

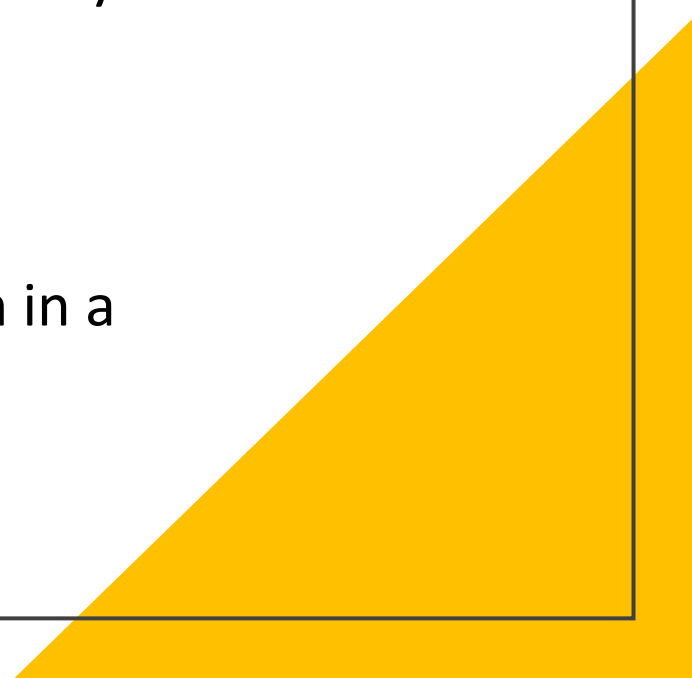


Helping People With Diabetes Shift Their Mindset and Change Their Approach to Self-Care Behaviors


Mark Heyman, PhD CDCES

CEO, Center for Diabetes & Mental Health

Objectives

1. Recognize the role mental health plays in a person's ability to manage their chronic disease(s).
 2. Apply standardized tools to assess for depression and anxiety.
 3. Identify self-help techniques to support mental health in a person with diabetes.
 4. List possible behavioral health referral resources.
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Diabetes and Mental Health


- Diabetes management requires the integration of complex behavioral, emotional, and social factors into daily life
 - People with diabetes are at higher risk of mental health disorders than the general population
 - Only about 1/3 of patients with these coexisting conditions receive a diagnosis and treatment
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Why do we care?

Diabetes-related psycho-social issues can have a big impact on:

- Quality of Life
- Self-care behavior
- Glycemic control

Meet Cindy

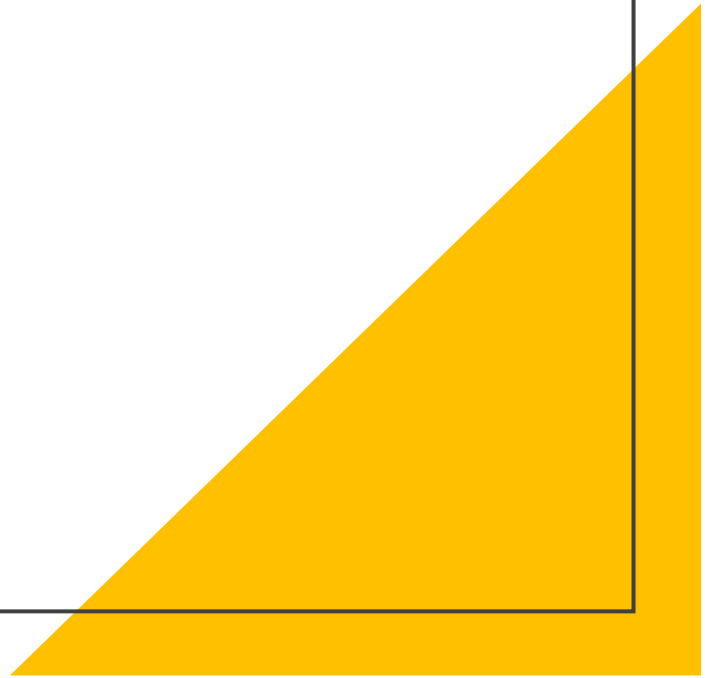
- Cindy is a 58 year old retired nurse who was diagnosed with type 2 diabetes 4 years ago.
 - Cindy knows she needs to change her diet and exercise more, however she worries that no matter how hard she tries, any change she makes will not be good enough.
 - She recently said that she feels angry and frustrated that diabetes has so much control over her life.
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- In December 2016 the American Diabetes Association issued its first position statement that provides comprehensive and specific guidelines for psychosocial assessments and care based on factors including age, type of diabetes and family support system
- The guidelines focus on the most common psychological factors affecting people with type 1 and type 2 diabetes, including diabetes distress, depression, and anxiety and eating disorders, and emphasize that diabetes management is more successful when lifestyle and emotional status are an integral component of diabetes care
- The position statement is based on current diabetes research and recommendations from the field of mental health

