

# Article Digest

This article has been chosen on the basis of its potential interest to healthcare professionals involved in the care of children and young people with diabetes. The paper was rated according to readability, applicability to practice and originality.



## Looking at the impact of diabetes on parents

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Developing a chronic disease at any time of life can be challenging. A diagnosis of type 1 diabetes will not only affect the child or young person (CYP), but will also have a significant impact on family members and family life. We know that the parents of a CYP diagnosed with a long-term condition will experience fear, physical and psychological distress and anxiety, and are at increased risk of depression; data suggest that these difficulties can change over time, but are unlikely to disappear (Cohen, 1999).

In a study comparing the distress experienced by parents of a child diagnosed with cancer and those with a child diagnosed with diabetes, results showed that although parents of a child with cancer had higher levels of distress soon after diagnosis, their distress improved with time – probably when treatment had finished and with realistic expectations of cure (Boman et al, 2004). By contrast, the expectation of a time when the condition can be overcome never occurs for parents of a CYP with diabetes.

This 5-year longitudinal study by Helgeson et al (2012), summarised alongside, examines the implications of parenting stress on parental health and the health of 132 young people with diabetes; parental stress was self-reported by questionnaire and the young people with diabetes were interviewed annually.

The authors assessed both “general” stress and diabetes-specific stress in parents, and looked at the effect on their CYPs’ diabetes self-care, stress and glycaemic control.

The data suggest that parental emotional well-being is negatively affected by both general and diabetes-specific stress, with higher depressive symptoms and lower life satisfaction ( $P < 0.001$  for all comparisons). There was also a negative impact of general stress on the young person’s health, with greater symptoms of depression, poorer diabetes self-care and poorer glycaemic control. However, high levels of diabetes-specific distress did appear to have a beneficial impact on diabetes management, with more frequent blood glucose monitoring and better self-care behaviours reported by the young person, suggesting that some level of parental diabetes-related stress can be a positive adaptation to their CYPs’ diagnosis of diabetes.

The difficulties of managing diabetes in a CYP are well recognised, and Helgeson et al conclude that families with high levels of general stress need to be identified for additional support. Interventions that aim to support parents in achieving a healthy balance in terms of the emotional and physical health of the whole family need to be considered to improve outcomes for everyone. ■

Boman KK, Viksten J, Kogner P et al (2004) Serious illness in childhood: the different threats of cancer and diabetes from a parent perspective. *J Pediatr* 145: 373–9

Cohen MS (1999) Families coping with childhood chronic illness: a research review. *Families Systems Health* 17: 149–64

## Journal of Pediatric Psychology

### High parental stress linked to poorer parent mental health and child health outcomes

Readability ★★★★  
Applicability to practice ★★★★  
Originality ★★★★

1. The authors undertook a 5-year longitudinal study of children with type 1 diabetes and their parents to investigate the relationships between parental stress, parental and child mental health and child outcomes.
2. In total, 132 children with type 1 diabetes (enrolled at age 12 years) were interviewed annually for 5 years; one parent of each participant completed a questionnaire during each assessment.
3. Parents were assessed for general life stress, stress related to caring for a young person with diabetes, benefit finding and mental health; participant outcomes were depressive symptoms, self-care behaviours and glycaemic control.
4. Parental general stress predicted a decrease in the frequency of blood glucose monitoring ( $P < 0.05$ ) and a deterioration in glycaemic control ( $P < 0.001$ ); however, parental diabetes-specific stress predicted improvements in glycaemic control ( $P < 0.05$ ).
5. Greater parental general stress and greater parental diabetes-specific stress were both associated with poorer parental mental health ( $P < 0.001$ ).
6. The authors concluded that families with high levels of general life stress should be identified as they are at risk for both poor parent and poor young persons’ health outcomes.

Helgeson VS, Becker D, Escobar O, Siminerio L (2012) Families with children with diabetes: implications of parent stress for parent and child health. *J Pediatr Psychol* 37: 467–78