

Living with type 2 diabetes

[Health & Medicine](#), [Diabetes](#)



Introduction Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood sugar. Hyperglycemia, or raised blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems. No cure has been found for this disease. However, an important part of managing diabetes is maintaining a healthy weight through a healthy diet and exercise plan. (Olokoba, Obateru, Olokoba, 2012) Type 1 diabetes (previously known as insulin-dependent, juvenile or childhood-onset) is characterized by deficient insulin production and requires daily administration of insulin. The cause of type 1 diabetes is not known and it is not preventable with current knowledge. Symptoms include excessive excretion of urine (polyuria), thirst (polydipsia), constant hunger (polyphagia), weight loss, vision changes, and fatigue. These symptoms may occur rapidly. (Mosorovic, Brkic, Nuhbegovic, Pranjic, 2012) Type 2 diabetes (formerly called non-insulin-dependent or adult-onset) results from the body's ineffective use of insulin. Type 2 diabetes comprises 90% of people with diabetes, and is largely the result of excess body weight and physical inactivity. Symptoms may be similar to those of Type 1 diabetes, but are often less obvious. As a result, the disease may be diagnosed several years after onset, once complications have already arisen. (Mosorovic, Brkic, Nuhbegovic, Pranjic, 2012) Diabetes is the seventh leading cause of death in the United States, affecting 25. million people of all ages (8. 3 percent of the U. S. population). Of the 25. 8 million affected people, 7. 0 remain undiagnosed. Diabetes is the leading cause of heart disease, stroke,

kidney failure, lower-limb amputations, and new cases of blindness among adults in the United States. (<http://diabetes.niddk.nih.gov>) Meet Mrs. M, who was diagnosed with type 2 diabetes at the age of 35. Mrs. M is now 57 years old. She has learned that although there is no cure for type 2 diabetes, it can be managed. She is aware that in order to better manage this disease she needs to eat well, exercise, and maintain a healthy weight.

Mrs. M has graciously agreed to be interviewed. We will learn more about her, how she copes with this disease, and her struggle in maintaining a healthy weight by incorporating healthy cooking in her lifestyle. I will use the five holistic variables within the Neuman Systems Model (NSM) to identify how Mrs. M's internal and external environment are affected. I will also assess Mrs. M's learning needs and provide a trustworthy and reliable resource from which she can benefit from. Physical Variable Mrs. M was diagnosed with type 2 diabetes at the age of 35 when she became pregnant with her last child.

During a routine doctor's visit, it was noticed Mrs. M was gaining a significant amount of weight. Around her 24th week of pregnancy, the doctor ordered she have a glucose test. The test showed a high level of sugar in her blood. The test was repeated and once again, it showed that her glucose level was higher than normal and there was also sugar in her urine. At that point, the doctor diagnosed her with gestational diabetes. In 1990, the only thing that was prescribed was that she begin administering a daily injection of insulin. This came as a completely shock to Mrs. M. She had never even heard of this thing called "diabetes".

Even more disturbing was the fact that she, and her unborn baby, was now carrying this disease. The doctor advised Mrs. M that although the glucose could reach and affect her baby, the insulin would not cross over to the baby. She was pleased with the news that once she delivered the baby, she would return to her normal diabetic state. The doctor informed Mrs. M the importance of checking her blood glucose and maintaining a healthy diet after the birth. This would help to reduce her chances of developing type 2 diabetes. Despite the recommendations, Mrs. M ended up developing type 2 diabetes.

For the past 22 years, Mrs. M has been living with this chronic disease. Her medication has been changed several times throughout the years. At the moment, she is taking Glucophage 500mg and 4 units of Humilin in the morning. From the last time Mrs. M was seen by her primary care physician, these were her results: she weighed 170 pounds, blood pressure was 122/78, average blood sugar was 125 mg/dL, average hemoglobin A1c test (HbA1c) average was 5.98%, her cholesterol and triglyceride levels were within normal limits, her kidneys were working well, and no obvious sores or infections of her feet or skin.

Her last optometry visit showed no problems with her vision. She knows dental exams and cleaning are important and makes sure to visit the dentist every six months. In assessing Mrs. M's physical variable, I determined that the lack of knowledge about diabetes as a major stressor. Mrs. M's doctor visits have been a major resource. Socio-cultural Variable She is a traditional Mexican woman and her cooking or eating habits have never been

a concern. She has always cooked traditional Mexican dishes, which are high in fat. She never learned to cook or eat healthy.

It is a belief of Mrs. M that anything that is “ low fat”, “ nonfat”, or essentially “ healthy” must not taste good. Mrs. M was recently laid off and is unemployed, leaving her with no insurance. She does not want to visit the doctor’s office because she says that it is too expensive. Not only does she have to pay for her medication, but also the doctor’s visit and the laboratory bill. This has given her motivation to try to lose weight. She does realize that if she loses weight, she could possibly be able to get off the medications she is on.

At this point, she is walking on a daily basis but still finds it hard to start healthy eating habits. She would like to learn how to maintain a healthy diet that she and her family can benefit from. It is hard for her to break free from all the foods she has loved all her life. However, she realizes it is necessary to make this drastic change in order to help her lose the weight. In assessing Mrs. M’s social-cultural variable, I determined that the lack of insurance as a major stressor. Mrs. M’s motivation and willingness to lose weight are major resources. Psychological Variable

Just like everyone else, Mrs. M has good days and bad days. On most days, she feels motivated and hopeful that she will be able to better control her diabetes and get off her medicine. She goes on daily walks and really enjoys it when her daughter goes with her. She says that when her daughter goes on these walks with her, it makes the time go by fast and she really enjoys the time they spend together. These walks serve not only to lose weight but

also as a distractor. Mrs. M uses this time to talk about her day and about life in general. However, there are days that are not so good for Mrs. M.

