



Diabetes Distress and Psychological Adjustment of Parents of Children and Adolescent with Type 1 Diabetes: The Mediating Role of Resilient Coping



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INTRODUCTION

Type 1 Diabetes (T1D) can be very complex to manage for both children, adolescents, and parents. In 2022, the prevalence of T1D in Portugal, was 672 children (0-9 years) and 2936 adolescents (10-19 years) [1]. High parental diabetes distress, attributed to the daily difficulties of managing their child's T1D, has been founded to be associated with significant levels of anxiety and depression [2,3]. However, psychosocial factors, such as coping, may play an important role in influencing this relationship.

Objective



We aimed to analyze the association between parental diabetes distress, anxiety and depression, and examine the mediating role of resilient coping on these relationships. Also, the parental perceived acceptance of type 1 diabetes of their children was tested as a covariable. Children's and parents' sociodemographic were also evaluated.

METHOD



Participants

Sociodemographic Data (N= 140 participants (Parents of Children and Adolescents with T1D- till the age of 17 years))			
Parental Diabetes Distress Level	Medium Distress= 56 points		
Parents Depression, Anxiety and Stress Level	Low Depression Levels= 3,54	Low Anxiety Levels = 6,90	Low Stress Levels= 4,66
Parents Resilience Coping	Low Resilience Coping (Cut-off)= 13.04		
Parents Gender	Male=15 (10.7%); Female=125 (89.3%)		
Children and Adolescent Gender	Male=61 (43.6%); Female=79 (56.4%)		
T1D Duration	M= 5.18 DP= 3.47		
Parents' Ages	M= 42.74 DP= 5.85		
Children and Adolescent Age	M= 10.61 DP= 4.12		
Marital Status	Married= 120 (85.7%)		
Parents Academic Qualifications	Bachelor Degree= 55 (39.3%)		
Year of Schooling	Third Cycle= 40 (28.6%)		
School Typology	Public School= 109 (77.9%)		
Professional Situation	Employed= 119 (85%)		
Residence District	Porto= 29 (20.7%) and Lisbon= 28 (20%)		
Socioeconomic Status	Medium status= 113 (80.7%)		
T1D Monitorization	More that 10 times per day= 72 (51.4%)		
Carbohydrate Calculation	Always= 108 (77%)		
Parents' T1D Acceptance	I have already accepted the T1D= 94 (67.1%)		
Type of Insulin Treatment	Insuline Pump= 95 (67.9%)		
Parental adherence and compliance with treatment	Very Good= 78 (55.7%)		

Procedures

1. Ethics Committee Approval (ISPA)
2. Online Questionnaire (Google Forms)
3. Informed Consent



Instruments

1. **Problem Areas in Diabetes Survey-Parent Revised Version (PAID-PR)** – 18 items, that evaluate parental diabetes distress of caring for a children/adolescent with T1D [4];
2. **Depression, Anxiety, Stress Scales (DASS-21) Portuguese Version** – 21 items, divided by three scales that examine the levels of depression, anxiety and stress [5];
3. **Brief Resilient Coping Scale (BRCS)** – 4 items that aim to measure the ability to deal with stress in an adaptive way [6].

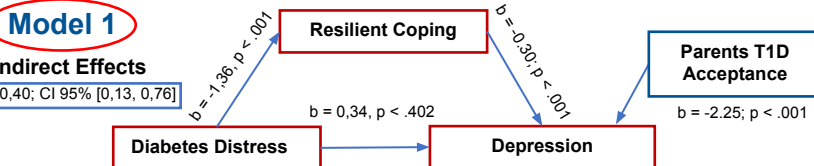


RESULTS

Model 1

Indirect Effects

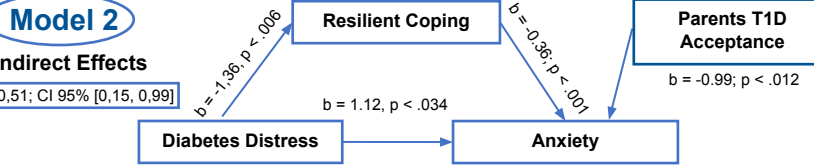
b = 0,40; CI 95% [0,13, 0,76]



Model 2

Indirect Effects

b = 0,51; CI 95% [0,15, 0,99]



DISCUSSION & CONCLUSION



- I) Findings suggest that parents reporting diabetes distress, anxiety and depression may benefit from psychological interventions that target resilient coping.
- II) The research on resilient coping seems particularly relevant due to the lack of investigation and its potential role on adaptation, especially in the parental and pediatric diabetes area.

REFERENCES



RESEARCH TEAM



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