DIABETES IN Control.com Tool for your practice

Table 23-1. Development and Diabetes

When working with patients with diabetes, it is very important to keep their developmental stage in mind. What follows is a table that charts normal developmental stages and how diabetes may impact these stages. Bear in mind that individuals age differently, so while we have listed approximate ages for each stage, the ages and stages, and life event may not fit all individuals.

Stage of Development	Normal Tasks of Development	Implications and Task for Diabetes Management
Childhood 0-11 years	Develop bond with parents. Develop sense of self, test bond with parents. Learn to make own choices. Socialize with other outside of family. Feel secure outside of home. Fit-in with peers.	Learn to work as a team around diabetes tasks, with parents shouldering most of the responsibility. Attention to diabetes care will have to be balanced with the need to be like other children and to do what they're doing.
Adolescence 12-18 years	Explore autonomy within context of safety. Develop core values. Begin development of sexual orientation and identity.	Teens with diabetes will need to have support with diabetes tasks as they explore independence and autonomy. The need for parent-teen inter-dependence and continual support with diabetes tasks is strong.
Young Adulthood 19-29 years	Develop intimate relationships. Develop professional identity. Further develop sexual orientation and identity, especially for women.	Tells colleagues, friends and lovers about diabetes. Negotiate physical intimacy within the context of diabetes. Maintain support for diabetes care in a culture that glorifies independence and self-sufficiency.
Adulthood 30-65 years	Sustain intimate relationships and continue professional development. Parenting.	Incorporate diabetes care into intimate relationships. Continue to receive support for diabetes care. Prioritize diabetes self-care even when other family members and children need attention and care. This may be especially difficult for women.
Older Adulthood 65+ years	Transition to retirement. Establish new roles and activities. Develop compassion towards parents and children. Toleration physical and cognitive changes of the aging process. Discover meaningful purpose for the remainder of life.	Identify barriers to self care—i.e., can patient see well enough to draw up insulin or dose oral medications? When necessary, make small, incremental changes in diabetes care routine. For some people, adulthood and older adulthood may involve adjusting to some of the long-term complications of diabetes.