoL) and mental health. In 1990s, high rates of psychiatric disorders were reported among children with T1DM. Little is known, however, about current prevalence of psychiatric disorders in children with T1DM and the relation between psychiatric diagnosis and HRQoL.

OBJECTIVE:

The aim of the study was to determine the prevalence of Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision) psychiatric disorders and the association between psychiatric comorbidity and HRQoL in the pediatric population with T1DM.

METHODS:

We conducted a cross-sectional study of 207 children, aged 8-18 years, diagnosed with T1DM. The presence of psychiatric disorders has been assessed by the standard diagnostic interview according to Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision) criteria. HRQoL was measured by the general and diabetes mellitus-specific modules of the Paediatric Quality of Life Inventory.

RESULTS:

Of the evaluated patients, 26.6% (N = 55) met the criteria for psychiatric disorders at the time of evaluation. The most common diagnoses were anxiety (N = 32; 15.5%) and mood disorders (N = 8; 3.9%). One-third of the patients (N = 66, 31.9%) met the criteria for at least 1 psychiatric diagnosis in their lifetime. The presence of psychiatric disorders was related to an elevated hemoglobin A1c level (8.6% vs 7.6%) and a lowered HRQoL level in the general pediatric quality of life inventory. In the diabetes mellitus-specific pediatric quality of life inventory, children with psychiatric disorders revealed more symptoms of diabetes mellitus, treatment barriers, and lower adherence than children without psychiatric disorders.

CONCLUSIONS:

T1DM in children is associated with a very high prevalence of psychiatric comorbidity, which is related to elevated hemoglobin A1c and lower HRQoL levels.

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Title: Weight control behaviors among emerging adults with type 1 diabetes.

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Abstract

PURPOSE:

The purpose of this study was to examine the association of weight control behaviors (WCBs) with living and educational situations among emerging adults with type 1 diabetes during the first year after high school graduation.

METHODS:

Among 184 emerging adults with type 1 diabetes, data were collected every 3 months for 12 months on WCBs, body mass index (BMI), living and educational situations; at baseline and 12 months, on impulse control; and at baseline, on sex, depressive symptoms, and glycemic control. Generalized linear models incorporated repeated measures (0, 3, 6, 9, and 12 months).

RESULTS:

No significant associations existed between WCBs and living or educational situations, when controlling for covariates. More depressive symptoms and higher BMIs were associated with a greater likelihood of involvement in unhealthy WCBs, whereas more depressive symptoms-not higher BMI-were associated with higher odds for involvement in very unhealthy WCBs. Although healthy WCBs were also associated with more depressive symptoms and higher BMIs, they were also associated with greater impulse control.

CONCLUSIONS:

Health care professionals should assess emerging adults with type 1 diabetes for WCBs along with BMI, depressive symptoms, and impulse control.

Title: Eating-Disordered Behaviour in Adolescents with Type 1 Diabetes.

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Abstract

OBJECTIVES:

To evaluate dysfunctional eating behaviour, self-esteem, social physique anxiety and quality of life in adolescents with type 1 diabetes who have differing desired weights and to evaluate the predictors of dysfunctional eating behaviour in these adolescents, with a focus on personal and psychological variables.

METHODS:

We evaluated 79 adolescents with type 1 diabetes (mean age of 15.71 years) of both sexes (58.2% females) using the Eating Disorders Examination Questionnaire (EDE-Q), the Rosenberg Self-Esteem Scale (RSES), the Social Physique Anxiety Scale (SPAS-R) and the Diabetes Quality of Life (DQoL) measure.

RESULTS:

Of the adolescents, 44 with type 1 diabetes reported the desire to maintain or increase their current weight, and 35 reported the desire to reduce their current weight. The participants with the desire to weigh less were mainly females who exercised regularly and demonstrated more frequent binge eating and purging. Additionally, this group exhibited an increased frequency of eating disturbances, such as restraint and eating, weight and shape concerns. Moreover, this group demonstrated increased social physique anxiety and decreased diabetes quality of life in relation to the impact of diabetes, worries about diabetes and satisfaction with life. Finally, predictors of eating disturbances included the desire for lower weight, higher social physique anxiety and lower diabetes-related quality of life.

CONCLUSIONS:

The desire for a lower weight in adolescents with type 1 diabetes may increase problems related to eating behaviour and general quality of life.