

DIABETES AND TEENS



THE PSYCHOLOGICAL CHALLENGES: INDEPENDENCE AND SELF-CARE

Adolescence can be a tough time for all kids and their parents. Teenagers with diabetes carry extra challenges. As the parent of a teenager with diabetes, expect some change. It is common that children rebel during teen years as part of their developmental task of becoming independent persons. Sometimes this rebellion focuses on diabetes care. That child who was always so good about diabetes management may suddenly rebel against the routine. He or she may refuse to monitor blood sugar levels, go on food binges, or be evasive about test results.

Sexual identity and independence present challenges for many teens. For teenagers with diabetes, they present some special issues. The demands of self-care also can create unique pressures. Part of becoming a healthy independent person is developing a healthy body image – a task many teens find challenging. Along with a healthy body image comes development of a healthy sexual identity. While these three interdependent growth areas are difficult for all teenagers, diabetes may make things even harder. After all, successful people in movies and on TV are shown as young, beautiful, and physically “perfect.” Teenagers with diabetes have the additional task of accepting a “not perfect” body – one with diabetes. They may wonder if they’ll be accepted by the opposite sex and by their peers.

Sometimes, fear of rejection will cause them to isolate themselves from their peer group. But isolation is even worse for self-esteem. If this happens to your child, you should try to break this potentially damaging cycle. Frequently seeking outside help such as teachers, psychologists, church counselors, etc., can be useful.

To achieve independence, teenagers often form bonds with their friends. But peer groups require conformity, and conformity may create conflict for teenagers with diabetes. How can they act just like their friends (for instance, stopping for pizza after school) and still keep control of their diabetes? Helping your child feel comfortable with the boundaries of his or her diabetes management program can be a positive step in dealing with peer pressure. Consulting with your health care team is also necessary because new insulins, pumps, and other creative management programs will probably allow enough flexibility for just about any peer activity or schedule without endangering your teen’s health.

It is hoped that adolescents will become more independent in their diabetes care than they were as pre-teens. At the same time, some parents may be tired of diabetes responsibilities and want to be done with them entirely before the teen is able to consistently assume full responsibility. Sometimes these conflicting agendas can lead to no one taking care of the diabetes. While the teen’s increasing self-reliance can help build confidence, for some this desire creates another kind of pressure and anxiety. When (as is almost inevitable) a teen’s blood sugar levels go out of control – in spite of best efforts – he or she may feel frustrated, weak, and inadequate. They may react in one of two ways: denial of the disease, or with aggressive behavior, which may be acted out through food binges or skipping their insulin. It is important to remember that people with any chronic disease need emotional support as they care for their illness, even as adults.

THE PHYSICAL CHALLENGE: BLOOD SUGAR CONTROL

One of the most frustrating and persistent problems during adolescence is the difficulty in controlling blood sugar levels. Parents and teenagers should both realize that poor blood sugar control is not all anyone’s fault.

Research has shown that in the teen years physiological changes are at work. It is believed that a hormone called Growth Hormone (GH), which stimulates the growth of bone and muscle mass during puberty, also acts as an anti-insulin agent. Moreover, falling blood sugar stimulates the release of adrenaline, which in turn triggers the release of stored glucose. The result: blood sugar levels in teenagers that may swing from low to high.

In addition, adolescent lifestyles require more flexibility in eating and insulin regimens. This frequently requires the teen to assume more responsibility and awareness of food intake, blood glucose levels, and insulin needs.

TIPS FOR HELPING YOUR TEENAGER

Understanding and recognizing the limits of your control are key elements in helping your teenager with diabetes work through the challenges of adolescence. Three areas of special importance are:

- *Understand the need for spontaneity.* Teens want to be spontaneous – to be able to do things, eat things, and try things. A teen with diabetes must realize that flexibility only comes with knowledge and responsibility. Only by fully understanding and controlling his or her diabetes can a teen achieve the flexibility he or she craves.
- *Understand the need for control.* Teens want to be masters of their own lives. They want to define their own identities. To accomplish these objectives, they have to keep testing their limits. You can help show how they can use the discipline and control of diabetes care to gain strength and mastery in other parts of their lives.
- *Recognize the limits of your control.* Be realistic. Accept the fact that you can't watch over your teen every minute of the day. You, too, have to learn that it's your child's diabetes, not yours. You may need to expand the ways you think of supporting and working with your child.

By no means do these suggestions mean you should turn your back on your teen and allow him or her to self-destruct. You can talk with your teen about the choices he or she is making. Talk about grown-up matters, like career, marriage, and alcohol. Talking with your teenager shows you think of him or her as an adult and helps keep the lines of communication open during this difficult period. Parents also still control many things, such as driving privileges, that may help teens stay motivated and on task.

Getting your child involved in diabetes support groups, Juvenile Diabetes Research Foundation volunteer opportunities, and diabetes camps, where he or she can meet other teens with diabetes, can also be helpful. Support groups are particularly helpful for people who have just been diagnosed with diabetes. You can find information about support groups and other resources at your local treatment center, hospital, or doctor's office; or through your diabetes healthcare team, or local JDRF chapter, which you can find at www.jdrf.ca/locations. If you believe your child is in serious trouble, don't be embarrassed about seeking professional help.