ADA Psychosocial Position Statement

Emotional Challenges in Diabetes

- Negative Emotions
- Diabetes Burnout
- Diabetes Distress



Negative Emotions in Diabetes

- Sadness
- Frustration
- Hopelessness
- Overwhelmed
- Anger
- Alone
- Guilt
- Shame
- Embarrassment
- Out of control

Diabetes Burnout

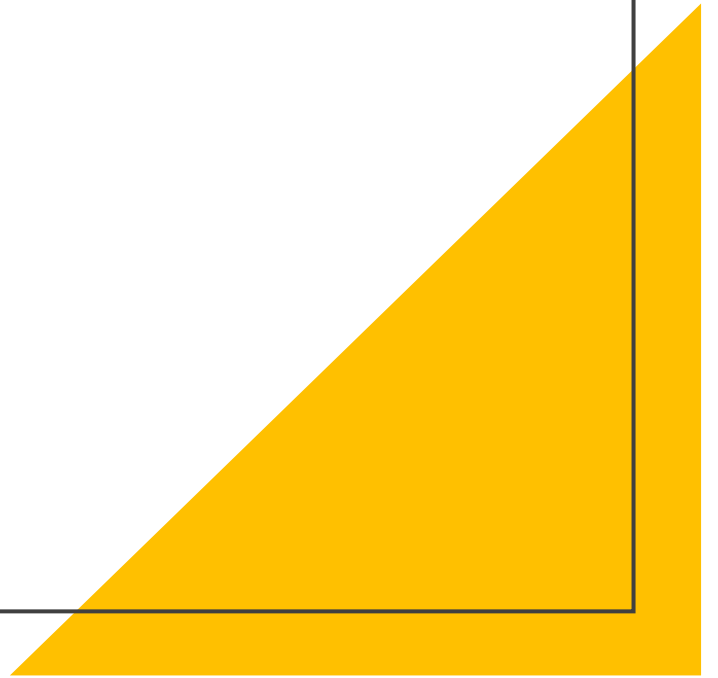
A state in which patients with diabetes grow tired of managing their disease and then simply ignore it for a period of time, or worse, forever.

Diabetes Distress

- *A negative emotional state due to the the constant behavior demands of diabetes self-management and the potential or actuality of disease progression*
- Prevalence of diabetes distress is reported to be 18-45% with an incidence of 38-48% over 18 months
- Diabetes distress is associated with higher A1c, lower self-efficacy, and poorer self-care behaviors

Common Psychological Co-morbidities

- Depression
- Anxiety
- Disordered eating



Depression

- Symptoms of depression and depressive disorders affect at least one in four people with diabetes
- History of depression and current depressive symptoms are risk factors for type 2 diabetes
- Depressive symptoms are more likely to come about when there is a significant change in medical status
- People with diabetes should be screened annually for depression

