

Type 1 diabetes: What impact on the quality of life of sibship?

Pauline DELANNOY* & Justine GAUGUE**

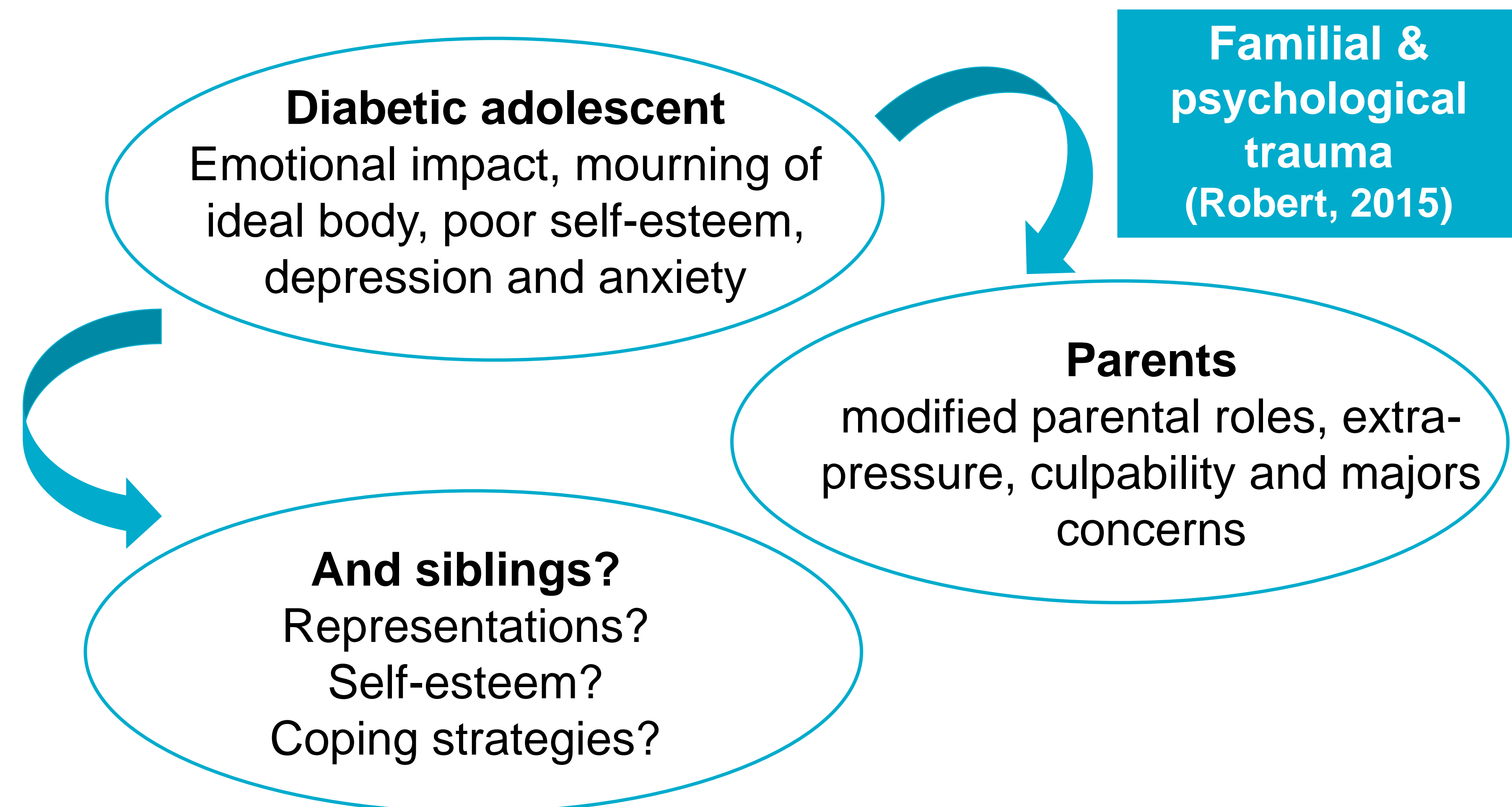
*Teaching assistant (pauline.delannoy@umons.ac.be)

