

sex, and duration of illness, sport activity and visits to diabetic clinics were collected.

A diabetic related worries subscales was assessed^[7,8]. Diabetic related worry subscale was linearly transformed so that the worst and the best possible scores were zero and 100, respectively. Higher scores indicate lower perceived diabetes related worry.

To cover different coping styles relevant to the management of diabetes in adolescents, Active coping, seeking social support for instrumental reasons, seeking social support for emotional reasons, behavioral disengagement and mental disengagement were assessed by subscales selected from COPE scale developed by Carver et al^[9]. Aggressive coping was assessed by modified ways of coping questionnaires^[10]. Scores for assessing coping styles were computed as the mean score across items, yielding a scoring range of scale that correspondent with single item: zero (lowest possible use of each coping

style) through three (highest possible use of each coping style).

Internal consistency of diabetes related worry and coping styles was assessed by Cronbach's α score. The influence of coping style and other variables on diabetic related worries were examined by stepwise regression analyses^[11]. P value less than 0.05 was considered as statistically significant.

Results

Higher perception of diabetic related worry was significantly correlated with active coping, aggressive coping, emotional support and sex ($p < 0.05$). There was no significant association of higher perceptions of diabetic related worry with social support. Lower perception of diabetic related worry was significantly associated with aggressive coping and emotional support ($p < 0.05$). Age and visits to diabetic clinics were not associated with higher perceived diabetic related worry. These findings are shown in Table 1.

Table 1: Regression partial coefficient of diabetic related worry with the studied variables

Variable	Diabetic related worry	
	Partial coefficient	P value
Active coping	- 0.16	0.03
Aggressive coping	0.088	0.01
Emotional support	- 0.07	0.001
Social support	- 0.45	NS
Age	0.05	NS
Sex	- 0.2	0.001
Visit to diabetic clinic	- 0.1	NS

Discussion

An obvious lack of accurate informations on the exact magnitude of diabetes in Eastern Mediterranean Region was reported^[12]. Previous studies tend to focus on relationship between treatment related factors (poor adherence to insulin treatment and specifically mission shots) and poor metabolic control^[13,14]. However, others demonstrated that stress is a

significant risk factor for medical maladjustment^[15,16]. Since publication of Diabetes Control and Complication Trials (DCCT) results^[17], it has been widely accepted that improving metabolic control must be a fundamental priority in type 1 diabetes care. Improving patient's metabolic control was primarily to a combination of insulin management and psychosocial support provided by DCCT care team^[18].