

Type 1 diabetes in an adolescent with social problems and mental disorders – case report

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Discontinuation of type 1 diabetes (T1DM) treatment (interruption of insulin therapy) rapidly leads to diabetic ketoacidosis (DKA) which is a life-threatening condition. Our case report is intended to draw attention to persons with T1DM and significant social/psychological problems. They typically, due to the lack of legal regulations, “fall out of the system”, which should provide in such cases additional assistance in care conditioning proper treatment. Psychological and psychiatric disorders and/or social problems may interfere with self-control and diabetes treatment, making it difficult or even impossible. These patients represent a significant challenge for the diabetes team and require individualized management from the social care system. Patient safety-focused support from consulting physicians of other specialties is also essential. The case of our patient highlights the need for relevant legal and administrative regulations that would allow for quick, safe and adequate care. In T1D the lack of insulin treatment is a direct threat to life. Mental disorders and/or social problems impair self-management and treatment or make it completely impossible. Such patients require care and support in every area of life. It also represents a significant challenge for the diabetes team, which needs support from consulting doctors of other specialties, social workers, or other services. The case of our patient shows that currently there are no relevant legal regulations that would allow quick and adequate care for such a child.