



# Compliance in Children and Teens with Diabetes

TRACEY CRAIG, M.A.

# Importance of Childhood Compliance

- ▶ Longitudinal studies show compliance in childhood can:
  - ▶ Maximize glycemic control
  - ▶ Reduces the risk of premature mortality
  - ▶ Reduces the risk of future metabolic crisis
  - ▶ Improve long-term health outcomes through the lifespan

# Middle Childhood Compliance

- ▶ Studies tend to focus more on adolescents with diabetes, so the 6-12 year-old age group is often ignored
  - ▶ Good glycemic control in this stage can prevent progression of complications in adolescence onwards, so this group should be studied more frequently
- ▶ Developmental Changes in this stage include
  - ▶ Behavioral mastery
    - ▶ Learning impulse control
    - ▶ Learning what is acceptable vs. unacceptable behavior
  - ▶ Physical mastery
    - ▶ Developing coordination needed to complete daily tasks, play sports, use instruments, etc.
  - ▶ Social mastery
    - ▶ Learning what friendship means
    - ▶ Developing attachments outside the family

## Challenges

- ▶ Child has poor impulse control
- ▶ Child behaves unacceptably
- ▶ Child has difficulty mastering testing
- ▶ Child wants to participate in sports, band, and other activities that mean time away from home
- ▶ Child wants to spend the night with peers or vacation with peers

## Solutions

- ▶ Model impulse control check for underlying neurological issues
- ▶ Set and enforce consistent boundaries
- ▶ Consider developmental stage, don't rush independence
- ▶ Discuss what needs to be done to ensure child can manage adherence, including working with school officials to help them understand the child's needs
- ▶ Talk with host parents about expectations

# Best Predictors of Compliance in Middle Childhood

- ▶ Parental support and monitoring throughout preadolescence
  - ▶ Don't expect kids this age to independently adhere to. Studies show children in this stage who test their own sugar have poorer metabolic control
- ▶ Family cohesion
  - ▶ Children whose families are warm, supportive, and close show better adherence
- ▶ Less parental restrictiveness
  - ▶ Parental restrictiveness was associated with *poor* glycemic control.
    - ▶ Restrictive/authoritarian parenting that uses coercive tactics can result in anger, frustration, feelings of helplessness for the child

# Adolescent Compliance

- ▶ Obstacles to Adolescent Compliance
  - ▶ Developmental behaviors
    - ▶ Adolescent Spontaneity
    - ▶ Sense of immortality
    - ▶ Sense of exceptionalism
    - ▶ Heightened concerns about social context and peers
    - ▶ Incomplete knowledge and understanding of treatment regimens and future health risks
  - ▶ Flux in family dynamics
    - ▶ Parents struggling with setting age-appropriate limits
    - ▶ Parents concerned with other life issues
  - ▶ Perceived social pressures
    - ▶ Adolescents strive to fit in, not stand out

# Best Predictors of Compliance in Adolescence

- ▶ Encouraging and nonjudgmental family support in the daily tasks of monitoring and insulin administration
  - ▶ Encourage compliance rather than coercing it
- ▶ Lack of family conflict
  - ▶ Adolescents in high-conflict families showed poorer glycemic control
- ▶ Good problem-solving skills
  - ▶ Guide them through other life problems to foster self-efficacy
- ▶ Flexible dietary recommendations
  - ▶ Restrictive eating can be difficult for teens, as eating with peers is often a major social event
- ▶ Use technology
  - ▶ Teens adapt to new technology easily, so prompts such as daily text or social media messages can be helpful
- ▶ Good problem-solving skills
  - ▶ Guide them through other life problems to foster self-efficacy

# Other Factors in Adolescent Care

- ▶ Physiological changes in adolescence lead to greater insulin resistance during puberty, so even with compliance management can be difficult
- ▶ Psychological resistance is difficult to address
- ▶ Home-based, family centered care may be necessary for patients with poor metabolic control
- ▶ Until technology improves this will continue to be an at-risk group
  - ▶ provide support
  - ▶ ease the difficulties of care
  - ▶ minimize the intrusion of care on their daily lives