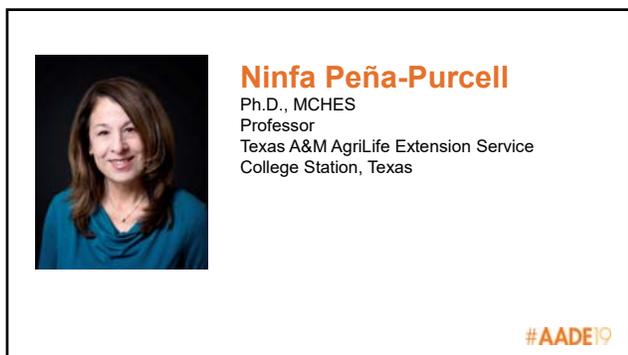
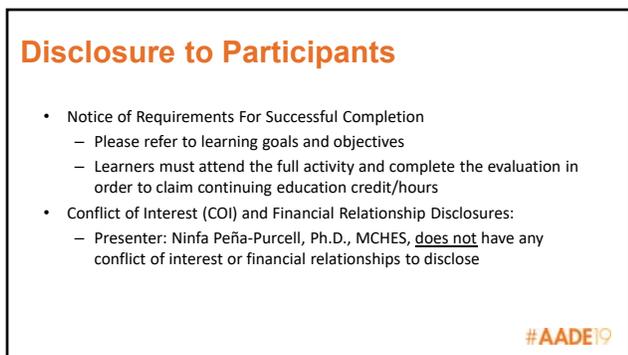


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Objectives

- 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

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Objectives

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

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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**

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Diabetes Distress

In Their Voices

A 2015 PhotoVoice study of Hispanic/Latino and African Americans' with T2D, found emotional struggles was found to be a leading issue for both groups.¹




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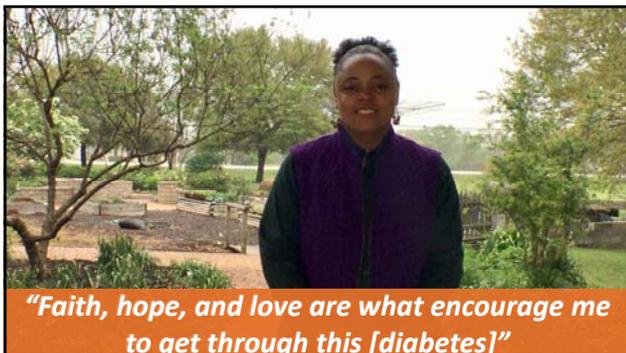
Stress, Fear, and Acceptance¹



- "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 ..."

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Diabetes and Emotional Health 2,10-14

- 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

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Diabetes Distress Defined^{2,15-16}

A patient's concern about disease management, support, emotional burden, and access to care.

- Distinct from major depression disorder
- Content and context-specific to living with diabetes
- Part of the diabetes spectrum and not a separate clinical psychopathology

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Diabetes Distress Prevalence^{14,17-20}

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

18% to 63%

Fisher, 2008 Brown, 2013

Range of Diabetes Distress Prevalence



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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

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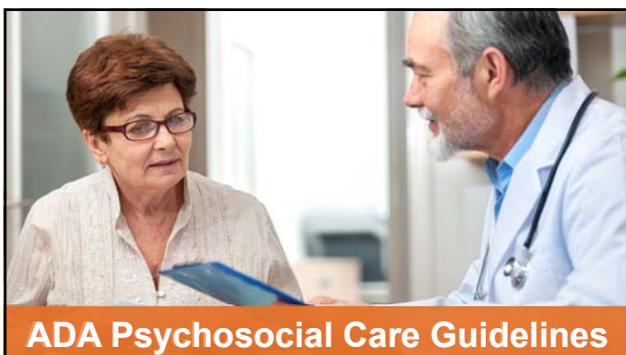
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Diabetes-Related Distress vs. Depression^{14,21-27}

- 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

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Psychosocial Care for People with Diabetes: *General Considerations*²⁸

- 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



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Psychosocial Care for People with Diabetes: *General Considerations*²⁸



- Assess life situations that impact physical and psychological health outcomes and incorporate it into intervention strategies
- Address psychosocial problems when identified

