

## The diagnosis of Type 1 Diabetes - Some Coping Strategies

The diagnosis of T1D is very confronting and challenging for the family/caregivers and the young person with T1D, and extended family and friends.

There is much grief, anxiety, and disbelief – why us, why me? These feelings are very normal.

T1D is very demanding, never has a holiday, and is lifelong, until a cure is found.

Parents are often blamed for “bringing on “the diagnosis. “you’ve eaten too much sugar; you caught it from a grandparent; you’re a bad parent, you’ve brought shame on the family.” Extended family and in-laws may blame the father or mother, with disastrous results.

We, as health professionals(H/P), must dispel these myths through a planned education process, remembering that all families are different in the way they

- Accept or find it difficult to accept the diagnosis.
- Are able to receive and understand the diabetes education (drawbacks may be distance from the hospital; financial, language and literary issues; lack of family support)
- Manage the challenges of a chronic lifelong condition.

At diagnosis, the education process begins, preferably given by a diabetes educator with the child and family and is quite intensive. Much depends on the family’s capacity for learning, how they perceive diabetes and their feelings at the time, as to how they absorb the information. They are likely to be angry, upset, or guilt-ridden, and possibly all three, so may not be receptive to the information they need.

Thus, the H/P providing the education will need to be patient and repeat some or all of the information until they are confident that the family have understood.

Diabetes is complex and requires as many family members as is convenient and possible to be present. Visual aids are helpful, see links below.

Education should be at the pace of the family’s learning capabilities. All families are different, each young person is an individual.

In the first education session the following should be included for the newly diagnosed child and parents/caregiver. The H/P giving the education will need to explain the differences between types 1 and 2 diabetes and dispel any myths that might arise. Some families may choose to use alternative medicine and require persuasion to give insulin regularly, if at all. Stressing that insulin is lifesaving and must not be omitted is vitally important.

Usually in low- or middle-income countries the child remains in hospital for a week to learn about diabetes.

During this stay in hospital, the H/P initially explains blood glucose checking (usually a meter and test strips are provided for families, depending on where they live); insulin and how to store it and how it works; drawing up insulin; technique for administering insulin, and hypoglycaemia. If the child is going home soon after diagnosis, this is the bare minimum information they should be given.

Parents and children are encouraged to speak to other families while waiting to be seen in clinic. Friendships often start during clinic, and are helpful in reducing fear and anxiety, and feelings of isolation, and being the only child with diabetes in their local area. These children and young people don't want to be different from their peers, and diabetes only exacerbates this. When educating the family and young person, peer support from a young person who has experienced the same journey is very powerful and encourages sharing of experiences. Attendance at a diabetes camp can be a very positive experience, reducing the feeling of "being different, and isolated from peers. Friends can be made, and everyone understands how each other's feelings and emotions

**Useful links:**

Life for a Child International(LFAC): [Home - Life for a Child](#) – Education pages  
Changing Diabetes in Children (CDiC): [www.novonordisk.com/sustainable-business/access-and-affordability/changing-diabetes-in-children.html](http://www.novonordisk.com/sustainable-business/access-and-affordability/changing-diabetes-in-children.html)

