

Parents keep diabetic teens on track

April 7 2010

Teenagers and "tweenagers" with type 1 diabetes have more trouble sticking to their treatment plan - thus raising their risk of blindness, kidney failure and heart disease - if their parents become increasingly lax about monitoring the child's treatment, or if the mother-child relationship is poor.

That's the conclusion of a new study by University of Utah psychologists that will be presented in Seattle Friday, April 9 during the Society of Behavioral Medicine's annual meeting.

"The findings suggest that if we could improve the quality of the parent-adolescent relationship and increase parents' monitoring of adolescents' diabetes management, we could improve adolescents' adherence to the type 1 diabetes regimen and, subsequently, their long-term health," says the study's first author, Pamela King, a postdoctoral researcher in psychology.

King says proper management of type 1 diabetes - also known as juvenile diabetes - requires adherence to a complicated, demanding treatment regimen, including multiple daily blood-glucose tests, multiple insulin injections or use of an insulin pump, regular meals, limited fat and carbohydrate intake, regular exercise, and adjustments to insulin dosage based on diet and exercise. Type 1 diabetics produce no insulin of their own.

The Juvenile Diabetes Research Foundation estimates that type 1 diabetes shortens life expectancy by seven to 10 years. "Of course, life

expectancy will be influenced by how well people manage their diabetes over their lifetime," says King.

Despite the fact that poor adherence has life-threatening consequences for health, previous research suggests that adherence declines significantly during adolescence. But most of the earlier studies were "cross-sectional," meaning they only looked at a snapshot in time.

The Challenge of Teenagers with a Chronic Illness

The Utah psychologists conducted a "longitudinal" study, in which they analyzed the behavior of 252 adolescent type 1 diabetics and their parents over a two-year period, conducting interviews every six months about the youths' adherence to their treatment regimen and different aspects of parental involvement.

The adolescent diabetics were recruited from the University of Utah's Utah Diabetes Center and from Mountain Vista Medicine in South Jordan, Utah. Most of the diabetics live in Utah and Idaho, with a couple from Wyoming and Nevada.

When the study began, their ages ranged from 10 to 14; by the time it ended, some of the patients were turning 17.

The study revealed a decline in three markers of parental involvement as the adolescent diabetic grows older: a decline in mothers' and fathers' monitoring of adolescents' diabetes care behaviors (for example, knowing what the adolescent eats), a decline in parents' acceptance of the teen in general (an indicator of parent-adolescent relationship quality), and a decline in their assistance with diabetes management tasks (such as getting the adolescent diabetes supplies).

But only some of those declining indicators of involvement actually

related significantly to declines in the youths' adherence to their treatment regimen. In other words, teens and "tweens" who had more trouble following their treatment plan were those whose mothers became less accepting of them, and whose mothers and fathers had grown more lax about monitoring their offspring's [diabetes](#) treatment and care.

"Adolescence is a challenging time for those with a chronic illness," says King. "Adolescents experience a variety of biological, psychological and social changes before they reach adulthood. Adolescents with a chronic illness have to cope with these normal developmental challenges while trying to manage the demands of their [chronic illness](#)."

Provided by University of Utah

Citation: Parents keep diabetic teens on track (2010, April 7) retrieved 5 May 2024 from <https://medicalxpress.com/news/2010-04-parents-diabetic-teens-track.html>

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