

MANAS

Speaks

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**“Health is a relationship
between you and your body”**

#HealthPsychology

HEALTH PSYCHOLOGY FOCUS

Mindfulness

Type 1 Diabetes

Male Menopause

Positive Emotions

Yoga & Wellbeing

**The Academy of
Psychology**



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MANAS *Speaks*

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Manas Speaks is a monthly magazine from Manas-The academy of psychology, to publish a wide range of conceptual articles relating to different perspectives on methodologies in psychological research and to support student communities to strengthen their knowledge.

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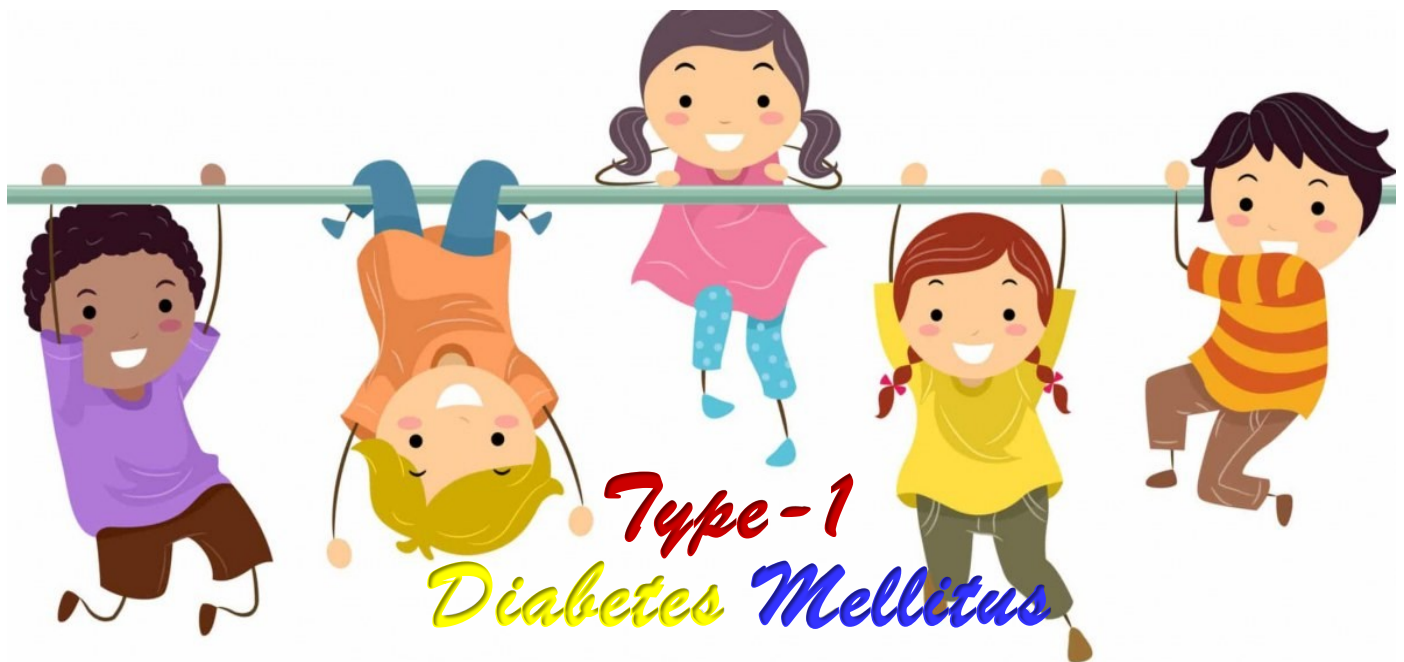
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Author Guidelines

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Type-1 Diabetes Mellitus (T1DM) is a disorder that arises following the autoimmune destruction of insulin-producing pancreatic beta-cells. The disease is most often diagnosed in children and adolescents, usually presenting with a classic triad of symptoms, (i.e., polydipsia, polyphagia, polyuria) along with severe hyperglycemia, necessitating the need for exogenous insulin replacement on a lifelong basis. Type 1 diabetes, once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin. Insulin is a hormone needed to allow sugar (glucose) to enter cells to produce energy. This must be managed on a periodic basis with insulin injections and a better lifestyle to avoid significant short- and long-term complications.

Diabetes management is particularly challenging and restrictive at times, and it can interfere with mental health problems. Blood sugar fluctuations can also trigger rapid mood

swings and other symptoms such as exhaustion, difficulty thinking clearly, and anxiety. These mental health problems are attributed to lower glycemic control and treatment adherence. Mental health comorbidities of diabetes compromise adherence to treatment and thus increase the risk for serious short- and long-term complications, which can result in blindness, amputations, stroke, cognitive decline, decreased quality of life, and premature death.



When mental health comorbidities of diabetes are not diagnosed and treated. The financial cost to society and health care systems is substantial, as are the morbidity and health consequences for patients. One of the most serious mental health comorbidities associated with diabetes is major depressive disorder.

Experience of living with diabetes can be bothersome at times and produce diabetes distress which has certain traits of stress and depression. Furthermore, people with type 1 diabetes are twice as likely to suffer with eating disorder. The most serious mental health

comorbidity of diabetes is depression. Type 1 diabetes are five times more likely to have depression and face worse health outcomes and have higher HbA1cs than individuals without depression.