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Psychosocial Care for PWD: Life and Disease Course Perspectives		
Phases of Living with the Disease	Continuum of psychosocial issues and behavioral health disorders in people with diabetes Biological (Genetics) / Symptom / Behavior Clinical / Psychosocial / Emotional	
Behavioral health disorder prior to diabetes diagnosis	None	<ul style="list-style-type: none"> • Mood and anxiety disorders • Psychotic disorders • Intellectual disabilities
Diabetes diagnosis	Normal course of adjustment reactions, including distress, fear, grief, anger, initial changes in activities, conduct, or personality	<ul style="list-style-type: none"> • Adjustment disorders*
Learning diabetes self-management	Issues of autonomy, independence, empowerment initial challenges with self-management demonstrate improvement with further training and support	<ul style="list-style-type: none"> • Adjustment disorders* • Psychological factors** affecting medical conditions
Maintenance of self-management and coping skills	Periods of waning self-management behaviors, responsive to booster educational or supportive interventions	<ul style="list-style-type: none"> • Maladaptive eating behaviors • Psychological factors** affecting medical conditions
Life transitions impacting disease self-management	Distress and/or changes in self-management during time of life transition***	<ul style="list-style-type: none"> • Adjustment disorders • Psychological factors** affecting medical conditions
Disease progression and onset of complications	Distress, coping difficulties with progression of diabetes/onset of diabetes complications impacting function, quality of life, sense of self, roles, interpersonal relationships	<ul style="list-style-type: none"> • Adjustment disorders • Psychological factors** affecting medical conditions
Aging and its impact of disease and self-management	Normal age-related forgetfulness, slowed information processing and physical skills potentially impacting diabetes self-management coping	<ul style="list-style-type: none"> • Mild cognitive impairment • Alzheimer or vascular dementia
Providers for psychosocial and behavioral health intervention	All healthcare team members (e.g., physicians, nurses, diabetes educators, dietitians) as well as behavioral providers	Behavioral or mental health providers (e.g., psychologists, psychiatrists, clinical social workers, certified counselors or therapists)

*With depressed mood, anxiety or emotion, and conduct disturbance. **Personality traits, coping style, health beliefs, health behavior or stress-related psychological response. ***Examples include changing schools, moving, job/occupational changes, marriage or divorce, or bereavement.

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Psychosocial Care: *When to Screen*

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

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Psychosocial Care: *When to Screen*

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

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What do you think?
How do you assess for psychological distress?

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Assessing Diabetes Distress²⁹⁻³⁰

Measure	Problem Areas in Diabetes (20 items)	Diabetes Distress Scale (17 items)
Domains	Diabetes-related emotional problems (12 items)	Emotional burden (5 items)
	Treatment problems (3 items)	Physician-related distress (4 items)
	Food-related problems (3 items)	Regimen-related distress (5 items)
	Social support-related problems (2 items)	Interpersonal distress (3 items)

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Brief Diabetes Scale³¹



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

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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

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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

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Positive Impact of DSME/S

In a 2019 study of Hispanic/ Latinos (n = 137) and African Americans (n = 122) completing a 7-week DSME/S, it was found for **both groups**:

- Significant improvements in all outcomes: self-care, self-efficacy, and psychological distress.
- Lower psychological stress score were related to great post-test self-efficacy and self-care

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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



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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



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Case Study

Mary has had T2D for over 20 years. She remarked that no doctor had ever told her she was doing a good job of managing her illness.

"Despite the fact that I'm on a pump and a glucose monitor and I take meticulous care of both of those devices and monitor constantly throughout the day...all of those efforts don't equate into good results. In fact, the opposite is true, that sometimes when I am trying my hardest to be vigilant, everything goes haywire."

There are days I want to quit because managing diabetes takes too much of my time. Also, my family doesn't understand how difficult it is to keep my diabetes under control. #AADE19

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Case Study

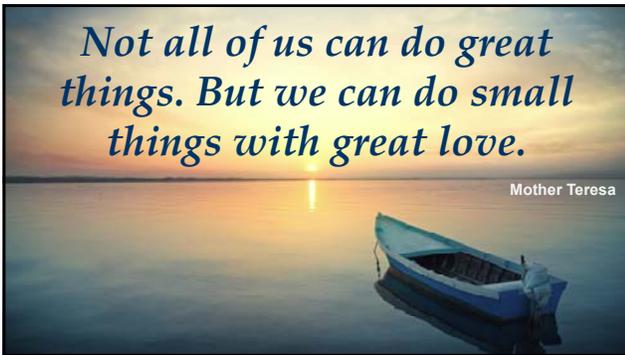
- What psychosocial support would you provide the patient?
- What areas of self-management require attention?
- How can you empower and encourage the patient?

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