

IS PSYCHOLOGICAL SUPPORT THE MISSING INGREDIENT IN SUCCESSFUL OUTCOMES FOR PANCREAS TRANSPLANTATION: THE IMPORTANCE OF RECOGNISING AND MANAGING THE "COMPETITIVE PATIENT"



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Background

- 10% of the population with T1DM are eligible for pancreatic transplantation
- To date, psychological research on the impact of pancreatic transplantation has focused mainly on illness and quality of life issues
- Research has been predominantly quantitative, rendering it impossible to identify the specific issues faced by patients
- There is a paucity of information about many aspects of care
- Uniquely, this work considered posttransplant issues in the context of the pre-transplant psychological burden of patients with T1DM.

Methods

Qualitative design

- · semi-structured 1:1 interviews
- · average length of interview 1 hour
- digitally recorded and transcribed verbatim
- data analysed independently by 2 researchers using Inductive Thematic Analysis

Participants

21 participants with T1DM

- · Gender: 11 male, 10 female
- Time since transplantation: from 7 weeks to 3 years
- Transplantation type:
 12 pancreas only
 9 simultaneous pancreas & kidney

Results A number of key themes were identified, but this presentation focuses on the key theme of "diabetic identity" only Diagnosed with T1DM Despite best efforts, fail to maintain good blood glucose levels Give up; take on a "failed patient" identity Contact with some healthcare professionals reinforces sense of failure Need help from third parties (eg family and work colleagues) to deal with resultant hypos; feel ashamed "like a second class citizen" Transplant Identity: Identity aspired to: "still diabetic" successful transplant patient Leads to the rise of the "competitive patient" e.g. leaving hospital in record time Health-related problems taking on too much at home returning to work in record time Frequent clinic attendance; delayed return to normal activities Psychological support might be useful in helping to identify and manage this behaviou Conclusion

Having a functioning pancreas, and being symptom-free, did not negate the experience and identity of having T1DM. Wanting to be rid of the sense of failure

associated with having diabetes led some participants to make ill-advised decisions

could result in adverse health outcomes following transplantation, resulting in more frequent clinic attendance and delayed return to full activities of daily living, including

post transplant. If not recognised and managed appropriately, these behaviours

delayed return to work.

