

**Opinion**

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# The Role of Psychological Care in Children and Adolescents with Type-1 Diabetes



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## Opinion

Diabetes is a major health-care problem all over the world with a high prevalence and incidence [1,2]. The approach and the management of the disease are challenging, especially in the early stages after diagnosis and in children.

For this reason, a multidisciplinary diabetes team for the management of the disease is recommended [3]. This should include several professional figures, among which the pediatric endocrinologist, the psychologist the dietician and a specialized nurse.

Psychological care for youth diabetic patients is of primary importance and recommended by guidelines [3]. As a matter of fact, children and adolescent with diabetes have a higher incidence of depression, anxiety, psychological distress, and eating disorders than patients without diabetes. These conditions should be early recognized by the psychologist, referred to the team, and treated.

In this regard, international guidelines, suggest that “the diabetes care team should receive training in the recognition, identification, and provision of information and counseling on psychosocial problems related to diabetes” and that “overt psychological problems in young persons or family members should receive support from the diabetes care team and expert attention from mental health professionals”.

Psychological assessment and counseling are also useful in patients without overt psychological problems since they are able to affect the quality of life and disease control [4-6]. A multicenter randomized controlled trial performed on a cohort of 66 teenagers with type 1 diabetes, randomly assigned to motivational interviewing or support visits, found that mean

glycated hemoglobin (HbA1c) in the motivational interviewing group was significantly lower than in the control group ( $p=0.04$ ), showing as this technique is effective method of inducing behavioral changes in teenagers with T1D and the improvement of their glycemic control.

Moreover, a meta-analysis of 21 randomized controlled trials (RCTs) assessing the effect of a psychological therapy on control of diabetes, 10 of them performed on children and adolescents, showed that psychological distress was significantly lower (estimates  $-0.46$ , 95% CI  $-0.83$  to  $-0.10$ ) and the percentage of HbA1c was significantly reduced (estimates  $-0.35$ ; 95% CI  $0.66$  to  $-0.04$ ) in patients receiving a psychological intervention compared to controls [7].

Psychological assessment and intervention should not be directed only to the patient but ideally to the whole family. Family therapy is focused to obtain an improvement of relatives' interactions and changing problematic familial patterns and relationship hierarchies.

Evidence from literature clearly shows as the health of family relationships and the absence of family conflicts, as well as the cohesion and the collaboration of the family in the management of the disease, positively affect the glycemic control [8-12]. The effectiveness of family therapy for youth with type 1 diabetes (T1D) is confirmed by a systematic review of 25 RCTs showing that family-based interventions appear effective at improving diabetes and family-centered outcomes [13].

In addition, a study performed on 25 children with poorly controlled diabetes, showed that patients receiving family therapy improved their metabolic control and that family-based

interventions enhance the health, quality of life, and family functioning of youth with T1D [14].

These evidence from literature, clearly support the importance of psychological care in children and adolescent with T1D and show as the regular intervention directed to the patients and his family positively affect, not only the distress and quality of life but, above all, the glycemic control. For these reasons, a multidisciplinary approach is recommended for children and adolescent with T1D and a regular psychological approach with family-based interventions during outpatient clinic visits is especially in patients with difficulty in adherence to therapy and glycemic control [3].

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