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Blame and Shame Defined

- **Blame:** to find fault with/ to hold responsible/: to place responsibility for¹
- **Shame:** a painful emotion caused by consciousness of guilt, shortcoming, or impropriety/ condition of humiliating disgrace or disrepute²

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Blame and Shame: Barriers to Diabetes Self Care

- At the completion of this presentation, the participant will be able to define diabetes blame and shame, and identify its source
- At the completion of this presentation, the participant will be able to summarize strategies to counter the impact of blame and shame on diabetes self-care

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Blame and Shame in Diabetes

- Begins with Stigma related to diabetes³

Sources	Attibutes	Consequences	
HCP	judged	fear	Poor self care
individual	fat	anxiety	Conceal diagnosis
Group	Lazy	distress	Resistant to treatments
Media	Draining medical system	self blame/self esteem issues	Reduced social acceptance
PWD	unhealthy	depression	Adverse medical outcomes

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Diabetes Distress Defined⁴

- Emotional burden associated with long term, progressive disease of diabetes
- Impacts self care, quality of life/levels of anxiety and depression, and long term prognosis of the disease

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Diabetes Distress Scale⁶

- Highly valid and reliable instrument
- Identifies distress in 4 domains:
 - Emotional Burden
 - Physician-related burden
 - Regimen-related burden
 - Interpersonal Burden

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Identifying the issue

- **PAID**- Problem Areas in Diabetes Survey, 1995
- **DDS**- Diabetes Distress Scale, 2005

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Living blame and shame, distress

- “I am a bad patient/diabetic”.....
- “I am tired of people asking me if I should eat that!”
- “My health care provider told me I am not trying to be healthy”

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PAID⁵

- Highly reliable and valid instrument
- Consistently identified issues related to psychosocial functioning with diabetes, attitudes toward diabetes and self care behaviors
- Diabeter related distress found to be unique indicator of adherence to self care behaviors and did impact glycohemoglobin^{###}

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Interventions^{7,8,9,10,12}

- Language
- Communication
 - By PWD
 - By HCP
 - With family/by family
- Educate
 - PWD
 - Community
 - HCP
- Social Support
- Mindfulness
- Assess and reduce burden

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Case Studies

- Is there distress? Or something else?
- What is the source of the distress/blame shame?
- What is the impact?
- What can the CDE do?
- How does the CDE follow-up?

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Case 3

- 50 yo female with Diabetes for 20 years, A1c 8.0%, target weight, recent diagnosis of mild retinopathy
- Reports: struggling with cost of medication, eating "what the budget will allow", walks in apartment building hall for exercise.
- Told by HCP that if she doesn't do better she will go blind, she is not even trying to reach goal, HCP will not get paid if patient A1c does not get better

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Case 1

- 42 yo female A1c 7.2%, obese per BMI, T2Diabetes for 3 years
- Reports: bad patient, bad diabetic, lazy, "cheats" on diet
- Assessment: testing 3x day, taking meds, wears pedometer

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Call to Action

Diabetes Blame and Shame is a tremendous barrier to diabetes self care but also negatively influences the quality of life of those living with diabetes.

As Diabetes Educators we need to:

- work to identify distress and advocate for those with diabetes through patient, HCP and community education and support
- develop evidence based interventions specific to this issue

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Case 2

- 62 yo male, A1c 6.2%, overweight by BMI, T2DM for 10 years, wife at appointment
- Reports: trying to eat healthy, walks once per week/hopes to increase with better weather, taking meds as prescribed
- Assess: wife pull HCP aside and "tells the truth about what he is really doing"

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