

Psychologic Problems of the Young Diabetic

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The impact of the diagnosis of diabetes on a youth may be shocking. He discovers that a certain amount of freedom of action to which he had grown accustomed must suddenly be denied. With education and training, he is led to realize that he is straddling a fence on which he must learn to stay. If he fails to learn his balancing act quickly and well, he may fall to one side or the other. His adjustment to this situation is gradual, requiring almost constant attention at first, but in time becoming automatic.

Thanks to recent discoveries, the diabetic in this situation can safely be permitted much more freedom than was possible a generation ago. Immunization technics and antibiotics have removed many of the hazards of infection. Practical application of the general rules of nutrition has liberalized diet restrictions. A variety of insulin forms has reduced the annoyance of frequent injections for many. The survival of large numbers of young diabetics for ever-increasing spans of a reasonably normal life has helped to remove the fears of complications that formerly haunted these people.

A brief consideration of some of the diabetic's specific problems is in order. We can uncover little or nothing that is new or startling, but it is sometimes helpful to refresh our thinking by recollection of the old and obvious.

DIETARY RESTRICTIONS

The most trying limitations upon the diabetic are those imposed by dietary restrictions. The need for a constant although adequate diet is essential, and he is reminded of this forcibly three or more times each day. Early in his diabetic life he may find co-operation easy. If he is old enough, dietetic arithmetic may interest him. If his symptoms were severe before treatment, the relief experienced will stimulate co-operation. Sympathetic understanding of his doctor, dietitian, family, and friends is appreciated, and the will to earn this support is high.

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However, in time, these incentives break down. Diet planning becomes monotonous. Health again is taken for granted and a little overeating brings no disastrous results. Family and friends begin, quite properly, to treat the diabetic normally. The urge for completely normal eating returns, and we cannot expect an otherwise normally adjusted youngster to continue to impose restrictions and discipline upon himself just for the sake of being good. He is quite likely to go off his diet—either openly or secretly—not constantly but intermittently.

It is impossible to set forth the means for handling this situation in each and every patient, but a few principles can be applied. One can anticipate that deviation from the prescribed diet will occur and thus not be shocked or bothered by it. Impossibly rigid restrictions should be avoided, and co-operation sought through a reasonably liberal regime. The doctor must play the role of the helpful, understanding guide and not the punitive judge. A similar attitude by parents is essential.

INSULIN INJECTIONS

The taking of insulin usually poses few problems in the young diabetic, and children of eight to ten years or older can be trained to take over its administration completely. However, one should make insulin giving as easy and brief as possible. It is surprising that few doctors recommend the safe but simple chemical sterilization of syringe and needle rather than the time-consuming and awkward boiling. With practice the complete preparation and administration of a dose of insulin can be carried out in forty-five to sixty seconds, and the morning injection becomes less of a chore than brushing one's teeth.

It is desirable to seek the preparations of insulin which will provide maximal control with a minimal number of injections daily; a program of one injection a day carries many advantages. However, young diabetics frequently respond irregularly to large single doses of longer-acting preparations, and the comfort gained from avoiding alternating periods of hyperglycemia and hypoglycemia by a two- or even three-dose regime often compensates for the extra injections. Also, such a regime removes some of the need for precise timing of meals.

HYPOGLYCEMIC REACTIONS

Hypoglycemia is a difficult problem, particularly in younger children, who may ignore or fail to recognize its early symptoms. I know of no substitute for the protection afforded by observation of such youngsters by parents and other close companions and by a program of gradual education of all concerned. Severe hypoglycemia is one of the most annoying situations met by young diabetics. It causes peculiar behavior that is sometimes neither understood nor accepted by others. One diabetic was discharged from college and refused admission to another because of an alleged attack on an elderly nurse during hypoglycemia. The admissions officer of a third college feared that this behavior might reflect some underlying abnormal compulsion that could become evident in other ways, and asked my advice. I reassured him by pointing out the peculiar actions of normal individuals under partial anesthesia, where inhibitions are removed. He himself recalled having pinched a nurse while emerging from a general anesthetic, and decided to vote for the boy's admission. Another patient, a pious individual, during hypoglycemia surprised a group of his friends by swearing at a policeman who was lending a helping hand. Such embarrassing incidents should be understood.

Deep prolonged episodes of hypoglycemia, and perhaps even frequent mild ones, carry the threat of later serious cerebral damage. However, such consequences are rare, and the attitude of the patient and his family toward insulin shock should never be one of anxiety or fear. A slight insulin reaction acts as a cheap and convenient blood sugar evaluation, and an occasional episode of this kind suggests adequate control. One must expect all kinds of unusual behavior from hypoglycemia and be surprised at nothing. Also, never deny a diabetic a prophylactic dose of some form of oral glucose or other carbohydrate when he reports early symptoms of an insulin reaction. The chances are that his suspicion is correct. And even if he is faking so as to obtain extra food, the underlying difficulty will probably not be relieved by preventing success of the ruse.

VARIATIONS IN ACTIVITIES

Limitation of activity on the part of the young diabetic is seldom justified, and where imposed it does more harm than good. It is true that his course runs smoothest when the amount of exercise is constant. This applies not only to exercise but also to other factors such as insulin and food, emotions, rate of growth, daddy's temper, sister's love affairs and a host of other things

beyond complete control. There is nothing abnormal about the youngster whose energy is expended in a changeable pattern.

