

MANAGING THE EMOTIONAL CHALLENGES of living with type 1 diabetes



*“I understand about
indecision,
But I don’t care if I
get behind.
People livin’ in
competition,
All I want is to have
my peace of mind.”*

*—Tom Scholz
(of the band Boston), 1976.*

LIVING WITH TYPE-1 DIABETES CAN BE CHALLENGING.

Diabetes is sometimes described as a 24/7 job with lousy pay and a demanding, unpredictable boss, which is in addition to all of our other day-to-day responsibilities. Combine this with the biochemical changes that take place throughout the body when glucose levels veer outside of a normal range, and it is no mystery that people with diabetes face a multitude of emotional and mental health challenges.

As is the case with diabetes, there is a big difference between living with a mental health condition successfully and suffering from it. Given how difficult it can be to function in a state of emotional turmoil, let’s take a look at what you can do to evaluate your risk, prevent, and (if necessary) seek appropriate care for common mental health disorders.



SIGNS, SYMPTOMS, SOLUTIONS

People with diabetes are at greater risk for depression, anxiety/panic attacks and disordered eating. Additionally, people with diabetes often experience something known as Diabetes Distress Syndrome (DDS), better known as “diabetes burnout.”



CONDITION

DIABETES BURNOUT (ALSO CALLED DIABETES DISTRESS)

DESCRIPTION	SYMPTOMS	TREATMENTS, ETC.
<p>Diabetes burnout is related to how you feel about diabetes and the tasks required to manage it. This doesn't mean you've completely stopped caring for yourself, just that you're really tired of managing diabetes.</p>	<ul style="list-style-type: none"> ■ Eating more of the foods that you know mess up your blood sugar levels ■ Lying to others about your blood sugar levels ■ Intentionally skipping insulin or blood sugar checks ■ Intentionally letting your blood sugar run high ■ “Winging it” when it comes to insulin doses ■ Feeling full of anger or exhausted by diabetes 	<ul style="list-style-type: none"> ■ Talk to your diabetes care and education specialist about simplifying your management program. ■ Break down diabetes management into small, manageable chunks. ■ Seek the support of peers either on-line or in-person. ■ See the books in the resources section.

MANAGING THE EMOTIONAL CHALLENGES

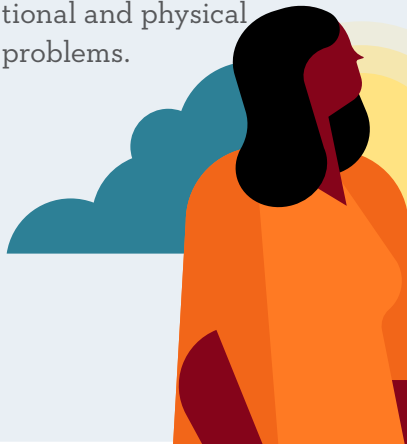
of living with type 1 diabetes

CONDITION

DEPRESSION

DESCRIPTION

Depression is more than just a bout of the blues and is different from diabetes burnout. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest in usual activities. It affects how you feel, think and behave and can lead to a variety of emotional and physical problems.



SYMPTOMS

- Difficulty concentrating, remembering details, and making decisions
- Decreased energy
- Feelings of guilt, worthlessness, or helplessness
- Difficulty sleeping, or excessive sleeping
- Irritability, restlessness
- Loss of interest in pleasurable activities
- Overeating or appetite loss
- Persistent digestive problems that do not ease, even with treatment
- Persistent sad, anxious, or "empty" feelings
- Thoughts of suicide or self-harm

TREATMENTS, ETC.

- Depression isn't a weakness and you can't simply "snap out of it." Most people with depression feel better with medication, cognitive behavioral therapy (counseling) or both.
- Find a qualified provider to lead the treatment process and don't hesitate to try various forms of treatment until you find one that works.
- Also, look for ways to improve your glucose control as this may decrease depression symptoms.

ANXIETY DISORDER

While everyone experiences some degree of anxiety from time to time, a person with an anxiety disorder feels an inappropriate amount of worry and fear. Needle phobia is one example. Panic attacks are the physical manifestation of acute anxiety.

- Frequent feelings of impending danger
- Panic attacks may include trembling, sweating, pounding heart, and other physical symptoms.

- Anxiety disorders should be treated by a qualified mental health professional. Cognitive behavioral therapy, mindfulness training and systematic desensitization can be effective.
- Also, look for ways to improve your glucose control, as this may help to reduce symptoms.
- See the information about the suicide prevention hotline in the resources section.



CONDITION		
FEAR OF HYPOGLYCEMIA		
DESCRIPTION	SYMPTOMS	TREATMENTS, ETC.
<p>This is a specialized anxiety disorder that affects millions of people with diabetes. While it is normal and healthy to avoid hypoglycemia, an unhealthy fear of low blood sugar can negatively influence behaviors and well-being.</p>	<ul style="list-style-type: none"> Intentionally keeping blood sugar levels higher than recommended Anxiety about passing out in public Lack of confidence in performing common tasks such as driving 	<ul style="list-style-type: none"> Use of a continuous glucose monitor (with appropriate low alerts) can often help, as can use of a hybrid closed-loop system. Be open to making gradual, progressive improvements to your glucose control. Work with your diabetes team to improve your self-care and problem-solving skills.
DISORDERED EATING BEHAVIORS		
<p>Disordered eating can be defined as an unhealthy relationship with food and the inability to properly handle hunger cues.</p> <p>Although more common in women, anyone with diabetes is at an increased risk.</p>	<ul style="list-style-type: none"> Restrictive dieting/skipping meals Binging Purging Laxative/Diet Pill abuse 	<ul style="list-style-type: none"> Seek the counsel of a mental health professional or treatment center. Discuss aspects of your diabetes management plan that may be contributing to disordered eating behaviors.



