

PSYCHOLOGICAL SUPPORT OF PATIENTS WITH DIABETES TYPE 1- ROLE AND PARTICIPATION OF NURSE

Elka D. Vladimirova, Penka A. Marinova, Galya T. Yankova

„Prof Ivan Mitev, Ph.D.” Branch Vratsa – MU Sofia, Bulgaria

Abstract

Patients with type 1 diabetes need psychological support. Studies among young people with type 1 diabetes show that they have depressive manifestations (bad mood, sleep disturbances, changes in appetite, fatigue, decreased interest in daily activities, indifference, guilt or despair, etc.). Depression leads to worsening of diabetic control (neglected health care and personal hygiene, inadequate diet, weight gain or weight loss, physical inactivity, high consumption of alcohol, smoking). All this increases the risk for accelerated development of complications - acute (diabetic ketoacidosis, hypoglycemia) and chronic (cardiovascular).

Keywords: *diabetes, psychological support, diabetic control*

Introduction

A major issue of modern health care is the prevention of socially - significant diseases. Diabetes, as one of these chronic diseases has serious health, social and economic consequences for society, health care system and patients. This implies to put into focus the needs of the individual patient, his rights and his quality of life.

Patients with type 1 diabetes need psychological support. Studies among young people with type 1 diabetes show that they have got depressive manifestations (bad mood, sleep disturbances, changes in appetite, fatigue, decreased interest in daily activities, indifference, guilt or despair, etc.). Depression leads to worsening of diabetic control (neglected health care and personal hygiene, inadequate diet, weight gain or weight loss, physical inactivity, high consumption of alcohol, smoking). All this increases the risk for accelerated development of complications - acute (diabetic ketoacidosis, hypoglycemia) and chronic (cardiovascular).

Purpose of the study

To establish the role of the nurse in the psychological support of patients with type 1 diabetes and improve diabetic control.

Material and Methods: 105 patients were interviewed with type 1 diabetes that have passed through endocrinological cabinets of DCC / Diagnostic and Consultation Center/ - 1 and DCC - 2 - Vratsa for the period January to December 2014. Documentary method, survey, statistical and graphical analysis are used.

Analysis of Results

The distribution of respondents by gender is almost equal (57,15% n = 60 men and 42,85% n = 45 women) (Fig. 1).