Also, be aware of the technological advances that may make it easier for your teenager to maintain tight control of diabetes. In recent years, many teenagers have begun using insulin programs with multiple injections closely adjusted for blood glucose and variable carbohydrate intake with new (faster and longer-acting) insulins, or may be receiving insulin through insulin pumps. These programs can provide them with greater flexibility in their diet and sleep schedule and freedom to pursue sporting activities without worrying as much about their blood glucose levels going low. No program is magic. People still need to check blood glucose levels and assess how many carbohydrate choices they are consuming and take appropriate action.

The insulin pump is a small device about the size of a pager or a deck of cards. Many people clip the pump to their waistband and wear it as they would a pager. Inside, the pump has a container for insulin and a small microchip that each individual programs to determine how much insulin to pump into the body. The insulin is sent through a thin piece of tubing to a tiny, soft piece of plastic or a needle inserted under the skin that is taken out and replaced every two or three days. From there, the insulin enters the body just as when an insulin injection is given. The pump can be programmed to give exactly the insulin dose needed. Testing of blood sugar levels is still required at least four times a day.

Talk to your teen's health care team to determine which method of insulin delivery is best for him or her.

SENSITIVE ISSUES FACING TEENAGERS

Teenagers who have questions about any of the following sensitive topics should discuss them with a trusted adult – parent, friend, minister, teacher, coach, member of their diabetes care team, or school nurse.

- *Driving.* Because diabetes-related emergencies can arise at any time, individuals with diabetes should test their blood sugar before driving or operating heavy machinery and not do these activities if blood sugar is low. Glucose should be kept in the car when driving to prevent a hypoglycemic episode.

- *Telling friends about diabetes.* Everyone has his or her own comfort level when talking about diabetes, but it is nothing to be ashamed of. A teenager with diabetes on a first date or with a group of new friends may feel reluctant to bring it up and prefer that others ask questions. But if he or she is up-front and matter-of-fact about diabetes and the need to check blood sugar and eat on time, other people are likely to accept diabetes as just another part of a person, like height or hair color.
- *Alcohol use.* Alcohol can be counted as a carbohydrate, but is not a substitute for food. Without food, there is a possibility of a hypoglycemic reaction. Alcohol is toxic to the body's natural response to low blood glucose. Even people without diabetes can have hypoglycemic seizures with too much alcohol. It is essential that people eat and check blood glucose levels frequently if they drink alcohol.
- *Smoking.* In the long-term it has been shown that smoking increases the risk of diabetes complications. And, as with the non-diabetic population, smoking is linked to cancer and premature aging.
- *Depression.* Studies have shown that all people with diabetes are at significantly greater risk of experiencing clinical depression at some time in life; adolescents in particular are at risk. Warning signs of depression include feelings of sadness, pessimism, despair, guilt, shame, fatigue, sleeplessness, excessive sleeping, and trouble concentrating or making decisions. Individuals experiencing these symptoms over more than two or three days should get assessed and treated.
- *Pregnancy/reproductive health.* There's no evidence that women with diabetes have difficulty conceiving. They do, however, have to be sure a pregnancy is planned – up to a year before conception in most cases – so they can have adequate pre-conception counseling and ensure a healthy pregnancy and baby. It is important for all women with diabetes to discuss birth control with someone on their health care team. Additionally, there is no evidence that diabetes impairs male sperm, but long-term, poorly controlled diabetes can cause impotence among men. Both sexes are at increased risk for genital yeast infections, although such infections are more common in females.
- *Insulin abuse.* Insulin abuse occurs when an individual purposefully doesn't take all of his or her insulin, so instead of converting food eaten to fuel, the body excretes it in the urine. Insulin abuse is sometimes done to lose weight. Insulin abuse has been documented in as much as one-third of teen girls with diabetes. Studies have shown that 85 percent of girls who've underdosed already show onset of diabetic retinopathy, which can cause blindness and is an indicator of future diabetes problems.

DIABETES MANAGEMENT IN SCHOOL

JDRF's Position Statement Regarding Diabetes Management in Schools states that children with Type 1 diabetes must be able to monitor their blood glucose levels, eat food, and administer insulin when necessary, in order to manage their diabetes as well as possible. Failure to do so could lead to life-threatening insulin shock and coma and long-term complications such as kidney failure, blindness, amputation, heart disease, and stroke exacerbated by high blood glucose levels.

The position statement continues that children with diabetes need to be able to test their blood glucose levels frequently. They should be allowed to test in the classroom or anywhere else they happen to be, and take corrective measures whenever necessary.

Each fall, and at other times during the school year for children who are newly diagnosed, parents should schedule a meeting with school officials to develop an accommodation plan to address the teen's special needs. Certain people, including teachers, coaches, and close friends, need to know that a teenager has diabetes in case he or she has low blood sugar and needs help.

GOING AWAY TO COLLEGE

For teenagers, going away to college can be a difficult experience, since it may be the first time they will work with diabetes professionals without the support of their parents. When visiting colleges, incoming students should also visit their health centers and make an appointment to meet with a representative there about diabetes care. Parents and students should interview doctors, nurses, and educators at the school and community to determine where the best care is available.

Parents should begin sharing information about health insurance coverage with their teens while they are in high school to help them understand their benefits as they seek healthcare away from home. College-bound teens should understand their options and especially how to handle emergency situations and what their insurance company requires.

ADDITIONAL INFORMATION

For more information and resources, please visit www.jdrf.ca

The information in this brochure is not intended to take the place of medical advice. For guidance on topics discussed, consult your health care professional.

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