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Maladaptive dimensions in children and adolescents with diabetes mellitus in Andalusia and Sardinia

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Abstract

Sardinia is the place with the second highest incidence of diabetes mellitus 1 (DM1) in Europe in children and adolescents of paediatric age, with a rate around 40.86 per 105 new cases per year—over four times greater than in the rest of the country—. Much of the literature in this area hypothesizes that the condition of this disease involves a significant correlation with a series of psychosocial and emotional problems—depression, anxiety, interpersonal relationships, self-esteem and autonomy, among others—. Therefore, after reaffirming this hypothesis in a group of Spanish patients, the following study aims to determine whether there are differences among Spanish and Sardinia’s children and adolescents with diabetes. It is expected that the latter will have a lower rate of maladaptive problems than the Spanish sample, due to the fact that the DM1 is more interiorized in the island’s population because of its influence. The present research involved a total of 97 children and adolescents (42 Spanish and 55 Sardinian) between 10 and 18 years old. The instrument used to measure the variables was the Behaviour Assessment System in Children and Adolescents (BASC). Results confirm the main research hypothesis and Sardinian patients have better results in maladaptive dimensions than the Spanish sample—except for those related to scholar maladjustment, where results between both samples are similar—. Thus, the conclusions show that the internalization and standardization of the disease by the environment closest to the patients improves their views regarding and the maladaptive problems that their condition could produce.

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1. Introduction

Diabetes mellitus (DM) is a chronic disease of multifactorial etiology characterized by hyperglycemia and caused by defects in secretion and/or insulin action. Currently, this disease represents a huge challenge for society. According to the World Health Organization, it is estimated that there are over 170 million diabetic people all over the world today, and it is expected than this number will double by 2030, reaching up to 366 million diabetics worldwide. The global incidence of diabetes mellitus type 1 (DM1) is very variable, ranging from 0.1 per 100,000 inhabitants in China or Venezuela to 36.8 per 100,000 inhabitants in Sardinia. If, in addition, the age range to study focuses only on children and adolescents (pediatric patients), this number increases: Finland amounts to 62.3 new cases per 100,000 children every year and Sardinia, 40.8 per 100,000 (Bruno et al, 2010; Forga, 2015; IDF, 2015; Patterson, Guariguata, Dahlquist, Soltész, Ogle & Silink, 2014; Tuomilehto, 2013).

Particularly, the Mediterranean island of Sardinia is the second place in the world where more cases of diabetes appear every year, preceded by Finland. Professor Muntoni et al. conclude that there are genetic factors that are absolutely critical to explain the appearance of this disorder after their research with children from the Lazio region and Sardinia (Muntoni, Songini & Sardinian Collaborative Group for Epidemiology of Diabetes, 1992; Muntoni et al., 1997).

Much of the literature in this area hypothesizes that the condition of this disease involves a significant correlation with a series of psychosocial and emotional problems –depression, anxiety, interpersonal relationships, self-esteem and autonomy, among others–. Kovacs, Goldston, Obrosky & Bonar (1997) note in their research than children between 8 and 13 years old have higher rates of psychological disorders (mainly depression, behavior problems and anxiety) than children without the disease. Blanz, Rensch-Riemann, Fritz-Sigmund & Schmidt (1993) also found that a group of diabetic adolescents between 17 and 19 years old reached the triple rate of depressive symptoms and introversion that their peer group non-diabetic. Similar results have García (2006) and Quesada-Conde et al. (2016) in their research; where diabetic children and adolescents scored higher in depressive symptoms than their non-diabetic peers. Also Lowrence et al. (2006), with a longitudinal study with a representative sample of 2672 participants between 10-21 years old, established that a total of 14% presented depressive symptoms, while 8.6% presented it on a severely way.

On the other hand, Martínez, Lastra & Luzuriaga (2001) demonstrated in their studies than diabetic pediatric patients score higher than the non-diabetic group in personal and school maladjustment; according to the finding of Garcia (2006), who confirmed the hypothesis that children with DM1 tend to suffer greater social problems that their non-diabetic peers. On the same line, Gómez-Rico, Pérez-Marín y Montoya-Castilla (2015) conclude that social competence is an area that can be particularly compromised by the emergence of this disease, because diabetic teenagers tend to feel excluded and different from their peers. These authors also point to self-efficacy as another variable to consider in this population. Finally, Quesada-Conde, Romero, Benavides & Pichardo (2016) also find significant differences in scholar maladjustment and feeling of inability between a group of children and adolescents diabetics and other without the disease.

The large number of diabetic patients on the island makes the situation more standardized among the population than elsewhere in the world. Despite the differences between children and adolescents with diabetes and their non-diabetic peers, the next study arises with the intention to prove whether these differences are minority in a context in which DM1 is more internalized by the population.

Therefore, and after reaffirming this hypothesis in a group of Spanish patients, the following study aims to determine whether there are differences among Spanish and Sardinian children and adolescents with diabetes. It is expected that the latter will have a lower rate of maladaptive problems than Spanish sample, due to the fact that DM1 is more interiorized in the island’s population because of its influence.
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