INVESTIGATING THE RELATIONSHIP BETWEEN PARENT DIABETES-RELATED DISTRESS AND FAMILY COMMUNICATION IN PARENTS OF ADOLESCENTS LIVING WITH TYPE 1 DIABETES

IN AN IRISH TERTIARY PAEDIATRIC CENTRE

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Aims Parents of adolescents living with type 1 diabetes often struggle with sharing self-management responsibility with their children as roles change throughout adolescence. Existing evidence suggests that parents’ own emotions may impact how responsibility is shared. Parent diabetes-related distress may lead to ineffective communication between parents and adolescents throughout this developmental period as self-management moves from parent-led to adolescent-led. This study explored the relationship between parent diabetes-related distress, diabetes family responsibility, and parent-adolescent communication.

Methods Parents (N = 146; 121 female; mean age = 46.56 years) of adolescents (11–17 years) living with type 1 diabetes completed a questionnaire which included measures of parent diabetes-related distress, diabetes family responsibility, and parent-adolescent communication. Parents were recruited via one national paediatric diabetes and endocrine unit and a national diabetes advocacy organisation.

Findings Significant (p < 0.05) negative correlations were observed between parent diabetes distress and overall parent-adolescent communication (r = -0.570), as well as open communication (r = -0.453) and problems in communication subscales (r = -0.549). All subscales of the diabetes distress scale (personal distress, teen management distress, parent-teen relationship distress, and healthcare team distress) correlated negatively with overall parent-adolescent communication, open communication, and problems in communication. Most notably, parent-teen relationship distress correlated with overall parent-adolescent communication (r = -0.679), open communication (r = -0.527), and problems in communication (r = -0.664). A significant (p < 0.05) positive correlation was observed between parent diabetes distress and parental involvement in diabetes management (r = 0.357).

Conclusions Relationships between aspects of parent diabetes-related distress and parent-adolescent communication were observed; higher levels of parent diabetes-related distress indicated less open communication and more problems in communication. Higher parent diabetes-related distress was associated with more parental involvement in adolescents’ type 1 diabetes management. Adolescence is a key time in which diabetes management moves from parent-led to adolescent-led. Understanding the challenges that parents experience when sharing management responsibility and communicating with their adolescent children about type 1 diabetes management may help healthcare professional to provide more effective supports for parents and adolescents during this developmental period.