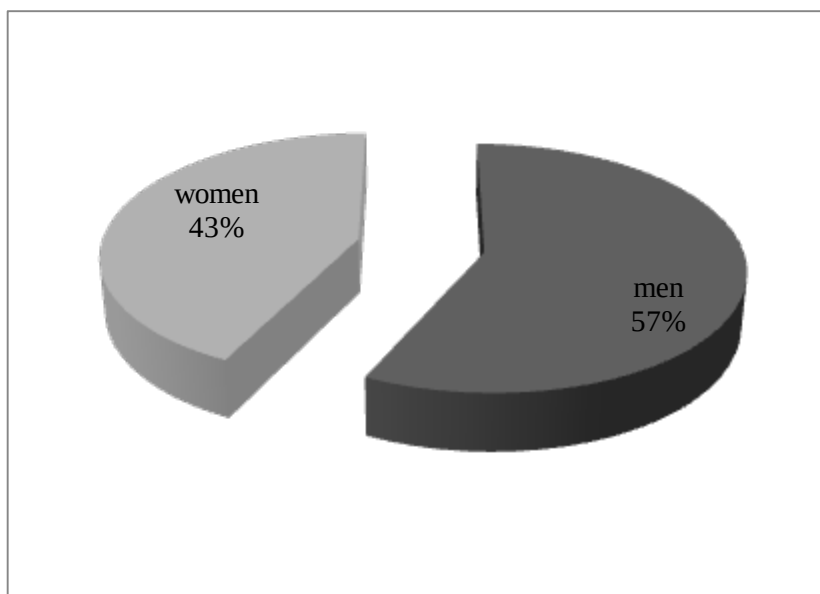


Fig. 1 Distribution per gender

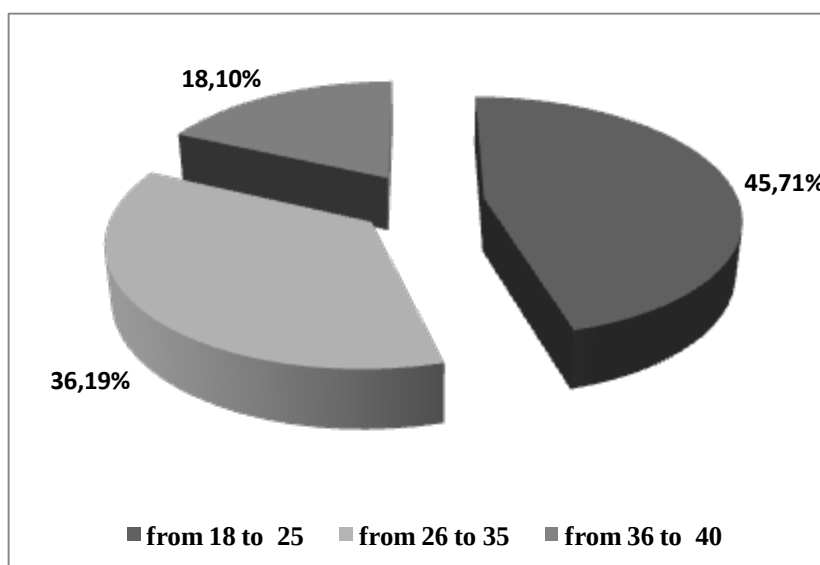


Fig. 2 Distribution per age

The Age distribution of respondents is from 18 years to 40 years (Figure 2). The highest proportion is for persons from 18 to 25 years old - 45, 71% $n = 48$, and the rest of the respondents from 26 to 35 years old with - 36,19% $n = 38$, from 36 to 40 years old with - 18,10% $n = 19$.

The educational level of the respondents is distributed as follows: higher education 43,81% $n = 46$, with secondary education 54,29% $n = 57$ and primary education 1,9% $n = 2$ (Fig. 3).

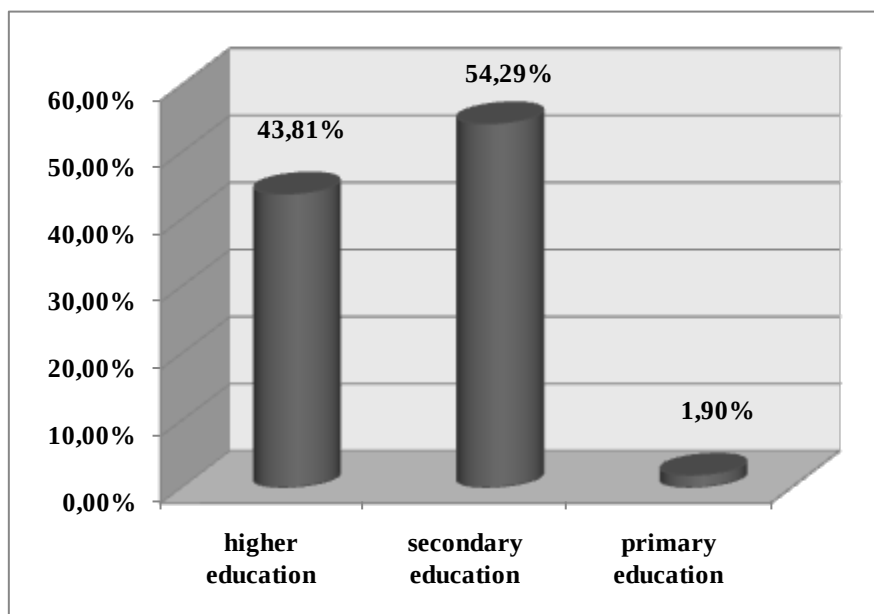


Fig. 3 Distribution per education

When we asked the question "What is your self-esteem" 23% n = 24 are very good self-esteemed, for 38% n = 40 it is good, 25% n = 26 are with satisfactory self-esteem and 14% n = 15 are with poor self-esteem. (Fig. 4).

