“Be realistic about alcohol use by young adults with diabetes”

Alcohol consumption has been an integral part of social activity in most countries since neolithic times. Today, approximately 90% of adults in the UK drink alcohol.

Despite this, alcohol-specific health knowledge, including that on alcohol units and consumption, is poor in the general population. Young adults with type 1 diabetes are likely to be no different in this respect from the rest of the population.

Alcohol poses specific problems for people with type 1 diabetes because of its effects on blood glucose. It can also affect self-management due to altered consciousness or disinhibition. Diabetes self-management strategies are needed to prevent these problems but these are only successful if an accurate assessment of the amount of alcohol being consumed is carried out and the person is aware of the effects this has on blood glucose.

We know some young adults with type 1 diabetes prioritise fitting in with peers and engaging in normal social activities where alcohol consumption is likely over their desire or need to manage their diabetes.

Yet this is more complex than it first appears. Scratch just beneath the surface and it becomes clear that this population has high levels of depression and anxiety. They commonly report loneliness and isolation as a consequence of diabetes and around 40% of young women in this group report feeling ugly because of the condition.

Rather than choosing social interaction and associated alcohol consumption, it could be that young adults are choosing to avoid isolation and being ruled by their diabetes. By challenging social preconceptions, we can step back and consider risk-taking behaviour in a broader context.

Realistically, young adults with type 1 diabetes are likely to drink alcohol, so an approach focusing on minimising harm in the context of open, non-judgemental clinical encounters is needed. A prohibitionist approach is likely to encourage young people to hide their alcohol consumption and to tell health professionals what they think we want to hear, rather than the truth.

Young people communicate about alcohol and type 1 diabetes through social media and the information they receive is not always accurate. Resources are needed to help both health professionals and patients gain a greater understanding of alcohol-associated risks and how to communicate about alcohol and type 1 diabetes.

Our research involves an exploration of alcohol health literacy, patterns of alcohol consumption and strategies young people use to stay safe while drinking. The next steps include a critical appraisal of smartphone and tablet apps that claim to provide health information and advice on alcohol and type 1 diabetes, qualitative research to understand people's experiences of alcohol and diabetes, and the development of online resources to provide more accurate information and evidence-based, theory-driven advice.

Our aim is to ensure people with diabetes are able to make informed choices about alcohol consumption and harm minimisation strategies. NT

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