Research Abstracts January 2017

Psychosocial screening and management of young people aged 18-25 years with diabetes.

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Free Access?: No

Author information: d'Emden H, McDermott B, D'Silva N, Dover T, Ewais T, Gibbons K, O'Moore-Sullivan T.

Abstract

BACKGROUND:

Routine psychosocial screening and management of people with diabetes is recommended.

AIMS:

To profile demographic, medical and psychosocial characteristics of young people with diabetes, and to develop a screening tool and care pathway for routine use.

METHODS:

Indices of diabetes control and recorded diabetes complications were complimented by psychosocial screening tools assessing psychological, diabetes specific and perceived stress (Kessler 10, Problem Area in Diabetes, Perceived Stress Scale), well-being (World Health Organization Well Being Index-5), disordered eating (Eating Disorder Risk Inventory-3 Risk Composite), compensatory behaviour questionnaire, social support (Multidimensional Scale of Perceived Social Support), resilience (Connor Davidson Resilience Scale - 2 item) and financial concerns. Service provision and demographic data were also collected. Diabetes and mental health clinicians then identified a subset of measures to use for routine screening along with care pathways.

RESULTS:

Psychosocial screening was well accepted. Participants (151) had suboptimal glycaemic control (glycated haemoglobin 8.0 interquartile range 1.8%/64 interquartile range

22 mmol/mol). Severe diabetes-related distress (Problem Area in Diabetes ≥40) was found in 19.4% and 26.0% reported difficulties managing healthcare costs. A mental health disorder was likely in 9.7%, whilst 23.4% had high Kessler 10 scores. Low World Health Organization Well Being Index-5 scores (≤13) were seen in 29.0%. Risk for an eating disorder (Eating Disorder Risk Inventory-3 Risk Composite) was 12.7%, whereas approximately 36.0% had disturbed eating behaviours.

CONCLUSION:

Psychosocial screening of young adults with diabetes identified complex needs. A brief psychosocial screening tool and associated care pathways were developed for routine use in a young adult tertiary referral diabetes clinic. The tool assesses constructs, such as diabetes distress, depression, anxiety, well-being, hypoglycaemia-unawareness, fear of hypoglycaemia, social support, weight, shape and eating concerns and financial concerns. This will provide a longitudinal data source for further research to inform clinical practice.

Journal Identifier: Intern Med J. 2017 Apr;47(4):415-423. doi: 10.1111/imj.13375.

Evaluating Substance Use and Insulin Misuse in Adolescents With Type 1 Diabetes.

Source: Pubmed

Free Access?: No

Author Information: Snyder LL, Truong YK, Law JR.

Abstract

PURPOSE:

Substance use behaviors often emerge during adolescence, and adolescents with type 1 diabetes (T1D) may be at risk for engaging in traditional substance use (eg, alcohol, tobacco, and illicit substances) as well as a unique form of substance use: insulin misuse. The purpose of this exploratory study was to examine substance use and insulin misuse in adolescents with T1D.

METHODS:

Sixty adolescents aged 12 to 20 years with T1D (n = 60) completed surveys on substance use, insulin misuse, and diabetes self-management during a routine diabetes appointment. Demographic measures were summarized by mean (SD) or percentage. Prevalence of substance use and insulin misuse was calculated and stratified by demographic and clinical characteristics. Two-sample t test (continuous variables) and chi-square analysis (categorical variables) determined statistically significant differences.

RESULTS:

The prevalence of ever using substances was 36.7%, and that for ever misusing insulin was 19%. Older participants (17.1 ± 1.8 vs 15.6 ± 1.9 years; P < .01) and those with depression (31.8% vs 7.9%; P = .02) were more likely to use substances. Disordered eating behaviors were the most frequently reported reason for insulin misuse. Self-harm intent was reported by one-third of insulin misusers. Substance use and insulin misuse were not related to glycemic control or diabetes self-management behaviors.

CONCLUSIONS:

The diabetes care team should be aware that substance use and insulin misuse are common in adolescents with T1D. Screening for these risky behaviors is critical in those who are older or have mental health disorders. Effective education, prevention, and treatment strategies targeted at these behaviors are needed to improve the overall health of this population.

Journal Identifier: Diabetes Educ. 2016 Oct;42(5):529-37. doi: 10.1177/0145721716659149.

Eating disorders in persons with type 1 diabetes: A focus group investigation of early eating disorder risk.

Source: Pubmed

Free Access?: No

Author Info: Powers MA, Richter SA, Ackard DM, Cronemeyer C.

Abstract

Through focus groups, we examined the development and maintenance of an eating disorder in 16 females with type 1 diabetes and an eating disorder. The quotes and qualitative data summaries provide rich insights into understanding why those with type 1 diabetes are at increased risk for eating disorders. Content analyses revealed five themes pertinent to the dual diagnosis (feeling different, difficulty with control/coping, body image, feelings, and quality of life) of which four themes were relevant to eating disorder development. Findings support early identification of those at risk and inform interventions to mitigate development of an eating disorder.

Journal Identifier: J Health Psychol. 2016 Dec;21(12):2966-2976.

Executive Function in Adolescents With Type 1 Diabetes: Relationship to Adherence, Glycemic Control, and Psychosocial Outcomes.

Source: Pubmed

Free Access?: No

Author Information: Perez KM, Patel NJ, Lord JH, Savin KL, Monzon AD, Whittemore R, Jaser SS.

Abstract

Impairments in executive function (EF) skills have been observed in youth with type 1 diabetes (T1D), and these skills are critical for following the complex treatment regimen. This study examines parent reports of EF in relation to measures of adherence, glycemic control (A1c), and psychosocial outcomes (depression and quality of life) in adolescents with T1D. A total of 120 adolescents (aged 13-17 years, 52.5% female, 87.5% White) with T1D and their parents completed questionnaires. Glucometers were downloaded and A1c was obtained during

clinical visits at the time of enrollment. The prevalence of clinically significant elevated scores on specific EF skills ranged from 11 to 18.6%. In multivariate analyses, parent-reported EF deficits were associated with poorer adherence and lower quality of life, explaining 13 and 12% of the variance, respectively. Adolescents with T1D exhibit specific EF deficits that may negatively impact their quality of life and their ability to engage in self-management activities.

Journal Identifier: J Pediatr Psychol. 2017 Jul 1;42(6):636-646. doi: 10.1093/jpepsy/jsw093.