

Transitioning Young Adults With Type 1 Diabetes to Campus Life

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ABSTRACT

Type 1 diabetes (T1D) is expected to increase over the next 40 years among those < 20 years of age. This increases the number of college students matriculating with the diagnosis of T1D. The advance practice nurse plays a crucial role in safely transitioning young adults with T1D to campus life at college, not only to ensure proper diabetes management but also mental health well-being. Components of campus life are reviewed to show how advanced practice registered nurses may collaborate with young adults with diabetes to create a successful plan for management of their condition as they transition to college.

Keywords: campus life, college, nurse practitioner, type 1 diabetes, young adult

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INTRODUCTION

Type 1 diabetes (T1D) is an autoimmune disorder requiring exogenous insulin administration to maintain a safe blood glucose level to prevent short- and long-term complications as well as sustaining life. Transition periods, such as emerging into young adulthood and moving to a college campus, are more difficult for those with T1D.¹ The campus environment is typically defined as a group of people with a common purpose or shared duties at an institution of higher learning.^{2,3} From a health and wellness perspective, this definition does not fully encompass what the young adult experiences upon arrival to a college campus. Instead, for the incoming freshman, campus life is not only about academics and socialization, but may also encompass changing patterns of sleep, nutrition, physical activity, and risk behaviors. Meeting the needs of college students for optimal health and wellness involves management of these changing patterns, behaviors, and stressors.⁴ These changes can be exacerbated in young adults managing a chronic condition such as T1D.

Young adults with T1D, like their healthy counterparts, have the same levels of excitement and goals as they look forward to the independence of college life. However, for young adults living with a chronic condition such as T1D, there are serious intrusions as

they make the transition.⁵ Approximately 3 million Americans have T1D, with an expected increase of 23% in prevalence over the next 40 years among those < 20 years of age.^{6,7} This translates to a growing number of young adults with T1D entering into the college or university setting.

There is a paucity of information on the exact needs of young adults with T1D as they transition to the campus environment. Thus, the advanced practice registered nurse (APRN) can play a critical role in providing education for the young adult with T1D and for offering support as they enter the new world of campus life. The purpose of this study is to: (1) define and overview components of campus life that may impact the young adult with T1D; (2) provide the APRN with valuable information to equip young adults with T1D as they transition to campus living; and (3) highlight tools and resources for the NP to share with young adults with T1D to ensure success as he or she progresses through their college years.

TRANSITION TO CAMPUS LIFE

It is imperative that the NP overviews the components of campus life and their impact on diabetes management with the young adult with T1D. The current definitions of campus life focus on socialization in the broadest sense.^{2,3} For the purposes of this

study, campus life for the young adult with T1D centers on a lifestyle that includes comprehensive diabetes self-management with resultant stable blood hemoglobin level. Components of campus life that affect diabetes management include academics, sleep, nutrition, physical activity, support systems, and exploration of risk behaviors. In addition, mental health status affects diabetes management and may influence aspects of campus life. Mental health components may include fear of hypoglycemia, depressive symptoms, and quality of life. For the health care provider, when working with young adults with T1D, these clearly defined components of campus life allow for a more specific, patient-focused, comprehensive plan of care.

ACADEMICS

The first component of campus life is academics. Due to the unpredictability of a college schedule, those with T1D may have difficulty with diabetes management, especially in preventing hypoglycemia. Academics for college students essentially includes all aspects of their major, from attending class, engaging and getting to know their professors, studying, and group assignments or projects. For many first-year college students with T1D, a different approach to academic life may be necessary for success. Part of the assimilation to campus life requires flexibility in class times. The structured high school environment and day-time classes are much different than the college environment, where classes can start early in the morning or end later in the evening. Also, for many students, extra time outside of classes may involve study hours and group projects that may extend late into the night. Individuals with T1D require planning for glucose checks and insulin administration before and during classes, study sessions, or group projects, to prevent hypoglycemia. For some, this may prompt fear of hypoglycemia because of the constant need to plan ahead, when academics is not always scheduled and predictable.⁸

Not all young adults with chronic conditions like T1D consider themselves disabled and may therefore not seek the assistance of the disabilities support services at their college. In addition, young adults with T1D may face discrimination in the academic setting. Since 1973, students with a disability are protected

and guaranteed rights under Section 504 of the Rehabilitation Act.⁹ This Act covers any young adult with a chronic illness, including T1D.⁹ Through the Act, reasonable accommodations can be made for students who are registered with disability student services at their college. These accommodations include extra time between classes to monitor blood glucose, permission to record lectures, and allowance of food and drink in classrooms. In some instances, young adults with T1D may not exercise their rights under the provisions of this law. Wilson¹⁰ pointed out several examples of issues faced by students with T1D in balancing diabetes management and tertiary education. After conducting focus groups, the overall theme was that students did not receive the necessary support from their college or university. In this qualitative study, one participant's stated, "...I told one of my tutors I needed a break during my exams to check my blood. He said it was my responsibility to deal with it and make sure that I can sit through an exam like other students without taking a break."^{10(p26)} Another participant reported that she must keep her blood sugar high because she "...don't have time to test [blood glucose] between lectures and it's embarrassing to make an issue of it.... I've got into the routine of not testing when I'm with people."^{10(p26)} When blood glucose levels are high, individuals with T1D may face the risk of short- and long-term sequelae of poor concentration, irritability, and, finally, potential systemic vascular injury.¹⁰

SLEEP

The second component of campus life is sleep. It is well established that adolescents do not obtain at least 9 hours of sleep each night.^{11,12} There is a reported negative impact of sleep deprivation and behaviorally induced insufficient sleep on insulin resistance and glucose tolerance, as well as learning, memory, attention, immune response, cardiovascular function, and neurohormonal regulation.^{13,14} Studies worldwide have revealed that, as students get older, sleep duration declines.¹¹ The National Sleep Foundation's Sleep in America Poll found that, by the twelfth grade, 75% of students' self-reported a sleep duration of < 8 hours per night compared with 16% of sixth graders.¹¹ Multiple external factors, such as night-time technology, social interactions, and

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