


Diabetes, emotional well-being, and quality of life.

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About this research

Questions about:

- Success (outcomes) of current care
- Emotional well being
- Social stigma from diabetes and its effect on patients
- Diabetes impact on quality of life
- Diabetes impact on daily life


3,000 completed online surveys in Summer 2016
 Adults with type 1 diabetes (n=1,025; T1)
 People with type 2 diabetes on insulin (n=1,150; T2I)
 People with type 2 diabetes not on insulin (n=1,280; T2NI)

Plus other results from dQ&A surveys in 2016 and 2017 (n=5,000)




How do patients measure success, or lack of it?

“Is your diabetes management better or worse this year than last? And why?”



1 in 4 patients with Type 1
1 in 5 patients with type 2
 on insulin
1 in 4 patients with type 2
 on oral agents


... mentioned their **A1c**
 unprompted in their answers



Real life is not a randomized control trial

44 questions in 6 categories

	Question examples
Blood glucose control	“How successful is your diabetes care at ...” delivering blood glucose numbers <u>after a meal</u> that are less than 180 mg/dl ?
Preventing complications and co-morbidities	helping you avoid eye problems caused by diabetes ?
Emotional well-being	preventing or limiting stress and anxiety ?
Burden of diabetes care	not taking up too much of your time ?
Family and relationships	freeing loved ones from concern about the impact of your diabetes ?
Social interactions and stigma	preventing you from feeling isolated or different ?




Current therapies are not delivering success

Respondents to dQ&A Patient Panel Survey August 2016 (n=3,455)

	Type 1	Type 2 insulin	Type 2 non-insulin
BG goals/excursions	○	○ ← ○	○
Protection from complications	○	○ ← ○	○
Emotional well-being	○	○ ← ○	○
Burden of diabetes care	○	○ ← ○	○
Family/relationships	○	○ ← ○	○
Social/stigma	○	○ ← ○	○


○ <33% feel 'very successful'
 ○ 34%-66% feel 'very successful'
 ○ >66% feel 'very successful'



Does A1c success make you feel better?

“How successful is your diabetes therapy at...”

Improving/maintaining A1c	Successful, 37%	Not successful, 4%	34%
Preventing/limiting negative feelings	Successful, 29%	Not successful, 10%	19%



A1c gains don't guarantee emotional payoffs

"My A1c is worse than last year" "My A1c is the same as last year" "My A1c is better than last year"

22% **35%** **35%**

say their diabetes care is successful at limiting or preventing negative feelings




Measuring emotional well-being

The Warwick-Edinburgh Mental Well-being scale

Pros:
Short, positively worded, validated in 14 countries and languages, covers both feeling and functioning

Sensitive to well-being changes that arise from programs that encourage activity and healthy eating

Cons:
Designed for general population use. Not diabetes-specific.



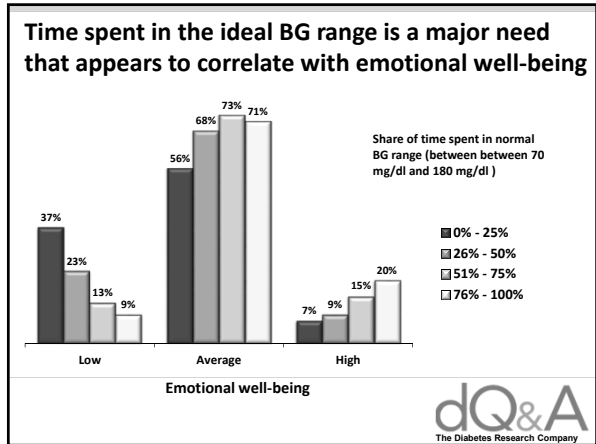
What correlated with better emotional well-being?

Higher	Lower
Good diabetes control (self evaluated)	Poor diabetes control
More time in the ideal glucose range	Less time in the ideal glucose range
A1c the same or better than last year	A1c worse than last year
At goal (A1c ≤ 7%)	Not at goal (A1c > 7%)
Having an A1c goal	Not having an A1c goal
Having a weight goal	No weight goal
No significant hypo concerns	Significant hypo concerns
Low BMI	High BMI
No complications	Complications (especially DPN, Kidney function)
Support from family, friends, other PWDS	Lack of support and knowledge

More correlations...

