

Centered Approach-Patient to Dialysis patient Type 1 diabetes with eating disorders, anxiety and depression

Galina Maximov : RN MA, Vered Shani RN MA

Institute of Nephrology and Hypertension. Chaim Sheba Medical Center Affiliated to the Tel-Aviv University ,Shackler School of Medicine, Tel-hashomer, ISRAEL

Introduction



Diabetes Type 1 is a severe chronic disease that can be first developed in childhood and adolescence, with peaks in children 5–7 years old
Diabetic nephropathy is a major vascular complication of Diabetes Mellitus (DM). If DM is not treated early and adequately, many diabetic patients may reach end-stage renal disease (ESRD) secondary to advanced irreversible diabetic nephropathy and maintenance hemodialysis.

Purpose



In this study, we will examine how eating disorder that begins in adolescence with combination of type 1 diabetes and dialysis affects health and individual's quality of life. We suppose that an eating disorder is not usually resolved without treatment and requires comprehensive care with multi-professional team support

One of the later complications of diabetes Type 1 is mental disorders: anxiety, eating behaviors and depression that require both pharmacological and psychological treatment.

Case report



- Background: M.S is 31 years old. Type 1 diabetes from the age of six. As a result of an imbalance in the state of Diabetes, damage was caused to all target organs: nephropathy-treated dialysis, retinopathy-severe visual impairment, neuropathy accompanied by muscular dystrophy and pathological fractures.
- At the age of 14, she was diagnosed with anorexia nervosa and from then on, had to be hospitalized for long periods of time.
- At the age of 25, depression and anxiety attacks appeared.
- In the last year, repeated hospitalizations due to an imbalance in diabetes and back pain.
- Hypoglycemia and hyperglycemia events , HbA1C =9%.
- Recently, a series of group and individual psychiatric treatment began but without any benefit.
- Note that M.S. is in a retrograde state and develops dependency on others.

Unhealthy eating behaviors are associated with worsened metabolic control, higher rates of diabetes complications, serious medical risks and premature mortality.

Discussion



The treatment is executed by maintaining and coordinating a multidisciplinary team, where the patient is at the center of the intervention and participates in the therapeutic decisions. The nurse has the central role of coordinating, planning and implementing the treatment for the patient and his family

Case Management method



A therapeutic approach based on the Case management model allows to address a range of medical and mental problems. The Case Management model is designated to manage and coordinate the treatment of chronic disease and has been developed as a response to the need for complex, comprehensive and multi-team treatment in complex patients.



Conclusion: Integrative Centered Approach-Patient for the management of diabetics and mental disorders with ESRD provides better patient's promise. This method of care manager gives the nurse more possibilities to help patients, which will lead to reduction of complications.