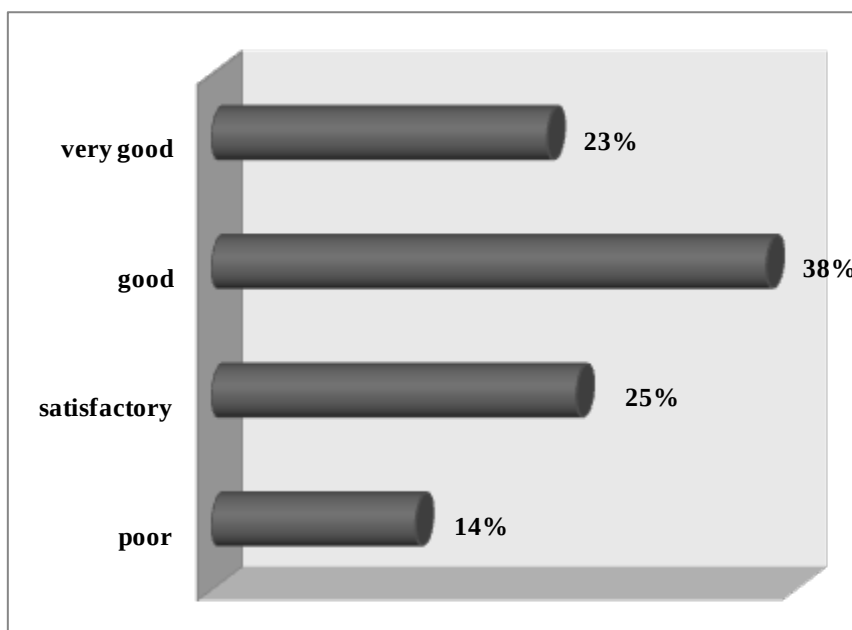


Fig. 4 What is your self-esteem?

The presence of stress, poor self-esteem, a feeling of sadness, anxiety or total misery feeling associated with the symptoms of the disease and the development of its complications are among the most - common causes for the reduced quality of life of patients with diabetes and – particularly with type I and this can lead to loss of their glycemic control.

The respondents who feel happy very distinctly are 17% $n = 18$, those who feel sometimes happy are 73% $n = 77$ and only 10% $n = 10$ answered that they never feel happy (Figure 5).

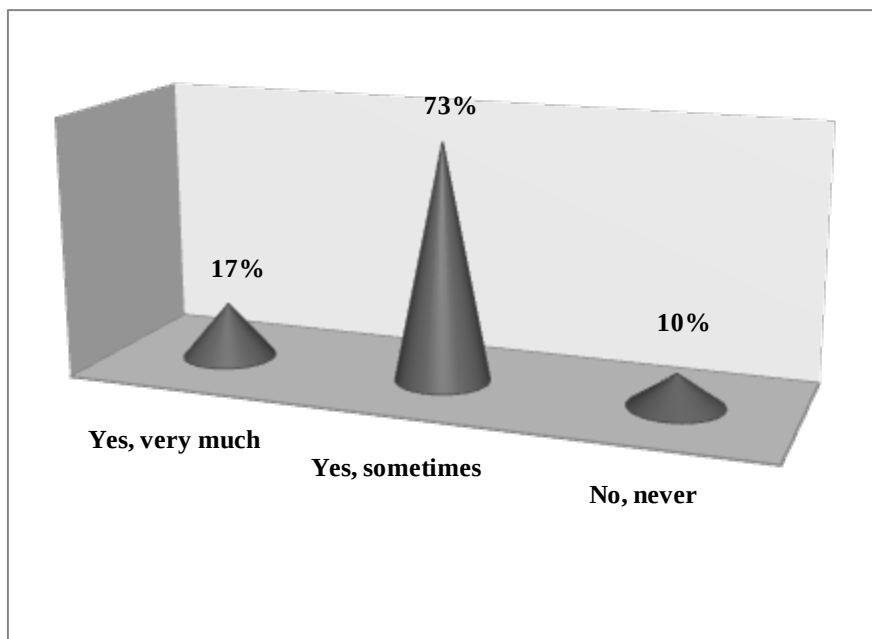


Fig. 5 Frequency of happiness feeling

An important role among psychosocial factors is taken by depression, despair and mental exhaustion, and the development of clinical depression. Clinical depression is - common in patients with diabetes mellitus type 1. From various studies on population level it was found that men generally report a better quality of life than women. Young people report better quality of life than older people. Better educated people and people with higher incomes assess higher their quality of life.

When we asked the question "Have you ever been in depression?" the respondents answered as follows: 40% $n = 42$ have often been depressed, 49% $n = 51$ sometimes and 11% $n = 12$ have never been in depression (Fig .6).

