



Gender characteristics of responsibility for their own health of adolescents with type I diabetes mellitus.

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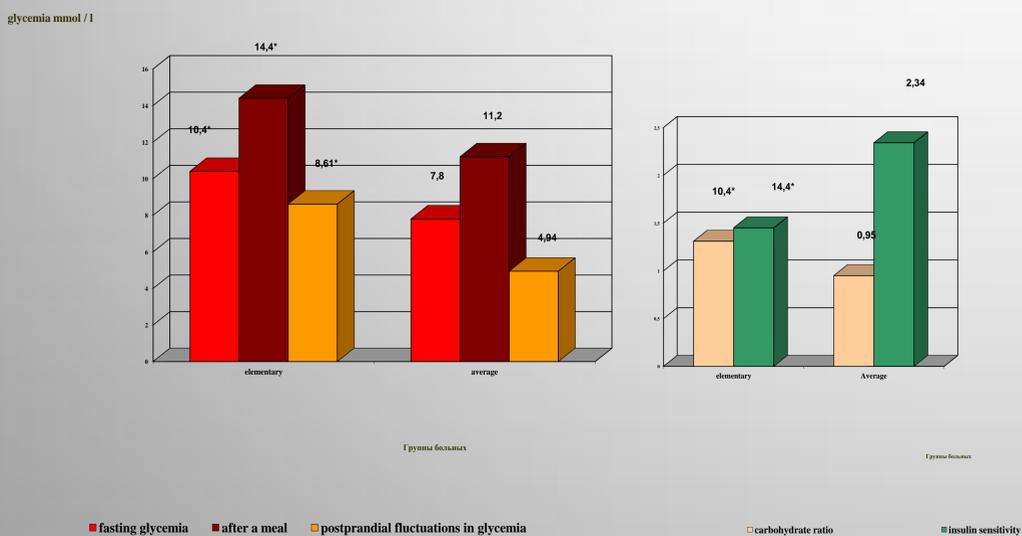
Background: In achieving the compensation of type 1 diabetes, psychological factors that contain the individual psychological characteristics of the patient's personality, his emotional state and responsibility for his own health are important.

Objective and hypotheses: The purpose of the study was to study the specifics of responsibility for the health of adolescents with type I diabetes of different sex, depending on the level of glycemic control (GC).

Materials and methods: We examined 60 adolescents with type I diabetes at the age of 12-18, 32 of them girls and 28 boys with type 1 DM. The experience of the disease was from 3 to 16 years (an average of 6.9 years). Half of patients had optimal (28%) and suboptimal GC (30%), 42% had high-risk GC. To diagnose the emotional state and study the psychological features of motivation for treatment, the following methods were used: the diagnosis of self-esteem of mental states according to Eysenck, the Lusher test and the questionnaire for studying the attitude to DM and its treatment.

Results: According to the results of testing, it was established that the presence of full responsibility for the state of own health among adolescents who had the optimal GC (the average level of HbA1c-6.7%) was registered in 70.6% of adolescents, of whom boys took responsibility more reliably (100% vs 28.6% for girls, $p \leq 0.01$). Removed responsibility, completely shifting it to relatives and doctors 29.4% of adolescents, and it was only girls (71.4%). Adolescents with type 1 diabetes, with suboptimal GC (mean HbA1c-8.1%) in the majority (77.8%) took responsibility for their own health, and only 22.2% transferred it to others. On the basis of gender in this subgroup, 100% of the young men and 66.7% of the girls took responsibility for their own health, and 33.3% of the girls shifted responsibility to others. In adolescents with insufficient GC (mean HbA1c-9.8%), a high risk of complications of diabetes in 100% of cases, regardless of gender, adolescents refused responsibility, shifting it to mother, grandmother or doctors.

Quality of self-control and compensation for diabetes



* - $p < 0.05$, the reliability of differences with respect to a group of patients with an average level of self-control

Gender characteristics of locus-control (LK) indicators for adolescents with diabetes mellitus and type I with different levels of glycemic control

	Internal LK	External LK
Optimal glycemic control	70,6 ¹⁾	29,4 ¹⁾
girls	28,6*	71,4*
boys	100	0
Suboptimal glycemic control	77,8 ¹⁾	22,2 ¹⁾
girls	66,7	33,3*
boys	100	0
High-risk glycemic control	0	100
girls	0	100
boys	0	100

* $p \leq 0,01$ - the probability of differences in girls' indices relative to boys with an appropriate level of glycemic control;

1) $p \leq 0.05$ - probability of differences in the group of patients with high risk glycemic control

Conclusion: The received information, on perception by the sick adolescent of responsibility for a condition of own health, will allow the psychologist or the doctor endocrinologist to correct directions of formation and maintenance of self-checking of type 1 diabetes mellitus