Disclosure to Participants

• Notice of Requirements For Successful Completion
  — Please refer to learning goals and objectives
  — Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours

• Conflict of Interest (COI) and Financial Relationship Disclosures:
  — Presenter: Ninfa Peña-Purcell, Ph.D., MCHES, does not have any conflict of interest or financial relationships to disclose
Objectives

• Discuss the prevalence of diabetes-related distress (DRD) and depression among people with diabetes
• Describe the impact of DRD among African Americans and Hispanics/Latinos
• Explain the emotional impact of living with diabetes

Objectives

• Describe the American Diabetes Association’s guidelines for diabetes psychosocial care
• Discuss reliable instruments to assess diabetes distress

Terms and Acronyms

• Type 2 Diabetes Mellitus: T2D
• Persons with Diabetes: PWD
• Diabetes-related Distress: DRD
• Major Depressive Disorder: MDD
• Diabetes Self-management Education and Support: DSME/S
Diabetes Distress

*PhotoVoice* is a qualitative method using a blend of narrative and photography to assess community issues

- In 2013, a *PhotoVoice* study was conducted exploring Hispanic/Latino and African Americans’ daily experiences managing diabetes. ¹
- Emotional struggles was found to be an issue for both groups.¹

**In Their Voices**

Stress, Fear, and Acceptance

- “Stress is one of the principal factors that affects us with respect to our illness”
- “Having diabetes comes with a great deal of fear”
- “… you don’t accept it, but later on you accept it and pay attention to what you have to learn or do…”

“Faith, hope, and love are what encourage me to get through this [diabetes]”
Diabetes and Emotional Health

- People with T2DM are at an increased risk of reduced psychological well-being
- Nearly half of the people with a new diabetes diagnosis (within three months) report psychological distress
- Diabetes-related Distress (DRD) is a prominent issue for people with T2DM

Diabetes Distress vs. Major Depressive Disorder

- Depression is a “catch-all” term for mood symptoms
- Diabetes distress is not a psychiatric disorder
- Diabetes distress is typical among people living with diabetes

Diabetes Distress Defined

- Distinct from major depression disorder
- Content and context-specific to living with diabetes
- Part of the diabetes spectrum and not a separate clinical psychopathology
Diabetes Distress Prevalence\textsuperscript{14,17-20}

30\% of people with Type 2 diabetes experience a depressive affect

18\% to 63\%

\textsuperscript{\textsuperscript{Fisher, 2008}}\textsuperscript{\textsuperscript{Brown, 2013}}

Range of Diabetes Distress Prevalence

Diabetes-Related Distress vs. Depression\textsuperscript{14,21-27}

- There is significant overlap between DRD and clinical depression
- DRD is more widespread than MDD
- In the spectrum of emotional disorders, DD is at the milder end, and MDD is more severe
- Both DRD and MDD impact T2DM through poor disease management and lower self-care

ADA Psychosocial Care Guidelines
Integrate a collaborative, person-centered approach
Screen for symptoms of diabetes distress, depression, anxiety, disordered eating behaviors, and cognitive capabilities
Assess psychosocial issues in the context of the burden of diabetes self-management

Assess life situations that impact physical and psychological health outcomes and incorporate it into intervention strategies
Address psychosocial problems when identified
Psychosocial Care: *When to Screen*

- At diagnosis
- Regularly scheduled visits
- Changes in medical status
- During hospitalization(s)

Psychosocial Care: *When to Screen*

- When new-onset complications occur
- Whenever problems are identified with:
  - Glucose control
  - Quality of life
  - Self-management

Assessing Diabetes Distress\textsuperscript{19-30}

<table>
<thead>
<tr>
<th>Measure</th>
<th>Problem Areas in Diabetes (20 items)</th>
<th>Diabetes Distress Scale (17 items)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domains</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes-related emotional problems (12 items)</td>
<td>Emotional burden (5 items)</td>
</tr>
<tr>
<td></td>
<td>Treatment problems (3 items)</td>
<td>Physician-related distress (4 items)</td>
</tr>
<tr>
<td></td>
<td>Food-related problems (3 items)</td>
<td>Regimen-related distress (5 items)</td>
</tr>
<tr>
<td></td>
<td>Social support-related problems (2 items)</td>
<td>Interpersonal distress (3 items)</td>
</tr>
</tbody>
</table>
What do you think?
How do you assess for psychological distress?

Distress and Diabetes Self-Management
- Evaluate and train PWD until they attain competence in diabetes self-care skills
- Consider the patient’s burden of treatment and level of self-efficacy for self-management skills

Patient-Provider Communication
- Monitor PWD’s psychosocial well-being:
  - Query about well-being in routine care
- Provide patient-centered communication:
  - Avoid blaming PWD for non-compliance
  - Consider PWD context including culture
Brief Diabetes Scale:
1. Feeling overwhelmed by the demands of living with diabetes
2. Feeling that you are often failing in your diabetes regimen
   Scale: 0 = not a problem to 6 = very serious problem

Coping 2 Control: *A Community-based Solution*

- Educate about the emotional side of diabetes
- Apply cognitive behavior therapy to reframe negative thinking
- Develop problem-solving skills to cope with stress
- Provide social support and encouragement

Module 1
Sad, Angry, and Happy: Your Emotions are Real

Module 2
Healthy Coping: Dealing with Diabetes Stress

Module 3
Take Control: Mindful Living with Diabetes

Coping 2 Control Lesson Topics
What do you think?

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