Purpose:
• To explore family support and its effects on diabetes management of adults with type 1 diabetes

Background:
• T1DM requires lifestyle changes
  ◦ Diet modification
  ◦ Blood glucose monitoring
  ◦ Carbohydrate counting
  ◦ Insulin administration
• Adults with T1DM have a unique perspective on how family support affected their diabetes management as children, adolescents, and adults

Method:
• Biographical method consisting of two in-depth interviews

Sample:
• 23 adult females and 12 adult males
  ◦ Ages at interviews varied from 19 to 70 years (M=36.54, SD=16.65)
  ◦ Ages at time of diagnosis varied from 2 to 35 years (M=15.06, SD=9.84)
  ◦ Years since diagnosis varied from 1 to 54 years (M=21.46, SD=12.87)

Procedure:
• First interview: “Tell me about growing up and living with type 1 diabetes”
• Second interview—Specific questions included:
  ◦ “Tell me about when you were diagnosed with type 1 diabetes”
  ◦ “How were your family and friends supportive/non-supportive?”
  ◦ “How compliant have you been throughout your lifetime to your health care regime?”
  ◦ “What were the biggest factors in helping you stay compliant?”

Findings:
• Factors that increased compliance included:
  ◦ Positive family involvement, both with siblings and parents
  ◦ Increased early independence in managing their diabetes
  ◦ Education about type 1 diabetes for both children and families
  ◦ Involvement of other influential adults in teaching the importance of diabetes management
  ◦ Motivation to live up to their dreams
  ◦ Increased knowledge that compliance was possible
• Factors that decreased compliance included:
  ◦ As a child, viewing diabetes as a chore
  ◦ Feeling different from other children and family members
  ◦ Over-protective parents who didn’t encourage independent self-management of diabetes
  ◦ Changing routines such as going on vacation or transitioning to college
  ◦ Being stressed due to the emphasis on diabetes management and health

Implications for Nurses and Health Care Practitioners:
• Provide clear education to children and adolescents about their disease
• Emphasize that they can still participate in favorite activities
• Explain their role in assuming independent self-management skills
• Teach children and their families that they can lead healthy, normal lives
• Be optimistic and supportive about the future
• Provide support for the family

“My parents tried to teach me to not be defined by my DM. I want to take care of it really quickly as needed so it doesn’t have to be a big part of my life, and that’s kind of how I still live.”
≈ 24 year old male diagnosed at age four