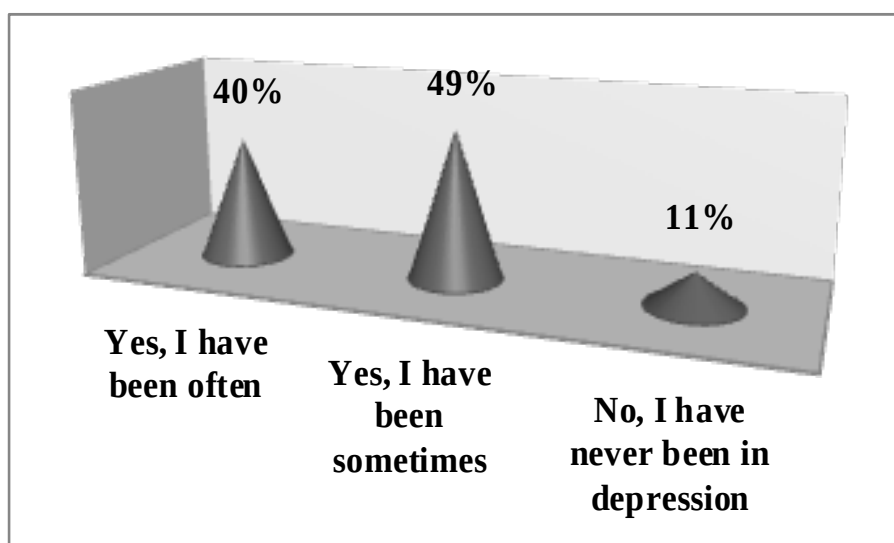


Fig. 6 Frequency of depression

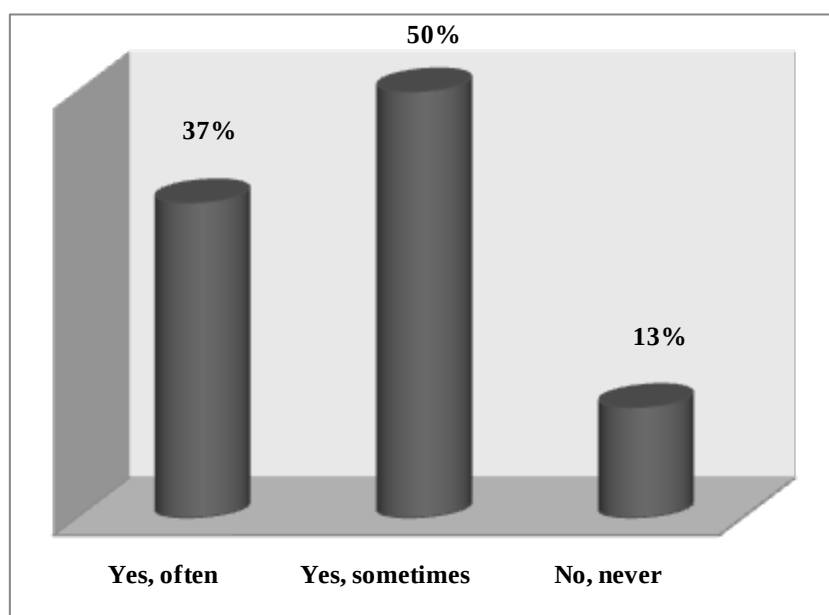


Fig. 7 Frequency of depressed feeling and despair

Unfortunately there is a very high proportion of persons who feel desperate and depressed $n = 91$ (87%), from which $n = 39$ (37%) are often in this state, and $n = 52$ (50%) "sometimes", the share of those who have never had this problem is $n = 14$ (13%) (Figure 7).

When there are frequent social contacts, including meetings with people outside the family, friends, colleagues, the self-esteem, the mood and tonicity of patients with diabetes is getting better, and thus the glycemic control is also improved (Figure 8). Respondents who have friends are $n = 99$ (96%), from them with a few friends $n = 18$ (17%) with "not many" $n = 46$ (44%) and those who have "many" friends $n = 35$ (33%), with limited social contacts - without friends $n = 6$ (6%).