Anxiety

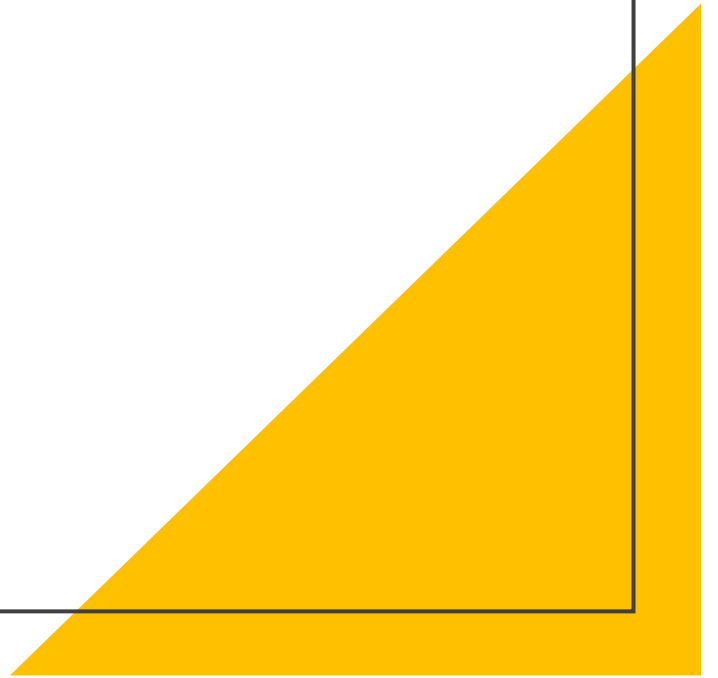
- Symptoms of anxiety are common in people with diabetes
- The lifetime prevalence of generalized anxiety disorder is estimated at 19.5%
- Other anxiety disorders, including obsessive compulsive disorder, specific phobias and post-traumatic stress are common in people with diabetes
- People who exhibit anxiety or worries about diabetes should be assessed and referred, if appropriate

Eating Disorders

- Eating disorders are more common in women with diabetes than women without diabetes
- Binge eating is most common in women with type 2 diabetes
- Assess for disordered eating behavior when hyperglycemia and weight loss are unexplained

Assessment Tools

- Diabetes Distress Scale (DDS)
- Problem Areas in Diabetes Scale (PAID)
- Open communication with patients



Diabetes Distress Scale

The DDS is 17-item scale measuring diabetes-related emotional stress in 4 areas:

- Emotional burden
- Physician-related distress
- Regimen-related distress
- Interpersonal distress

Problem Areas in Diabetes Scale

PAID is a 20-item scale that describes common problematic situations for people type 2 diabetes, each representing a unique area of diabetes-specific emotional distress.

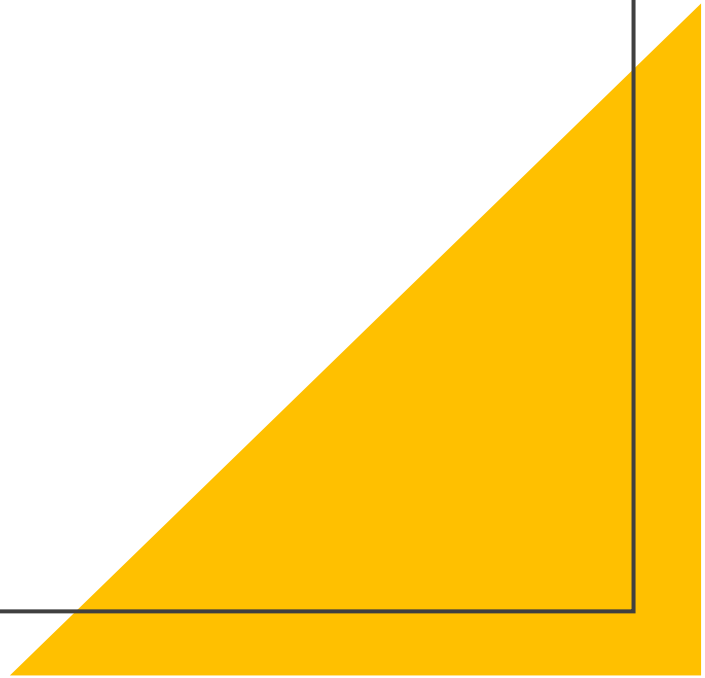
Open Communication with Patients

Often, the best way to assess for diabetes-related stressors is to ask open-ended questions and really listen to the answers.

