Compliance in Children and Teens with Diabetes

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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