

# [Lifestyle changes for school age children at risk for type 2 diabetes.](https://assignbuster.com/lifestyle-changes-for-school-age-children-at-risk-for-type-2-diabetes/)

[Family](https://assignbuster.com/essay-subjects/family/), [Children](https://assignbuster.com/essay-subjects/family/children/)

Nurse’s Role in Identifying High-Risk groups, and Promoting Lifestyle changes for School Age Children at Risk for Type 2Diabetes. March 24, 2013 Abstract Type 2 diabetes mellitus among school age children has increased drastically just in the past several years and is becoming and ever growing trend. Familyhistory, obesity, and lifestyle are risk factors that play a major role in the onset of type 2 diabetes. Among these, obesity is the greatest risk factor, followed by physical inactivity.

The main purpose of this research is to examine the nurse’s role in identifying high-risk groups, and promoting lifestyle change for school age children at risk for Type 2 diabetes. In reviewing and studying various peer-reviewed articles, and journals from different databases, it was determined that the nurse plays a big role inhealthpromotion, andeducation. Nurses are able to do this by taking holistic approaches, and forming individualized care plans to suit each child’s lifestyle. An individualized plan motivates the child to meetgoals, and gives them a visual guide in which to note progress.

Keywords: Diabetes, Type 2, Children, Nurses Nurse’s Role in Identifying High-Risk groups, and Promoting Lifestyle Changes Carbohydrates are the body’s main energy source. The role of the digestive system is to break carbohydrates down into blood sugar glucose so it can be used for energy; in addition, glucose is needed for all body cells to maintain homeostatic balance. When the body loses its ability to maintain stable glucose levels, diabetes develops. In type 2 diabetes, cells in the body become increasingly resistant to the effects of insulin, and glucose levels gradually rise in the bloodstream.

Eventually, these dangerous levels of glucose in the body can cause serious complications such as heart disease, blindness, and kidneyfailure. Type 2 diabetes mellitus among school age children has increased drastically just in the past several years and is becoming and ever growing trend. This chronic condition formally rare among children has become increasingly common as a result of sedentary lifestyle, diet, and lack of health promotion. Fortunately, type 2 diabetes can be prevented through awareness, and education.

Nurses in particular can play a big role in bringing awareness to this epidemic, especially among school age children. Building a solid foundation can prevent the onset of this chronic illness in adulthood, and mostly likely will promote healthy lifestyle choices in the future. The purpose of this paper is to examine the nurse’s role in identifying high-risk groups and promoting lifestyle change for school age children at risk for Type 2 diabetes. In order to address this issue, and effectively promote change nurses must have a clear understanding of this chronic illness.

So what is the nurse’s role in identifying high-risk groups, and promoting lifestyle changes, for school age children at risk for type 2 diabetes? Method This is a review of the literature to answer the research question. The following databases and websites were used: AcademicSearch Complete, CINAL, and American Diabetes Association website. Findings: Identifying high risk group Identifying and targeting high risk groups is crucial to promoting lifestyle change for children at risk for type 2 diabetes. This is the first step the nurse should take in order to implement change. Targeting the high-risk group is probably a more applicable way and is recommended by the American Diabetes Association” (Jung-Nan, W et al. , 2009, p. 259). Nurses can quickly identify children at risk for type 2 diabetes by looking at these three areas which include family history, obesity and lifestyle. Family history is important in addressing the epidemic. It was proven in a research study done by Jung-Nan that “ Children with more family members having diabetes were more likely to have T2D” (Jung-Nan, W et al. 2009, p. 260). Although family history is a non-modifiable risk factor, recognizing patterns in a child’s immediate and extended family is an important task the nurse must complete before promoting lifestyle change. Second, it is important to address the issue of obesity and lifestyle. Obesity is the leading cause of type diabetes and many other long term chronic health conditions. The development ofchildhood obesityis due largely in part to lifestyle, which includes diet and physical inactivity.