There are days where she feels defeated and burned out by her diabetes. She feels like she is “ old” now and her health is slowly declining. She has had this disease for so long now and doesn’t see any improvement. It has been a stagnant process for her and that really frustrates her. There are days when she gets angry that she can’t eat certain foods and that she has to take medications to be able to lead a semi normal life. Some days, she feels like just giving up and letting God decide her faith. In assessing Mrs. M’s psychological variable, I determined her feeling of defeat is a major stressor. Mrs.

M’s daily walks with her daughter are a major resource. Spiritual Variable Mrs. M is a devoted Catholic. She has complete faith in God, the Catholic Church, and the power of prayer. Mrs. M feels our whole universe isn’t controlled by human beings, but by God. Her life, past and future, lies solely in God’s hands. There is no question in her mind that there is an afterlife, where her soul and spirit will rise to and will go to a better place. She is not scared of death. She looks forward to the day when she will be at peace and free of worries and pain; a place where she will live eternally, full of happiness and joy.

She anticipates the day when she can reunite with her father and be able to see him, talk to him, and hold him again. Mrs. M feels she has lived a gratifying and good life. She says she has been blessed to have had the opportunity to live and experience this thing we call “ life”. She knows her disease has many health consequences and feels that if something happens

to her, God made it happen for a reason. He controls her life and she is willing to accept what he has decided for her. In assessing Mrs. M's spiritual variable, I determined that there is no stressor involved. Mrs.

M's faith in God is a major resource. Developmental Variable Stage of development Generativity vs. Stagnation is Erik Erikson's second psychosocial development stage of adulthood and happens between the ages of 25-64. During this time, we establish our careers, settle down within a relationship, begin our own families and develop a sense of being a part of the bigger picture. We give back to society through raising our children, being productive at work, and becoming involved in community activities and organizations. By failing to achieve these objectives, we become stagnant and feel unproductive. Mrs. M is in the Generativity stage. (Craven, Hirnle, 2009) Tasks of developmental stage Mrs. M is married with 4 grown children, and will celebrate her 36th wedding anniversary on December 14, 2012. Mrs. M was born in Jalisco, Mexico and moved to the United States when she was 21 years old. Her ideas and customs still remain traditional to the Mexican culture. Mrs. M was raised with the idea that family should come before everything, even herself. Mrs. M put her education on hold to be able to provide for her family, leaving her to work low paying jobs.

She has worked her whole life to give her children the most and best she can. This has included working 12 to 14 hour shifts and then rushing home to make sure her kids had dinner and did their homework. She has always strived to keep her family happy, safe, and united. Her children are grown now and she maintains a good relationship with them. Now that her children are grown, she feels a sense of emptiness. She admits to feeling an

overwhelming amount of sadness when thinking of how her house was once filled with her children's laughter and now is so "empty".

There have been days when she feels she may be depressed. On these days she has to force herself to get out of bed and doesn't feel like eating. She knows this is not good for her and affects her diabetes. She has noticed when she is feeling this way, her blood sugar drops. On the other hand, remembering all the precious times she has lived with her family brings a smile to her face. Mrs. M has always made her kids her number one priority and feels they have not let her down. Knowing that her kids are positive and productive members of society gives her a sense of accomplishment.

She has a glow on her face every time she speaks of her kids. It makes her feel proud, loved, and special to know she has a family she can depend on, regardless of the situation. In assessing Mrs. M's developmental variable, I determined that the depression she deals with is a major stressor. Mrs. M's family is a major resource. Health Learning Needs After speaking with Mrs. M, her main concern is incorporating healthy meals and eating habits into her lifestyle. She feels cooking healthy is something she has always struggled with and would like to get more information as to how to cook healthy meals.

Mrs. M has made it clear that she is a visual and hands on learner. She needs to "first see it and then do it" in order to better understand a task. Due to this information, I believe Mrs. M would benefit from a website that plays videos and has live demonstrations. Learning resource My recommendation to Mrs. M is that she visits the American Diabetes Association website at [www. diabetes. org](http://www.diabetes.org). This website has a lot of information that is helpful to

<https://assignbuster.com/living-with-type-2-diabetes/>

anyone with type 2 diabetes. Mrs. M would benefit from the “ Food and Fitness” tab.

Under this tab she can find information on what type of foods she should be eating, healthy recipes, and helps in planning meals. There is also information about fitness and weight loss. There are great exercise ideas which will help Mrs. M get motivated to lose weight. This website offers live videos which will help with her visual learning need. Conclusion In summary, the NSM aims to promote a client’s optimal wellness. This model helps us see beyond just the objective clinical manifestations, which we are trained to observe. It helps us understand our clients on a whole new level, an interpersonal and holistic level.

By completing an accurate NSM assessment, we see how culture, economic resources, spirituality, and family affect a client’s disease process. With the help of the NSM, I was able learn more about Mrs. M, assess her learning need, and provide a trustworthy and reliable resource from which she can benefit from. The [www. diabetes. org](http://www.diabetes.org) website will teach her how she can maintain a healthy weight by incorporating healthy cooking in her lifestyle.

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