- *Tell me about what makes living with diabetes hard for you.*
- *What has been the most challenging part of managing your diabetes recently?*
- *What word(s) do you use to describe diabetes?*
- *What about living with diabetes takes the most energy?*

Interventions to Promote Self-Care

- Identify barriers
- Manage expectations
- Practice Mindfulness
- Reframe Thoughts
- Connect to support
- Refer to behavioral health



Identify Barriers

People with diabetes generally know what they should do to manage their diabetes, but they often struggle anyway.

- Help patients identify barriers to diabetes-management behaviors
- Identify the behaviors that will have the biggest impact
- Work with your patient to set goals that are specific, measurable and realistic

Manage Expectations

Many people with diabetes believe that they have to manage their diabetes perfectly, setting themselves up for failure.

- Normalize that it is impossible for anyone to be perfect all the time
- Help patients understand that even with good management, diabetes is not always predictable
- Work with patients to help them set reasonable expectations for themselves around diabetes-management behaviors and glycemic control

Practice Mindfulness

*Mindfulness means paying attention,
on purpose, in the present moment,
without judgment.*

- Mindfulness has been shown to improve psychological well-being and improve quality of life in people with diabetes
- Mindfulness-based interventions are associated with improved glycemic control

Reframe Thoughts

Many people with diabetes have cognitive distortions about what diabetes means about them.

- Help patients identify distorted thoughts so they are aware of how they are impacting them
- Challenge these thoughts by asking open-ended questions
- Work with patients to reframe thoughts so they are more realistic to the situation

Connect to Support

Many people with diabetes feel that they do not get enough support and they are struggling with diabetes alone. People with diabetes need support from people in their life including:

- Their health care team
- Their friends and family members
- Others with diabetes

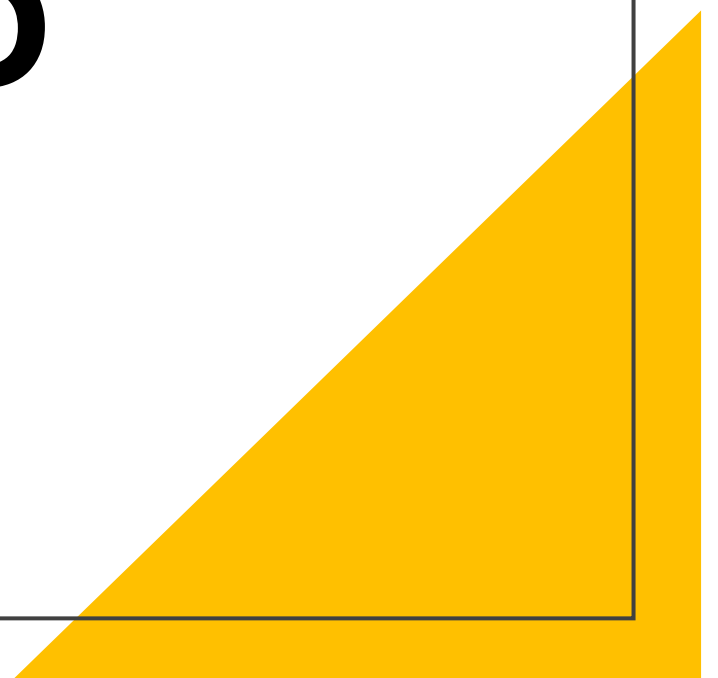
Refer to Behavioral Health

- Impaired self-care after diabetes education
- Positive screen on a validated depression screening tool
- Positive screen on a validated screening tool for anxiety or fear of hypoglycemia
- Disordered eating behavior, including omission of insulin
- Diabetes diagnosis or change in medical status that interferes with the person's social or occupational functioning

What Happened to Cindy?

- Cindy learned to break down her diet and physical activity goals into manageable pieces.
- She came to realize that she did not have to be perfect all the time. Just because she was not perfect one day did not mean that she had lost everything she had gained.
- Cindy found a group of others dealing with similar issues. This group celebrates members' successes and supports them in their struggles.

QUESTIONS?



Thank you!

Mark Heyman, PhD, CDCES

mark@cdmh.org

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