Improvements over last year in:

- Managing weight
- Affordability of diabetes treatment
- Complications
- Energy level and ability to do things
- Tolerating side-effects of medications
- Exercise and fitness





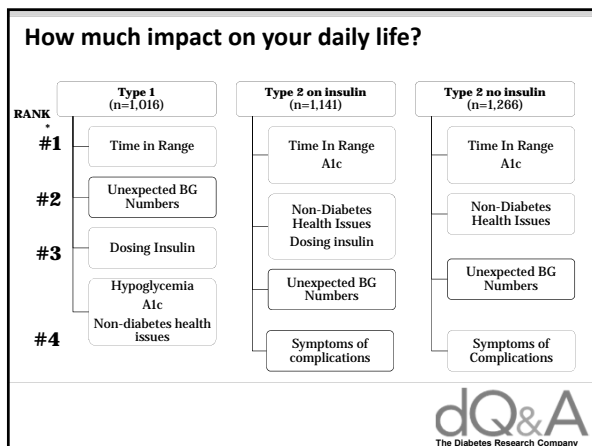
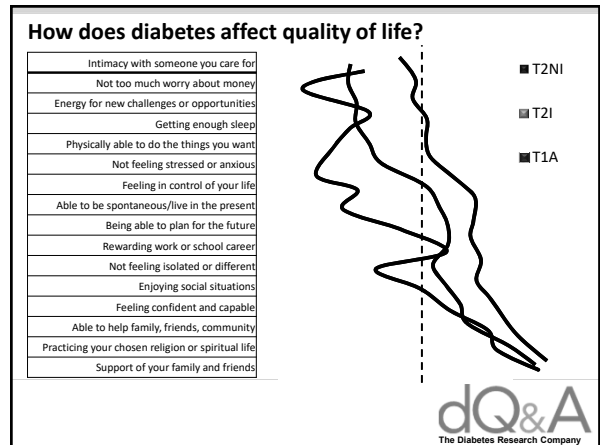
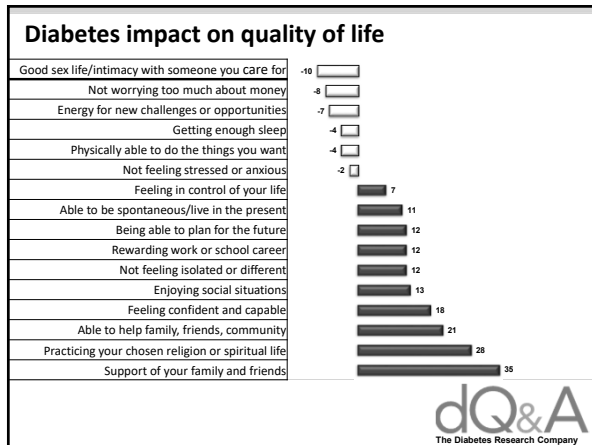
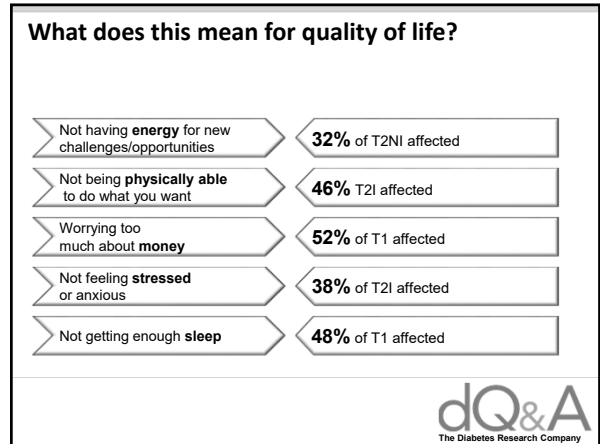
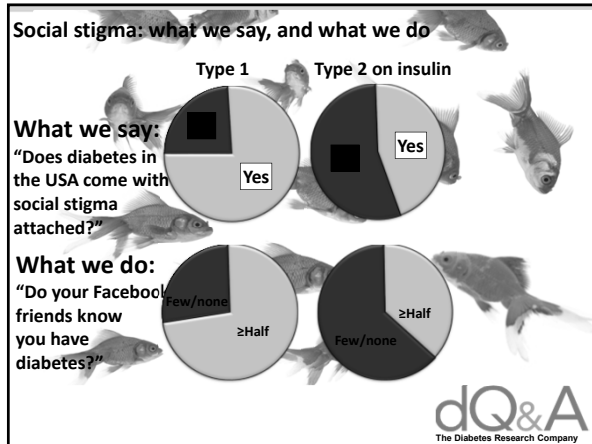
Social stigma is also part of the emotional challenge

...And the more intensive the therapy, the more it is felt

20% of people with type 2 on oral agents
30% of people with type 2 on insulin
40% of people with type 1

Strongly agree that they have been made to feel guilt, shame, isolation or blame because of their diabetes





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The Diabetes Research Company