

Life in transition: recognising critical phases in the diabetes life course which need diabetes specialist nurse support



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Over the life course, individuals will face a series of critical transitional periods, which require personal motivation, self-efficacy and a range of

support mechanisms to cope with the challenges of living. These challenges may be age-related, educational, social and psychological, and we can all reflect back to these transitory times in our lives and how we traversed them.

Recognising transition

People with diabetes are the same. They experience the normal life course challenges, but they also have additional condition-related transitions to manage and cope with. It is at these crucial times that support from diabetes specialist nurses is more important than ever. Recognising these diabetes related transitions and supporting our patients is the continuing theme in this issue of *European Diabetes Nursing*.

Switching from MDI to CSII

In a Swedish study, Saarinen, Fernstrom, Brorsson and Lindholm Olander investigate how adults with type 1 diabetes perceive the transition from multiple daily injections (MDI) with insulin to continuous subcutaneous insulin infusion (CSII) (page 38). CSII is described as a liberating experience, giving greater flexibility for patients and improved metabolic control. However, at the same time, patients also mentioned the increased visibility of their diabetes, and the inevitable questions that might arise from technical problems. To enable successful transition to CSII, patients needed, and received, support from health professionals, including diabetes specialist nurses, customer support, and family and friends.

Support from family and friends

Another notable life transition is the journey from being a teenager with diabetes to becoming a young adult with the condition. In a survey from Portugal by Serrabulho, Gaspar de Matos, Nabais and Raposo (page 49), 63 young patients 18–35 years old generally appreciated the social support received from

family and friends, and in particular, group activities for young people with diabetes, organised by the diabetes team. They also rated their health and quality of life as high, despite higher than average HbA1c values. Themes identified from the study, such as self-control, nutrition and physical activity will be further explored by the authors; these are all areas where diabetes specialist nurses can provide additional support. Similarly, Oftedal, in a study from Norway, reveals both the positive and negative aspects of practical support offered from family and friends. Diabetes specialist nurses must be aware of the many facets of this support in the diabetes life journey.

Transitional process

Further transitional periods are also highlighted in this issue: Jeffery, in her review of the *EarlyBird* study, discusses three separate risk factors which have been linked to increased risk of developing diabetes in children: Early β -cell deficit, one bio marker for obesity, and low mood (page 58). By knowing these risk factors, health care professionals can support children during their transition to teenagers, and detect early signs of diabetes. Alternatively, Mills reflects on individuals with diabetes who are in prison and who are also in a transitional stage of life (page 53). They are often in crisis and can greatly benefit from nurse led clinics offering a range of support from diabetes education, self-management and emotional care.

Support mechanisms

People with diabetes experience additional transitional challenges throughout their lives which need a range of different support mechanisms. The diabetes specialist nurse must be aware of these transitions if he/she is to successfully help their patients navigate the challenges. Nurses have a unique opportunity to follow the patients through the stages. Let us be observant and flexible to support our patients in transition.

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