Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Management of Diabetes in Adolescence

To the Editor:

Although the importance of psychological and iatrogenic factors in so-called "brittle" diabetes is well-illustrated by Greydanus and Hofmann ("A Perspective on the Brittle Teenage Diabetic," *J Fam Pract* 9:1007, 1979), it is unfortunate that they overlooked the seminal work of Minuchin et al[1] on the family dynamics of such superlabile diabetics. In their sample of 13 similar diabetics, 3 to 15 months of family treatment led to good control for all 13, including one patient who had been hospitalized 35 times in the 20 months prior to family treatment. This would suggest a possible route for more optimism in the management of Drs. Greydanus and Hofmann's first three cases. Minuchin et al found these families to be characterized by emotional enmeshment, overprotectiveness, lack of conflict resolution, and rigidity. The child's acute illness provides a temporary resolution to intolerable family conflict and tension. Similar dynamics were found in the families of children with intractable asthma and anorexia nervosa.

Not all family conflict or behavior problems among adolescent diabetics follow this pattern. Minuchin et al[2] compared the family interactions of adolescent diabetics with good medical control (ie, "normal"), those with good medical control but other behavior problems (ie, "behavioral"), and those with superlabile diabetes (ie, "psychosomatic"), and found these interaction patterns (eg, enmeshment) only among the superlabile diabetics. This perspective, of course, calls for a shift in the focus of treatment from the diabetic patient to the family. The brittleness belongs to the family, not the diabetes.

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1. Minuchin S, Baker L, Rosman BL, et al: A conceptual model of psychosomatic illness in children: Family organization and family therapy. Arch Gen Psychiatry 32:1031, 1975
2. Minuchin S, Rosman BL, Baker L: Psychosomatic Families: Anorexia Nervosa in Context. Cambridge, Mass, Harvard University Press, 1978

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The preceding letter was referred to Dr. Greydanus who responds as follows:

I thank Dr. Strelnick for his interest and comments. It was the purpose of the article[1] to present *one* perspective, and not a complete survey on emotional or psychological brittleness in teenage diabetics. I would refer Dr. Strelnick to a recent review[2] which includes reference to the well-known work of Dr. Minuchin.

There are many approaches that have been advocated to prevent or deal with the brittle adolescent diabetic. The University of Rochester Adolescent Medical Clinic places care of *this* patient with a pediatrician or adolescent medicine specialist, who works in close collaboration with a child/adolescent psychiatrist or psychologist. A team approach utilizing a physician, a psychologist, and a social worker has recently been advocated.[3] Some brittle patients seem to benefit from family therapy per se, but others do not accept it or seem to be helped by it. Many variables are noted here, including the age of the patient, his/her maturity and cognitive development, type of family instability and interrelationships, capacity for insight, ability to relate to a health care professional, availability of competent therapists, financial status, and many others.

Unfortunately, there are few studies available to help the clinician match a particular patient and family with the best therapeutic modality. Sometimes a different plan must be developed as the teenager goes through different adolescent phases. It is a complicated subject, and clearly further research is needed in this difficult diagnostic arena.

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2. Greydanus DE, Hofmann AD: Psychological factors in diabetes mellitus: A review of the literature with emphasis on adolescence. Am J Dis Child 133:1061, 1979
3. Laron Z, Galatzer A, Amir S, et al: A multidisciplinary, comprehensive, ambulatory treatment scheme for diabetes mellitus in children. Diabetes Care 2:342, 1979