Children often consume foods high in fat, sugar, and calories, and do not engage in any sort of physical activity. As a result increased input and little energy expenditure, eventually causes steady weight gain. Fortunately, childhood obesity andunhealthy lifestyleare modifiable risk factors, which can be largely prevented with proper diet and exercise. Therefore, the ability to identify these three risk factors can aid the nurse in developing plans, and ultimately motivate school age children to adopt healthy lifestyles. Promoting lifestyle change

When particular risk factors have been properly identified the nurse can begin promoting lifestyle change by formulating individualized plans for the school age child. Because obesity is the leading cause of type 2 diabetes among children, nutrition and exercise plans should be included in all individualized care plans. The nurse should promote a healthy diet by making the nutritional plan suitable for the child’s developmental level, incorporating healthful foods that the child will enjoy. In addition, the nurse should get feedback from the child about what foods he or she dislikes.

This can valuable in developing a personalized nutritional plan. Also, attention should also be given to portion sizes, calories, and the amount of vitamins and minerals provided in each meal. In the same way, the exercise plan should also be tailored to the developmental level of the child, and should include satisfying, and rewarding activities. Plans should be holistic in nature, focusing on all areas of the child’s life, familial influences taking top priority. Parent’s influence dietary habits and the amount of physical activity the child chooses to engage in.

As a consequence, if parent’s engage in little physical activity, and put no emphasizes on proper nutrition the child will eventually adopt this behavior and view it as “ healthy”. Understanding the parent’s views on diet and exercise, can help the nurse better assess and develop a proper care plan. However, when parents are hesitant about changing their lifestyle, it can be a major setback for the nurse when developing an individualized plan. In this situation, the nurse should be patient, and willing to tailor the plan to meet the needs of each individual in the family. Lastly, in order for oals and desired outcomes to be successfully met the nurse must be through in organizing and gathering data by following a certain sequence during assessment, piecing together subjective data from both parents and child, and validating it with objective data. Conclusion Type 2 diabetes in children continues to rise and has become an epidemic. Consequently, preventative measures must be taken to prevent the onset of type 2 diabetes in school age children; emphasis on awareness and health promotion is necessary and must be taken seriously by nurses to motivate children to make positive lifestyle changes.

The nurse must be able to correctly identify risk factors associated with type 2 diabetes. The nurse can then promote lifestyle changes by successfully developing individual plans to meet the needs of each child. The nurse should be holistic in approach, and must be sensitive to the needs of both parent and child. And lastly, the nurse should be through and accurate to successfully meet goals and desired outcomes for each child. Through doing this, the nurse can promote lifestyle change, prevent type 2 diabetes, and ultimately influence children to make healthy choices for life.

References American Diabetes Association Home Page - American Diabetes Association. (n. d. ). American Diabetes Association Home Page - American Diabetes Association. Retrieved March 25, 2013, from http://www. diabetes. org Beckwith, S. (2010). Diagnosing type 2 diabetes in children and young people. British Journal Of SchoolNursing, 5(1), 15-19. Retrieved from http://search. ebscohost. com/login. aspx? direct= true&db= c8h&AN= 2010607580&site= Coe, S. (2010). Clinical focus. Nutrition related to obesity and diabetes as a public health issue.

Nurse Prescribing, 8(8), 376. Retrieved from http://search. ebscohost. com/login. aspx? direct= true&db= c8h&AN= 2010758805&site= ehost-live Jung-Nan, W. , Hung-Yuan, L. , Yi-Chia, W. , Lee-Ming, C. , Mao-Shin, L. , Cheng-Hsin, L. , & Fung-Chang, S. (2010). Detailed family history of diabetes identified children at risk of type 2 diabetes: a population-based case-control study. Pediatric Diabetes, 11(4), 258-264. doi: 10. 1111/j. 1399-5448. 2009. 00564. x Rabbitt, A. , & Coyne, I. (2012). Childhood obesity: nurses' role in addressing the epidemic. British Journal