Psychosocial issues in adolescent diabetes: Cinderella treatment

Sir,

Your article, "Children with diabetes friendly services: A blueprint,"[1] made up for very interesting and thought-provoking reading. As appropriately highlighted by the authors, children with diabetes (CwD) remain neglected and overshadowed by adults with diabetes. Similarly, adolescents with diabetes (AwD) represent an even more neglected group.

The prevalence of diabetes in adolescents as measured a decade ago was found to be 11%, and is expanding exponentially.[2] The recent position statement by the American Diabetes Association (ADA) perfectly describes the biological model of the disease (pathogenesis and therapeutic goals). However, only a passing reference is given to the role of behavioral, emotional and psychosocial support (bio–psycho–social model) in effective treatment.[3] The article in JoSH, however, has precisely described the inevitable need of these soft skills. This is especially true for AwD, who have unique needs, differing from those of younger children and more mature adults.

Some of these "adolescent specific concerns" along with their possible solutions are listed below:

1. The concerns of male and female adolescents are varied; thus, they require gender-specific support. Females are more prone to eating disorders, internalizing disorders like depression and anxiety and their body image.[4] On the other hand, aggression, delinquency and disobedience are more common among males.[5] Thus, they need to be dealt separately.
2. Another important factor that hinders the holistic care in adolescent diabetics is the need for extra privacy during history taking and clinical examination. Adolescents might be apprehensive to talk about personal issues in an open environment.[6] This creates a need for adequate privacy and counseling while detailing adolescent concerns.
3. A major role in complicating adolescent diabetes in played by a faulty diet. Youngsters often resort to calorie-rich junk foods instead of healthy options. Moreover, eating at random and not following a proper diet plan further complexes this issue.[7] The behavioral change for diet has to be ensued among adolescents by proper motivational skills and better and trendier healthy food exchanges.
4. Peer pressure and experimentation are two other problems specific to this age group. Adolescents are often driven by their peers and have an irresistible desire to experiment.[5] These tendencies should not be curbed, rather directed with scientific knowledge, rules of safety and adequate support.
5. Sex-related concerns are a part of every adolescents' thought. Questions about safe/unsafe sex, contraception and sexually transmissible diseases should be answered in great detail, avoiding any hesitation and maintaining privacy.[6]
6. Substance abuse is an emerging concern among adolescent, especially in those aged more than 18 years.[5] Consumption of alcohol and smoking are being a considered style statement among this age group. Such practices must be discouraged and appropriate counseling with the aid of legal and scientific rules must be performed.
7. Adolescence is a time of migration from unaware childhood to wise adulthood. During this phase, the most important role in psychosocial development is played by the family and community. Issues relating to family must be discussed in the absence of parents for eliminating the communication gap.[8] Family cohesion and participation in community programs must be encouraged.

Through this letter, we aim to sensitize all stake holders, including policy/guideline makers, that psychosocial management of diabetes in adolescents should not be overlooked and should be given adequate emphasis while planning diabetes care services. Just as CwD friendly services, AwD friendly services also form an essential part of diabetes care provision.

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