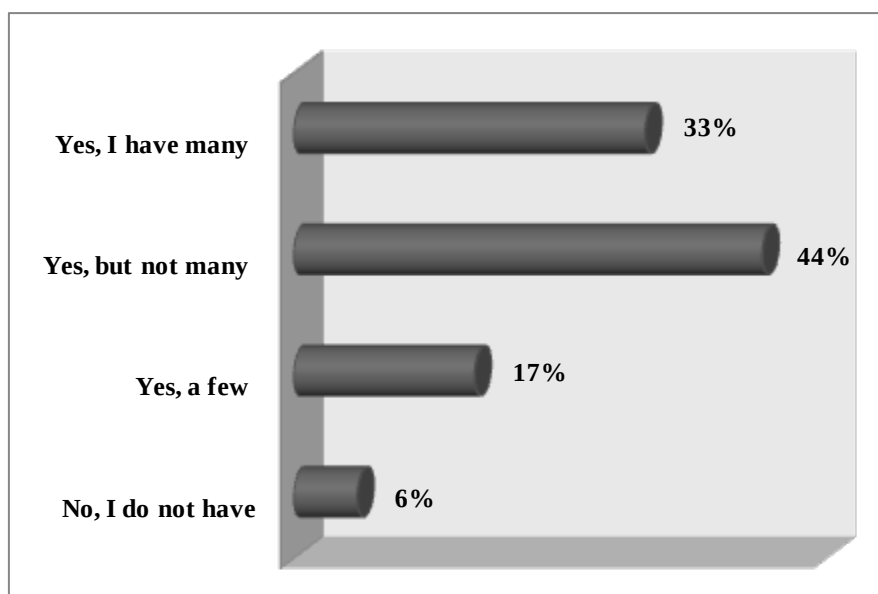


Fig . 8 Do you have friends?

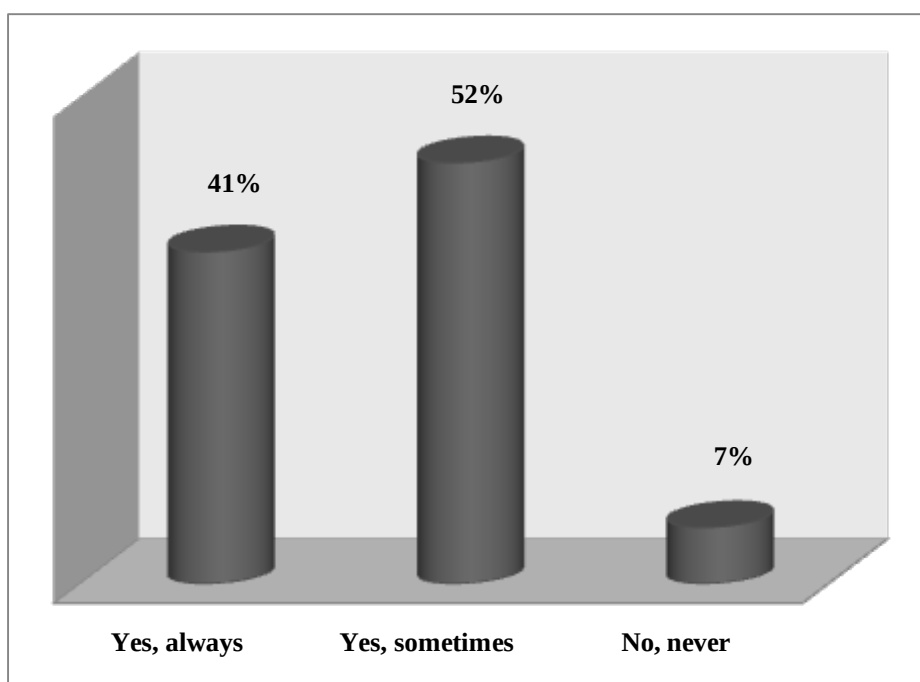


Fig. 9 Participation of the nurse in the physiological support

The survey results show that a high percentage of respondents have psycho-emotional problems and would like to work with the nurse to solve their problems, as a prerequisite for improving diabetic control.

The respondents wish to receive psychological support from the nurse "always" $n = 43$ (41%), "sometimes" $n = 55$ (52%) and "never" $n = 7$ (7%) (Fig. 9).

