

# Diabetes acceptance & personal characteristics: Impact on health & behaviour outcomes in emerging adults with type 1 diabetes



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# INTRODUCTION

**Objectives:** Personal characteristics have been hypothesized to be key predictors of health and behavioural outcomes during emerging adulthood in youths aged 16 to 25 with type 1 diabetes<sup>1</sup>. Diabetes acceptance is the extent to which the physical and mental burden of diabetes and its psychosocial impact are integrated into an individual's life<sup>2</sup>. This study aims to test the utility of incorporating diabetes acceptance into this model of transition in type 1 diabetes.

#### **AIM OF THE STUDY:**

To investigate whether diabetes acceptance is associated with and can be used as a predictor of impact on health and behaviour outcomes

## **Transitional Events**

- Graduating from high school
- Leaving parents home
- Enrolling in higher education
- Joining work force
- Move/relocationTransferring to adult
- healthcare provider
- Other life events

# + Diabetes Personal Characteristics

- Diabetes-specific selfefficacy
- Fear of hypoglycaemia
   Perceptions about
- Perceptions about responsibility for
- Depressive symptoms
- Impulse control

diabetes care

# **Health Outcomes**

- Diabetes-related Quality of Life
- Glycaemic control

#### **Behavioural Outcomes**

Diabetes self-management

Model of Developmental Transition in Emerging Adulthood<sup>1</sup>

# METHODS

Participants included 175 young adults (155 women, 20 men) aged 16 to 25 years old (M = 21.9) with a diagnosis of T1D recruited from online diabetes support groups.

Relationships between variables were analysed using Pearson's Correlation Coefficient. Multiple linear regression analysis was used to explore the predictive value of personal characteristics and diabetes acceptance on health and behavioural outcomes.

#### **MATERIALS:**

- Demographic variables: age, sex, ethnicity, education
- <u>Diabetes variables</u>: age of diagnosis, treatment type, glycaemic control ( $HbA_{1c}$ ), diabetes complications, hospitalisations due to diabetes, overall perception of health
- Personal characteristics measures:
  - Acceptance and Action Diabetes Questionnaire (AADQ)<sup>2</sup>: measure of diabetes acceptance
  - o Diabetes Distress Scale (DDS)<sup>3</sup>: measure of emotional distress related to diabetes
  - o Centre for Epidemiologic Studies Depression Scale (CESD-R)<sup>4</sup>: measure of depression
  - o Diabetes Self-Management Questionnaire (DSMQ)<sup>5</sup>: measure of diabetes self-care
  - O Diabetes Empowerment Scale (DES-SF)<sup>6</sup>: measure of diabetes-related self-efficacy
  - Hypoglycaemia Fear Survey (HFS)<sup>7</sup>: measure of fear-related worry and behaviours

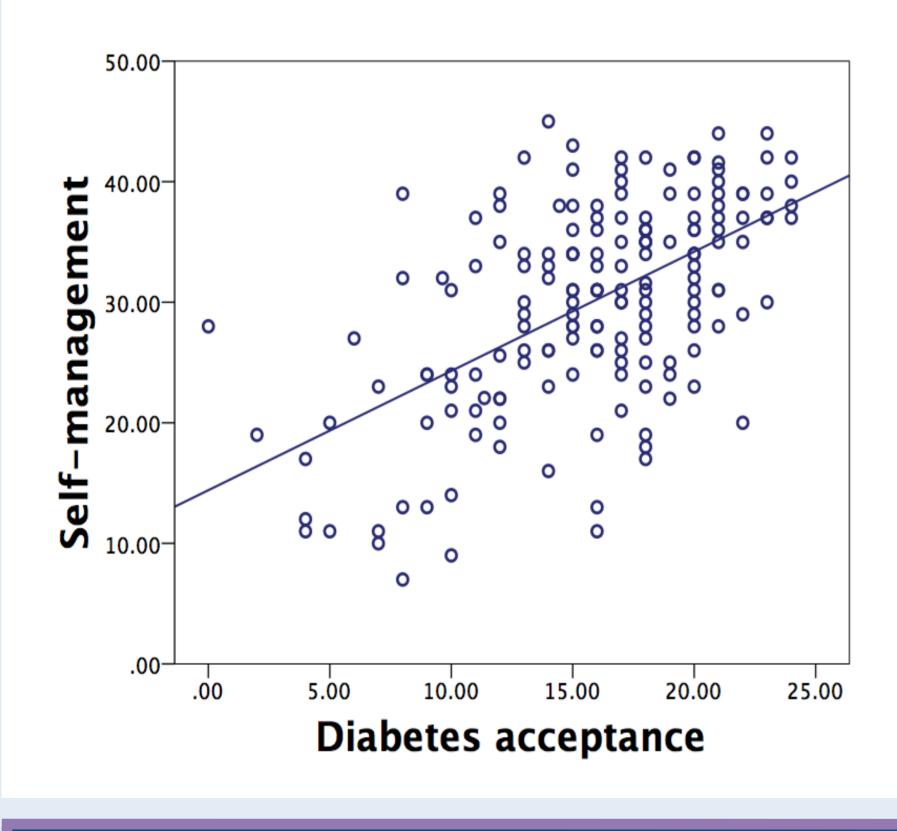
Self-regulation Questionnaire (SSRQ-IC)<sup>8</sup>: measure of impulse control

