

Nursing Care for Adolescents with Type 1 Diabetes and their Families: A Comprehensive Approach

Cuidado de enfermería al adolescente con diabetes tipo 1 y su familia: un abordaje integral

Cuidados de enfermagem ao adolescente com diabetes tipo 1 e sua família: uma abordagem integral

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Introduction

Caring for adolescents with type 1 diabetes (T1D) is a challenge for their families and requires a comprehensive response from the healthcare system, as this stage of development involves not only physiological and emotional changes but also a gradual transition toward autonomy in managing the disease. In this context, nursing professionals must take an active role—beyond clinical control—as facilitators of self-care, educators, and sources of emotional support for the adolescent–family dyad (1, 2).

Managing T1D requires lifelong care, including insulin administration, glucose monitoring, and lifestyle adjustments. During adolescence, this management becomes more complex due to the physiological, emotional, and social changes characteristic of this stage. Adolescents with T1D face a higher risk of developing acute complications such as hypoglycemia and diabetic ketoacidosis, as well as chronic complications such as long-term cardiovascular disease (1, 2).

The changes inherent to adolescence make adherence to treatment difficult and increase the risk of acute and chronic complications. Added to this is the emotional and social impact that T1D has on adolescents and their caregivers, who often face the disease without adequate tools. Nursing care must therefore extend beyond the hospital setting to include school, home, emergency services, and outpatient management, ensuring continuous, personalized support that addresses the specific needs of each family (2, 3).

In this context, the theoretical synthesis of adaptation to diabetes mellitus proposed by Whittemore and Roy in 2002 provides a framework for understanding this process. It outlines three interrelated processes: Stabilization, integration, and health within illness (4). Stabilization refers to adaptive physiological responses that prevent complications and maintain metabolic control. Integration involves incorporating self-management of the disease into personal identity and daily activities, promoting consistency between the experience of the disease and the adolescent's social life. Finally, health within illness represents the union of the previous processes, allowing the person to maximize well-being and develop a meaningful life experience despite the disease (4).

This theoretical framework emphasizes the need for a holistic approach, in which care focuses not only on insulin administration and glucose monitoring but also on education, emotional support, and promoting autonomy in people living with diabetes. There are interventions that promote self-care and metabolic control in adolescents, as well as family interventions focused on improving the quality of life of adolescents and their parents, enhancing communication skills, and encouraging problem solving. These strategies reinforce the need for a comprehensive approach that includes both medical management of the condition and prevention of complications, education, and emotional support (5, 1).

How adolescents and their families cope with the disease can be influenced by patterns passed down through generations that may promote resilience or, conversely, perpetuate stigma and fear. In this context, nursing plays a key role in implementing strategies that go beyond insulin administration and glucose monitoring. Beyond medical control, it is essential to act as educators and facilitators of self-care, empowering adolescents to actively participate in their treatment and engaging their families as an essential pillar in this process (5).

In addition, efforts should be made to promote autonomy in adolescents with T1D; the transition to adulthood involves not only independent diabetes management but also preparation for assuming responsibilities without neglecting family well-being. The active participation of the family can either facilitate or hinder this process, highlighting the importance of professional support that balances encouragement with the promotion of adolescent independence while maintaining parental monitoring (6, 2).

In this regard, advanced nursing education, particularly doctoral studies, plays a key role in transforming practice. Doctoral programs not only allow for the deepening of existing knowledge but also provide an environment for developing new theories, exploring innovative methodologies, and generating findings with a high impact on clinical care (7). In the case of T1D in adolescents, this research can provide new perspectives on working with families, communicating the diagnosis, designing interventions based on people's needs, and pursuing quality of care throughout the life cycle (8).

This editorial highlights the role of nursing professionals in the comprehensive management of adolescents living with T1D, based on Whittemore and Roy's adaptation theory approach, and points out the need for interventions that include education, emotional support, and the strengthening of patient autonomy. In addition, it highlights the importance of interdisciplinary work in promoting a holistic care model that seeks to improve the quality of life of adolescents with T1D and their families.

Conclusions

Caring for adolescents with type 1 diabetes and their families is a challenge that requires comprehensive responses from the health-care system, in which nursing plays an essential role. It is imperative that nursing professionals lead initiatives that integrate clinical care with psychosocial support, promoting education, self-care, and positive adaptation to the disease. In addition, it is necessary to strengthen care in settings such as schools, emergency rooms, and outpatient management, ensuring continuous and personalized follow-up.

Furthermore, an interdisciplinary approach is essential for guaranteeing comprehensive care provided by nurses, doctors, psychologists, and other professionals who work together to improve the

quality of life of adolescents with T1D and their families. This collaborative approach not only facilitates adaptation to the disease but also optimizes long-term health and well-being outcomes.

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