The patient and those who deal with him must learn to recognize and anticipate the effects of various degrees and kinds of activity, so that stability may be maintained by appropriate measures. For example, one patient determined by rough trial and error that an average set of tennis required 15 gm. of extra carbohydrate, plus or minus 5 to 10 gm. for strenuous or mild sets. He could maintain control sitting at a desk in school during the week, and continue adequate balance during a full Saturday afternoon of tennis by consuming orange juice or sugar lumps in appropriate amounts between sets. To deny the young diabetic any desired form of reasonably normal activity is to create a harmful situation. Cautious experiment and learning through experience provide the means for control and avoid the hazards.

ANXIETY REGARDING COMPLICATIONS

The complications of diabetes pose an ever increasing problem to the young diabetic, and the thorough education about his disease that is essential for his adjustment to it paradoxically exposes him to the knowledge of pending complications and the natural fears that are bound to come. Even the most stalwart young patient finds it difficult to suppress all anxieties about his future. To a certain extent these fears can be transformed into a stimulus toward co-operation and control. However, tension and anxiety over any situation are likely to interrupt a smooth diabetic course and to offset benefits that might otherwise come from this reaction. An optimistic attitude is essential here. The doctor, parents, and others in contact with the diabetic must avoid exhibition of these same fears. Even an exaggerated display of hope is perfectly justified. Complications that can be avoided, treated, or compensated for must be handled expertly by both the patient and those assisting him. Those for which we do not yet have effective preventative or therapeutic devices are best ignored. The diabetic is likely to learn to develop this attitude if allowed to do so.

PROBLEMS OF CAREER

As the juvenile patient reaches adulthood he is challenged by need for adjustment to responsibilities of ever-increasing importance. The conscientious patient gives devoted thought to the various problems that arise. Should there be acceptance or denial of such things as marriage and parenthood? Can one honorably compete

for a choice career, business position or education and thereby deny that same chance to another who is more likely to offer a lifetime return on the investment made in him? Fortunately these are never one-sided decisions. The diabetic can and should be trained to be perfectly candid in his approach to such situations, and when desired opportunities result from honest dealing it is his privilege, and perhaps even his duty, to accept them. Such treasured opportunities as come his way provide an additional stimulus to maintain control of his disease.

INDIVIDUAL EMOTIONAL ADJUSTMENTS

We have considered only part of the emotional or psychological problems of the young diabetic. One cannot be definitive about means for their avoidance or control. The degree to which a diabetic is affected by such problems is dependent on many different factors incidental to each patient and his environment. The physician must recognize these variables and handle them effectively. Skilled manipulation of the scientific tools at our disposal may be wasted on a patient who does not co-operate and will not accept the relatively normal life available for the low price of a few inconveniences. The physician's responsibility to his youthful diabetic patient includes efforts to develop in him, his family, and his friends the realization that he can be a perfectly normal, well adjusted member of society with nothing to hide, nothing to apologize for, and very little to impede progress toward any goal that would be available were he to be free of diabetes.

REWARDS OF SUCCESSFUL ADJUSTMENT

One cannot leave this discussion without touching upon the dividends paid by a satisfactory adjustment to diabetes. Such a state requires discipline, will power, self-control, integrity, and an optimistic attitude—qualities which, in themselves, help to build good character and provide the individual with an opportunity to derive the most from life. It has often been contended that well controlled diabetic children display such qualities

as health, intelligence, self-reliance and happiness to a degree above that exhibited by their colleagues whose metabolic processes are normal. It is essential that the diabetic youth be cognizant of these available rewards. However, they must not be over-emphasized lest the patient develop undesirable attitudes such as unjustified superiority and exaggerated pride.

The importance of the role of the physician in development of a normal adjustment to life by a diabetic cannot be overstressed. It is his privilege to assist in the education of the patient, his family, and his friends and to try to develop the proper adjustment in all concerned. This requires patience, understanding, affection, praise, and sympathy, as well as discipline and punishment, all in doses delicately balanced to meet the problems that arise in dealing with normal as well as diabetic children.

SUMMARIO IN INTERLINGUA

Problemas Psychologic del Juvene Diabetic

Pro le juvene diabetic le annuncio del diagnose de su morbo es frequentemente un choc. Ille trova que un certe grado del libertate al qual ille es accostumate debe esser negate.

Il non es possibile exaggerar le importantia del rolo del medico in assister le diabetic a disveloppar un ajustamento normal al situation de su vita. Il non suffice que le medico instrue le patiente e membros de su familia in re su regime dietari, le regulation del dosages de insulina, e le reacciones hypoglycemic. Ille debe assister le patiente a comprender le beneficios que pote resultar pro ille ab un ajustamento satisfactori al conditiones de su stato diabetic. Iste beneficios include autodisciplina, fortia del voluntate, energia, e optimismo. Ducer le patiente a comprender le valor de tal tractos require del parte del medico un combination de patientia, sympathia, e affection in quantitates delicatemente equilibrate secundo le varie problemas que se presenta in nostre contacto con juveniles diabetic exactemente como in nostre contacto con juveniles normal.