** PhD, Head of Unit (justine.gaugue@umons.ac.be)

Child and Youth Clinical Psychology Unit, Faculty of Psychology and Education, University of Mons, Belgium

Introduction

- **Type 1 diabetes:** high blood sugar, chronic and which may cause complications
- In Europe (2013): 129.300 children affected by type 1 diabetes
- **Etiology:** immunological, genetic and environmental
- **Treatments:** insulin therapy (injection and/or pump) and glycemic control multi-daily, dietary recommendation, and aftercare
- **Complications:** acute (hypoglycemia, hyperglycemia) and chronic (eyes, kidney and cardiovascular risk)



Method: Idiographic exploratory-type study

Sample: 4 siblings

Inclusion criteria:

- ✓ Be aged to 8 from 18
- ✓ Participation of at least a member of the sibship
- ✓ Understand and speak French fluently

Exclusion criteria:

- ✓ Not to present psychopathological disorder and mental retardation
- ✓ Not to suffer of type 1 diabetes

Variables & Tools

Representations: Semi-structured interview
Self-esteem: SEI (Coopersmith, 1984)
Coping strategies: KidCope (Spirito & al., 1988)

Ethics

Parental consent
Confidentiality

Recruitment: word-of-mouth & hospital

Results

Representations

supporting_role
afraid_to_die
culpability
medical_management
pain
complication
diabetes
treatment
medical_adaptation
secondary_profits
afraid_to_get_diabetes
frustration
food_adaptation

Type 1 diabetes major concern for sibling

Self-esteem

High score
Social self-esteem
Scholar self-esteem
Familial self-esteem

Low score
General self-esteem

! High scale of lie

Emotional impact on sibling

Coping

Coping strategies
Resignation
Wishful thinking
Social support
Cognitive restructuring

Approach vs Avoidance coping strategies

Discussion

- Sibling not out of reality of type 1 diabetes
- Quality of life impacted (masked suffering, functional disorders, parental role): actor of the disease!

Perspectives

- Sample enlargement
- More investigate experience of sibling

Conclusion

To consider the experience of sibling to prevent and relieve their suffering (Dayan & al., 2006) and improve their quality of life

Bibliographie

Barat, P. (2016). Épidémiologie du diabète de type 1 de l'enfant. *Soins Pédiatrie-Puériculture*, 288, 10-12. Coopersmith, S. (1984). *Inventaire d'estime de soi*. Paris: Édition du Centre de Psychologie appliquée. Dayan, C., Picon, I., Scelles, R., & Bouteyre, E. (2006). Groupes pour les frères et sœurs d'enfant malade ou handicapé: état de la question. *Pratiques Psychologiques*, 12, 221-238. Corcelle, J. (2012). *A propos de la relation parents-enfant dans le vécu de la maladie chronique*. DU de l'éducation pour la santé à l'éducation thérapeutique du patient, Chenôve. International Diabetes Federation. (2013). *Atlas du diabète de la FID (6^e éd.)*. Geoffroy, L. et Gonthier, M. (2012). *Le diabète chez l'enfant et l'adolescent*. Montréal: Éditions du CHU Sainte-Justine. Houdan, J. (2006). Le père des enfants diabétiques est-il en sucre? *Le Journal des psychologues*, 234, 66-69. Polak, M., Beltrand, J. & Robert, J.-J. (2016). Traitement du diabète sucré de l'enfant et de l'adolescent. *Endocrinologie-Nutrition*, 13, 1-8. Robert, J.-J. (2015). Le diabète de l'enfant et de l'adolescent, traitement et perspectives. *Cahiers de la puéricultrice*, 284, 12-16. Spirito, A. & al. (1988). Development of a brief coping checklist for use with pediatric populations. *Journal of Pediatric Psychology*, 13, 555-574.