

00123 Examining Child and Parent Diabetes-related Emotional Distress and Its Association With Glycemic Control: A Descriptive Cross-sectional Study

Toh Zhi Qi¹, Koh Siew Lin Serena², Lim Pei Kwee¹, Lim Soo Ting¹

¹KK Women's & Children's Hospital, ²National University of Singapore

Aims: Despite advancements in diabetes drug treatment, poor glycemic control continues to predominate among children/adolescents with diabetes worldwide. The demanding aspects of diabetes management places children/adolescents and their parents at greater risks of psychological distress, which may in turn negatively impact diabetes outcomes. This study aimed to (i) measure levels of diabetes-related emotional distress (DED) in children/adolescents with diabetes and parents caring for them in Singapore, and (ii) identify associations between sociodemographic characteristics, diabetes-specific characteristics, DED, and glycemic control.

Methodology: A descriptive correlational quantitative research design was adopted. By consecutive sampling, 92 parent-child/adolescent dyads were recruited between September 2016 and December 2016. The Problem Areas in Diabetes (PAID) survey was used to measure DED levels in both child/adolescent and parent participants. Sociodemographic and diabetes-specific characteristics were also collected. Descriptive statistics, independent samples t-test, Pearson's correlation, and multiple linear regression were used for data analyses.

Result: Study results indicate elevated levels of DED in both children/adolescents with diabetes and their parents. Significant associations were found between (i) household income, parent and child/adolescent's DED levels; (ii) parent's educational level and DED level; (iii) diabetes treatment type and glycemic control; and (iv) child/adolescent age and blood glucose monitoring (BGM) frequency. No direct association was found between DED and glycemic control.

Conclusion: The introduction of PAID survey may be beneficial as a first step to promote psychological care in clinical settings. Identification of associative factors for DED and glycemic control may also help clinicians predict individual at higher risk of DED and intervene early.