

College students with diabetes at risk for complications, depression, low quality of life

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Going off to college, while stressful for any student, poses risks to those with diabetes, according to a study in the *Journal of the American Osteopathic Association*.

Researchers found people who worked at or attended universities had high levels of [diabetes distress](#), a condition of feeling worried and frustrated about living with diabetes that is associated with fewer self-care behaviors, suboptimal glycemic control and lower quality of life.

"Anyone with diabetes will experience diabetes distress at some point, and it is often triggered by major life events or upheaval," says Elizabeth Beverly, Ph.D., associate professor of family medicine at Ohio University Heritage College of Osteopathic Medicine and lead researcher on this study. "Going to [college](#) certainly qualifies, so we should be able to anticipate that in students with diabetes and offer support."

The study surveyed 173 people with type 1 diabetes mellitus (T1DM) and type 2 [diabetes mellitus](#) (T2DM), who worked at or attended a [university](#). High levels of diabetes distress were reported by 27% of those with T1DM and 30% of those with T2DM.

Participants who reported high diabetes distress also indicated a lower diabetes quality of life. Researchers found 19% of those with T1DM and 17% of those with T2DM screened positive for severe depression.

"The findings highlight just how difficult it is to live with diabetes," says Beverly. "It requires daily management and despite a person's best efforts, diabetes remains a chronic, progressive disease that can decline over time."

New environments can significantly disrupt a person's self-care plan, especially when it comes to diet and managing blood glucose. For students moving away from home, where routines are set, getting access to the right foods may prove difficult.

Heightened diabetes distress comes from uncertainty of being able to

effectively maintain one's health in the face of major life changes or disease complications. Consequences of not managing diabetes can be severe, including loss of eyesight and limbs.

The best intervention for combatting uncertainty is information, according to Beverly, who recommends referring patients with high distress for diabetes education. Patients can speak to diabetes educators and dieticians to problem solve barriers to better eating habits, learn about treatment options, or get mental health care from a clinician trained in diabetes distress.

"The good news is universities are really well positioned to offer these resources," says Beverly. "They have a wealth of specialized subject matter experts on campus, myriad lines of communication to students, faculty and staff, as well as facilities like kitchens and gyms that are ideal settings for education."

As an example, Ohio University provides sharps containers for storing needles and refrigerators for insulin in dorm rooms, and hypoglycemia treatment kits can be found throughout campus. Faculty is also flexible with test schedules and absences that result from health complications.

Students with diabetes qualify for accommodations under the American Disabilities Act; however, they have to self-identify as having diabetes in order to have access.

"Universities that understand their [students'](#) needs can provide appropriate supports that allow for better health and academic outcomes," says Beverly.

More information: Elizabeth A. Beverly et al, High Prevalence of Diabetes Distress in a University Population, *The Journal of the American Osteopathic Association* (2019). [DOI: 10.7556/jaoa.2019.099](https://doi.org/10.7556/jaoa.2019.099)

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