CONDITION

EATING DISORDERS, INCLUDING DIABULIMIA

DESCRIPTION	SYMPTOMS	TREATMENTS, ETC.
<p>Eating disorders and disordered eating behaviors are not the same thing. With an eating disorder, food intake and weight issues consume your thoughts and actions, making it nearly impossible to focus on anything else. Eating disorders often cause multiple, serious physical problems and, in severe cases, can become life threatening. It is a complex psychiatric illness requiring medical intervention.</p>	<ul style="list-style-type: none"> ■ Withdrawal from social activities ■ Distorted body image ■ Persistent concern about being “fat” ■ Frequent checking in the mirror ■ Feeling ashamed, sad or anxious ■ Obsessive thinking about food, weight, shape ■ Compulsive activity 	<ul style="list-style-type: none"> ■ Seek the counsel of a multi-disciplinary team that specializes in treating people with eating disorders. Discuss with your diabetes team the appropriateness of medications which may impact your sense of fullness.

DIABULIMIA

<p>Diabulimia is an eating disorder that is specific to people with type 1 diabetes. It is similar to bulimia in that there is an unhealthy obsession with body image and a desire to lose weight. What makes this condition unique is the manipulation of insulin to induce weight loss.</p>	<ul style="list-style-type: none"> ■ Extremely high A1c results ■ Blood sugars that vary widely for no known reason ■ Unusual fear of being weighed ■ Delayed puberty, lack of age-appropriate menstruation, irregular menstruation ■ Recurring severe low blood sugars ■ Obsessive exercising ■ Food and/or alcohol binges 	<ul style="list-style-type: none"> ■ Treatment is similar to treatments for anorexia and bulimia, including nutritional counseling and cognitive behavioral therapy. Effective treatment requires a multi-disciplinary team with specialized skills in the management of both diabetes and eating disorders.
---	--	---



MANAGING THE EMOTIONAL CHALLENGES

of living with type 1 diabetes

You're not in this alone. There are specialized programs, experts and peers that are here to help you deal with the psychological burden and emotional complications of living with type 1 diabetes. The best place to start is with your own healthcare providers. If they can't help you directly, ask for a referral to a mental health professional such as a social worker, licensed clinical social worker, clinical psychologist or psychiatrist.

Sharing frustration, anger, challenges and sadness with others who can truly relate helps reduce the pressure and stress of living with diabetes. A variety of diabetes communities are accessible in-person via local support groups or online via forums websites and blogs.



ADDITIONAL RESOURCES:

- For a listing of **mental healthcare providers** with a special interest in diabetes, the American Diabetes Association offers an online directory: professional.diabetes.org/mhp_listing
- To find a **social worker** in your local area, visit the National Association of Social Workers: helppro.com/nasw/BasicSearch.aspx
- To locate a **Diabetes Education Program** in your area, go to: diabeteseducator.org/find
- Support for people with type-1 diabetes and **eating disorders** can be found through We Are Diabetes: www.wearediabetes.org
- The **Diabulimia Helpline** offers professional and peer support for people with diabetes and diabulimia. (425) 985-3635; www.facebook.com/groups/DiabulimiaSupport
- If at any time you have thoughts of harming yourself, contact the **National Suicide Prevention Hotline**: 800-273-8255

BOOKS:

- *Dealing With Diabetes Burnout: How to Recharge & Get Back on Track*, by Ginger Vieira
- *Diabetes Burnout: What to Do When You Can't Take It Anymore*, by William Polonsky

REFERENCES:

1. Anderson RJ, et al. The prevalence of comorbid depression in adults with diabetes: a meta-analysis. *Diabetes Care* 2001;24:1069-1078.
2. Butwicka A, et al. Risks of psychiatric disorders and suicide attempts in children and adolescents with type 1 diabetes: a population-based cohort study. *Diabetes Care* 2015;38:453-459.
3. Grigsby AB, et al. Prevalence of anxiety in adults with diabetes: a systematic review. *J Psychosomatic Res* 2002;53:1053-1060.
4. Hagger V, et al. Diabetes Distress among adolescents with type-1 diabetes: a systematic review. *Curr Diab Rep* 2016;16:9.
5. Jones JM, et al. Women with type 1 diabetes are 2.4 times more likely to develop an eating disorder than their non-diabetic peers. *BMJ* 2000;320:1563-1566.
6. Powers MA, et al. Diabetes distress among persons with tpe 1 diabetes. *Diabetes Educ* 2017;43(10):105-113.
7. Reynolds KA and Helgeson VS. Children with diabetes compared to peers: depressed? Distressed? A meta-analytic review. *Ann Behav Med* 2011; 42:29-41.
8. Roy T, Lloyd CE. Epidemiology of depression and diabetes: a systematic review. *J Affect Disord* 2012; 142(Suppl):S8-S21.
9. Wang et al. Association between diabetes and risk of suicide death: a meta-analysis of 3 million participants. *Compr Psychiatry* 2016;71:11-16.
10. Young V, et al. Eating problems in adolescents with type 1 diabetes: a systematic review with meta-analysis. *Diabetes Med* 2013;30:189-198.