o Diabetes Quality of Life (DQOL)9: measure of diabetes-related quality of life

## RESULTS

Greater diabetes acceptance was associated with greater self-management (r = -.565) (*Figure 1*). Greater diabetes acceptance was associated with better glycaemic control (r = .457) (*Figure 2*). Stepwise (for demographic variables) and hierarchical (for other predictor variables) regression analysis showed that diabetes acceptance and diabetes distress significantly contributed to explain impact on glycaemic control ( $\Delta R^2 = .264$ ). Diabetes acceptance and diabetes distress also contributed to explain impact on self-management ( $\Delta R^2 = 0.437$ ). Impulse control, worry about hypoglycaemia, and diabetes distress contributed to explain impact on diabetes-related quality of life ( $\Delta R^2 = 0.646$ ).

**Figure 1.** Correlation between Diabetes Acceptance and Self-management (behaviour outcome)



**Figure 2.** Correlation between Diabetes Acceptance and Glycaemic Control (health outcome)

• Lower  $HbA_{1c}$  % = better glycaemic control

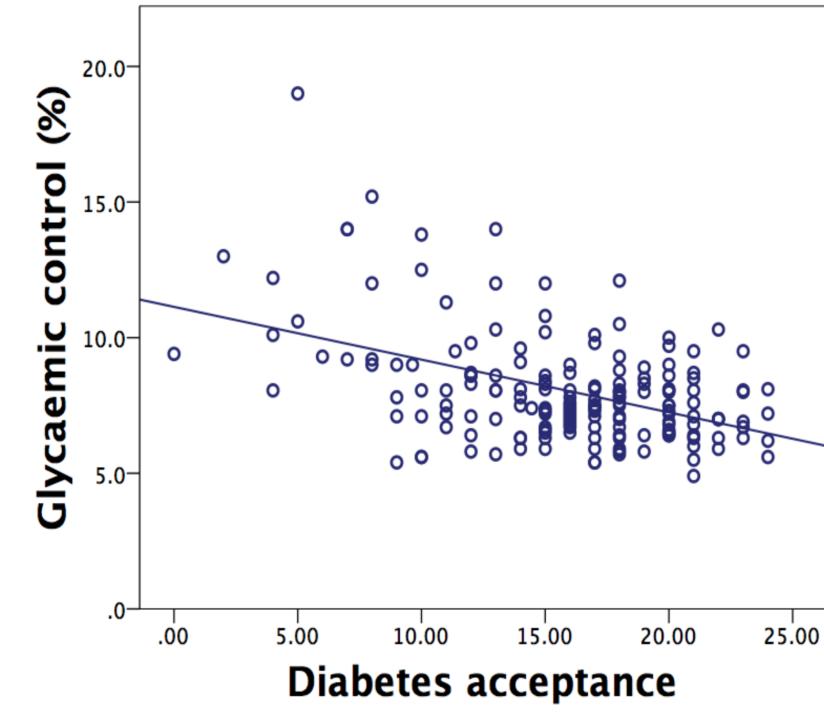


Table 1. Multiple regression analysis models

STE	P PREDICTORS	ΔR <sup>2</sup>	TOTAL R <sup>2</sup>	β
GLYCAEMIC CONTROL				
1.	Education	.035*		111
2.	Diabetes distress	.158*		.205*
	Depression			049
	Self-efficacy			051
	Fear of hypoglycaemia			.062
	Impulse control			019
3.	Diabetes acceptance	.077**	.264**	.331**
SELF-MANAGEMENT				
1.	Education	.035*		.048
2.	Diabetes distress	.312**		312**
	Depression			090
	Self-efficacy			.012
	Fear of hypoglycaemia			.188*
	Impulse control			093
3.	Diabetes acceptance	.090**	.437**	358**
QUALITY OF LIFE				
1.	Education	.019*		.019
2.	Diabetes distress	.618**		535**
	Depression			052
	Self-efficacy			.011
	Fear of hypoglycaemia			239**
	Impulse control			097*
3.	Diabetes acceptance	.003	.646	068

## CONCLUSIONS

- > Greater acceptance of diabetes is related to better glycaemic control and diabetes self-management
- > Other personal characteristics such as diabetes distress and fear of hypoglycaemia have an effect on quality of life
- > Diabetes acceptance interventions may improve health and behaviour outcomes in emerging adults with type 1 diabetes

## Defenses

References:

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