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The Relationship Among Depression, Motivational Factors, and Diabetes Management In Emerging Adults with Type 1 Diabetes

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Self-determination theory (SDT) posits intrinsic motivation arises from fulfilling three psychological needs – autonomy, self-efficacy, and relatedness. SDT is useful for understanding the challenges emerging adults (EA, age 18-30) living with a chronic illness, like type 1 diabetes (T1D), face including developing independence, autonomy and new relationships while parental support and involvement decrease. This places EAs at risk for sub-optimal health. Depression can further decrease motivation. The aim of this study is to test the hypothesis that depressive symptoms are associated with motivation (autonomy and self-efficacy) which are associated with diabetes management (DM) in EAs with T1D. Participants (N=52) were from a larger randomized clinical trial testing an intervention to improve DM. At study entry, EAs endorsing higher depression levels also reported statistically significantly lower self-efficacy on the Perceived Health Competency Scale (PHCS; $r=-0.350$, $p=0.011$). Self-efficacy assessed by the Diabetes Empowerment Scale (DES; $r=-0.217$, $p=0.123$) was not associated with depression, nor was autonomy assessed, using the Treatment Self-Regulation Scale (TSRQ; $r=-0.157$, $p=0.267$), although both were in the hypothesized direction. EAs reports of self-efficacy ($r_{PHCS}=0.123$, $p=0.206$; $r_{DES}=0.055$, $p=0.701$) and autonomy ($r=0.178$, $p=0.206$) were not correlated with DM, although responses were in the intended direction. Therefore, in this sample, there was partial support for the hypothesis that depression reduces motivation was partially supported, but there was not enough support for the relationship between motivation and –DM link.

KEY WORDS: Self-Determination Theory, Depression, Motivation, Emerging Adults, Type 1 Diabetes Mellitus, Diabetes Management

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