

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

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Introduction

Diabetes Type 1 is a severe chronic disease that can be first developed in childhood and adolescence, with peaks in children of 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 a combination of type 1 diabetes and dialysis affects health and the 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

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.

A therapeutic approach based on the Case management model allows addressing a range of medical and mental problems.

Case Report

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 is dependent on others

Case Management method



Conclusion: Integrative Patient Centered Approach for the management of diabetics and mental disorders with ESRD provides better prospect for patients. This method of care manager gives the nurse more possibilities to help patients, which, in turn, reduces complications