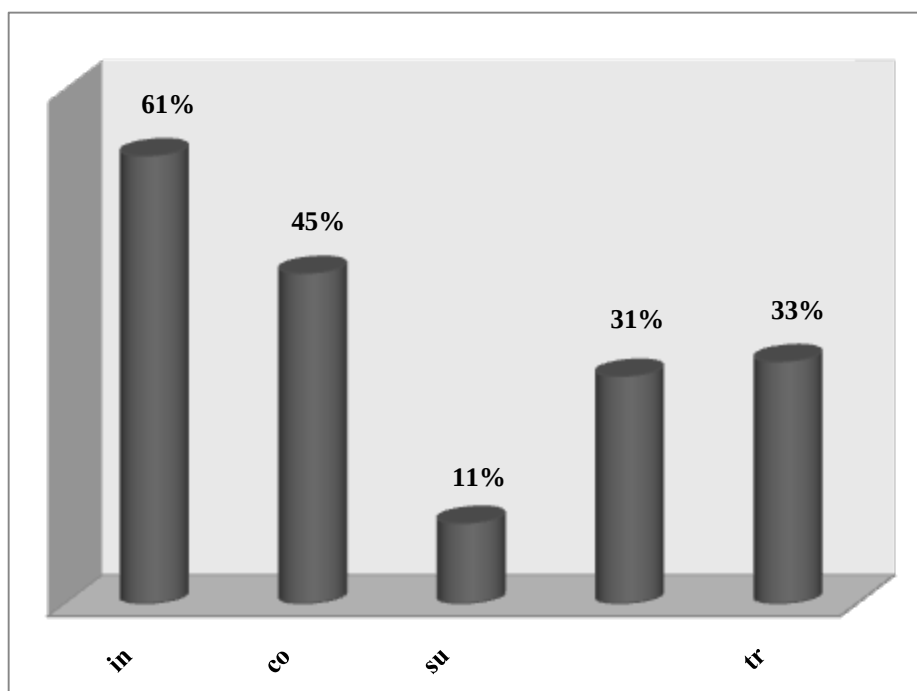


Fig. 10 Social activities that the nurse would help the diabetics with.

From the data of the study it was found that the social activities that the nurse would help the respondents with are as follows: information - 61%, conversations - 45% support - 11%, with care - 31% and training - 33% (Figure 10). Percentages are exceeding 100, because the patients have given more than one answer. Persons with diabetes expect to meet a new style of communication in the relationship patient / health specialist. Expectation covers not only the simple execution of manipulations, but a new attitude to human suffering in the disease. The social activities that the nurse could help with can be a respond to the complex emotional experiences of anxious doubts and pessimistic expectations, the patients can obtain support from knowledgeable and skilled persons in such a hard and unfortunately sometimes turning point in their lives. In the complex approach to people with diabetes and the ability to communicate with them is formed a complete nursing care for people with diabetes and control of diabetes is achieved. Diabetes is not a hopeless diagnosis, but a long way to find the most favourable way to live with, and there an active participation is taken by the nurse.

Patients with diabetes set up requirements in the relationship recipient - medical specialist. They have new expectations and want to be partners in decisions making about their health because the adequate patient behaviour has an impact on the controlled diabetes. This requires making the bio - psychosocial paradigm about the nature of the human person into a guideline for the organization and conduct of health care for people diagnosed with diabetes.

Conclusion

The nurse has a huge role in the psycho-emotional support to these patients and in reducing the risk of complications. This is confirmed by the high interest of the respondents to seek nurse help.

When receiving understanding, encouragement, information and conversations the patients feel calmer and more confident that there will always be a person who will come to help. Everyone with diabetes type I will confirm that it has great importance for them as it influenced their physical, emotional and overall functioning in the everyday life, i.e. the quality of their life.

References

1. Asparuhova P. P. Marinova Spiritual care - an element of holistic care to support patients and their relatives - Collection of articles "European ethical standards and Bulgarian medicine", ed. by BMA, Sofia, 2014, pp. 471-475. 9th National Conference on Ethics with international participation.
2. Asparuhova P. Spiritual care in the basic training of students in "Nurse" specialty, XXIV International Conference Union of Scientists - Stara Zagora, 5-6 June 2014 - magazine Medicine, volume IV, Number 1, 2014.
3. Bilous R. Microvascular disease: what does the UKPDS tell us about diabetic nephropathy? Diabet Med, 2008. 25(2):25-9.
4. ClalitHealthcareService "Diabetes and Society" Israel 1995
5. Diabetes Prevention Study (2003)
6. Diabetes Primary(Study 2002)
7. Gomez, J.. How to live with diabetes? M., Labour, 2002.
8. Gaede P., et al. Effect of a Multifactorial intervention on Mortality in Type 2 Diabetes N Engl J Med 2008;358:580-91.
9. IDF Diabetes Atlas, 3rd ed. 2007
10. IDPP Study, 2006

11. Jonsson B. Revealing the cost of Type II diabetes in Europe Diabetologia (2002) 45:55-S12
12. Living with diabetes - basic recommendations for people with diabetes mellitus type II Novo Nordisc
13. Rumyantseva, T. Diabetes: How to live a full life. M., Scorpio, 2004.
14. Todorov, V. Internal Medicine. - Pleven (MMI), IC, 2002