Compared to those with diabetes only, individuals with diabetes and mental health concerns have decreased participation in selfcare, decreased quality of life, increased functional impairment, increased risk of complications associated with diabetes, and increased healthcare costs. Emotional support, while not often initially considered, plays a key role in diabetes care. Maintaining mental and emotional health is necessary for good diabetes management. Emotions like stress, sadness, anger, and denial before they lead to depression.

Diagnosis of depression makes very essential. Individual with type 1 diabetes shows the following symptoms like loss of pleasure, change in sleep and eat pattern, trouble in concentrating, loss of energy and at times thoughts of suicidal ideation. In addition, they decline in school performance, withdrawal from friends and activities. A family history of depression increases the risk, as does having low self-esteem and low social support.

Only few people with diabetes who have mental health get diagnosed and treatment. Individuals with diabetes should be screened regularly for diabetes related distress and other psychiatric disorders along with diabetes treatment and severe cases should be referred to special mental healthcare. Psychological in-

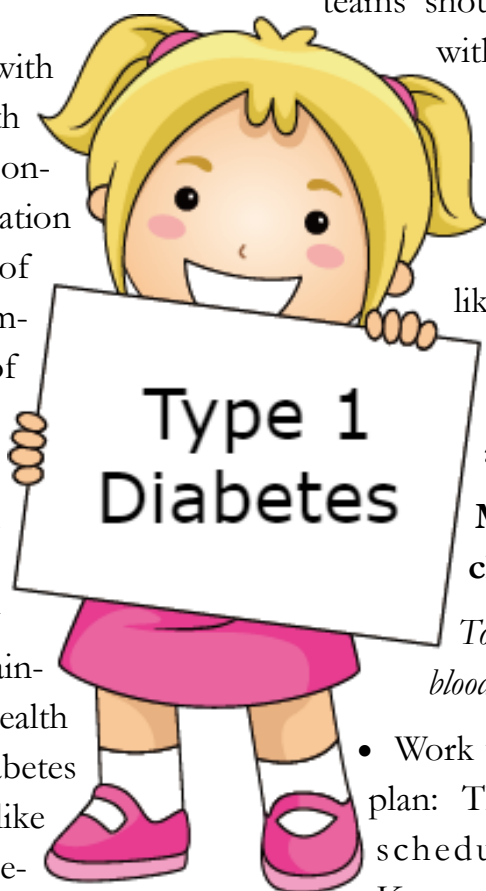
terventions like motivational interventions, stress management strategies, coping skills training should be integrated in diabetic care plan. Collaborative care by interprofessional teams should be provided for individuals

with diabetes and depression to improve depressive symptoms, adherence to anti-depressant medication and glycemic control. Self-management strategies like tracking blood sugar, planning diet intake, insulin dosing and taking care of personal needs are vital to manage diabetes.

Management of diabetes in children: Steps You Can Take

To keep your child's eating on track and blood sugar controlled:

- Work with a dietitian to create a meal plan: Three meals a day and a few scheduled snacks in between. Keep portion sizes sensible.
- Have about the same amount of carbs at each meal to help prevent blood sugar spikes after eating. Carbs affect blood sugar more than other foods do.
- Show your child how to count carbs.
- Pack your child's school lunch. If they're going to buy lunch, know what's on the menu so you can better manage their insulin and rest of their meals.
- Pack boxes with juice, snacks, sugar tablets, and other things your child needs to treat low blood sugar. Put their name on the box and give one to your child, school nurse, and a teacher.
- Plan for them to eat about the same time each day.



They should also get exercise for at least 60 minutes every day. Limit their screen time at home to less than 2 hours a day.

Get Your Child Involved

One of the best things you can do for your child is to have them take part in managing their condition. The more they do, the more confident they'll be.

Use your best judgment for what you think your child can handle. Even as they take on more responsibilities, keep an eye on things and give support when needed.

At ages 3-7, they can:

- Choose which finger to use to check blood sugar levels.
- Pick where to get the insulin shot.
- Count before taking out the insulin pen or syringe.

At ages 8-11, they may:

- Give themselves insulin while you watch.
- Notice low blood sugar symptoms and treat themselves.
- Learn carb counting and start picking some healthy food choices.

At age 12 and up, they may:

- Check blood sugar and take insulin increasingly on their own.
- Count carbs.
- Set reminders on when to take pills or check levels.

Teen years can bring new challenges. Physical

changes during puberty that can make it harder to control blood sugar. Also, weight and body image issues may start to show up. Watch your child for emotional issues, like depression and anxiety, and look out for eating disorders, too. If you have concerns, talk to their doctor. You may want to consider therapy.

Tips to Keep Your Child Safe

Follow these tips to help keep your child safe and healthy at home and at school:

- Make sure that your child wears a medical ID bracelet or necklace at all times. This is especially important when they're not with you.
- Give the school a detailed written plan for how to manage your child's condition, including how to give insulin injections, meal and snack schedules, and a target blood sugar range. You can create this yourself or use a template called the Diabetes Medical Management Plan.

- Make sure your child's school, coaches, friends' parents, and others know how to reach you and your child's doctor in case of emergency.

- Teach your child, family, and anyone responsible for your child how to notice low blood sugar and what to do about it.

Try to keep calm when your child makes mistakes managing diabetes. You need your child to feel comfortable telling you when something's wrong instead of trying to hide it.

- Dr. S. Poongothai

