Diabetes Management

Behavioral Issues in Diabetes

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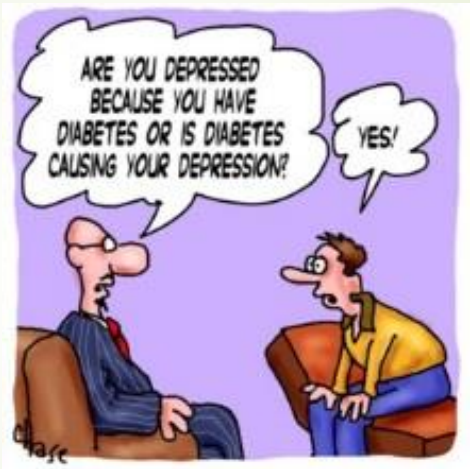
Disclosures

- No commercial/industry
- I am shamelessly a huge advocate for DSME program CDCES referrals and a patient-centered team approach in caring for people with diabetes.

Learning Objectives

- Identify common behavioral issues facing people with diabetes
- Identify screening tools for diabetes distress
- Identify obstacles that contribute to common behavioral issues
- Identify tools and resources to enable healthy coping



Diana Diabetes -42 y/o female
diagnosed 3 months ago T2DM
Hypertension Smoker – 5 daily
Hyperlipidemia Obesity

- Initial appt:
  - A1c = 6.9
  - Weight 195 lb BMI 34%
  - Started Metformin titration at 500 mg BID
  - Started Lisinopril 2.5 mg daily
  - Started Simvastatin 10 mg daily
  - DSME referral
  - Dietician referral
  - Eye referral
  - Vaccination referral
  - Foot exam
  - Smoking cessation
  - Exercise 30 min per day 5 days per week
  - Monitor BID fasting and HS
- Today's appt:
- A1c 7.6
- Weight 193 lb
- BP 128/70
- Started DSME – initial assessment in EHR
- Glucometer results for first 2 weeks then nothing
- Metformin stopped

Not meeting goals = Non adherence!...?

- Increased a1c
- Not taking meds
- Didn't follow up
- Didn't listen
- Doesn't care
- Doesn't check blood sugars as told
- Food diary – eating convenience foods
- Overwhelmed at first appointment.
- Took Metformin morning but never eats breakfast – Side Effects
  - Metformin and cancer ad on Face Book
  - Went for Initial DSME assessment but started new job and class times didn't work. Working 7am -7 pm 5 days a week (or eye appt)
  - New job high deductible insurance – large bills coming couldn't afford dietician or further DSME.
  - Strips for glucometer at pharmacy $100
  - Single mom with 3 school aged children

ADA Standards of Medical Care - 2020

- 5.31 –Psychosocial care should be integrated with a **COLLABORATIVE**, **PATIENT CENTERED** approach and provided to all people with diabetes, with the goals of optimizing health outcomes and health – related quality of Life. (A)
  - Very complex lifestyle –
    - environmental aspect
    - Social aspect
    - Lifetime behaviors
    - Emotional aspects
    - Financial aspects
    - 5.32 – 5.34 screening and assessment

What is DIABETES DISTRESS?

- **DIABETES DISTRESS** refers to the worries, concerns and fears among individuals with diabetes over time as they struggle with managing a chronic, progressive disease like diabetes.
- **DIABETES DISTRESS** is of significant clinical concern due its high prevalence and its clinically significant relationship with disease management, medication adherence, glycemic control, and quality of life.
- **DIABETES DISTRESS** is not a co-morbidity or diabetes complication - it is simply a part of living with and managing diabetes over time.
- **DIABETES DISTRESS** is distinct from clinical depression, Major Depressive Disorder, and Manic Depressive Disorder, which may need to be assessed separately.
- **DIABETES DISTRESS** is stable over time if not attended to - it tends to continue. Unlike clinical depression, it generally is not episodic.
- **DIABETES DISTRESS** is highly responsive to clinical attention.
- https://diabetesdistress.org/what-is-dd

Diabetes distress – "very common and is distinct from other psychological disorders. Diabetes distress refers to significant negative psychological reactions related to emotional burdens and worries specific to an individual's experience in having to manage a severe, complicated and demanding chronic disease such as diabetes."

- **"significant distress" reported by 45% of participants yet only 24% reported health care teams asking how diabetes impacted their lives. (DAWN2)**
- High levels of distress :
  - Higher a1c
  - Lower self-efficacy
  - Poorer dietary and exercise behaviors
  - Significantly impact medication taking behaviors
  - Linked to increased morbidity

(…..DSME has been shown to reduce diabetes distress…)

ADA STANDARDS OF MEDICAL CARE IN DIABETES 2020 S57 Standards 5.31-5.35

SOME Contributing factors:

- Medication dosing, frequency, titration, polypharmacy
- Monitoring blood glucose
- Technology use
- Food intake and eating patterns
- Health and numeral literacy
- Physical activity
- Levels of energy
- Social determinants
- Chronic co morbidities
- Acute and long term complications
- House hold/family impact
- Previous experience with other's diabetes leading to preconceptions for their own experience
- Pre existing mental illness

Diabetes Distress

- Use a standardized/validated tool
- ***Not isolated to the person with diabetes*** **-** Family or caregivers can experience Diabetes Distress as well
- Discuss the potential for diabetes distress at diagnosis and during times when distress is likely to occur.
- Assessment of other related factors to impact outcomes and self management:
  - Attitudes toward disease
  - Expectations for medical management and outcomes
  - Available resources – financial, social and emotional
  - Psychiatric history

Diabetes Distress Scale
https://diabetesdistress.org/dd-assess-score-1
http://www.diabetesed.net/page/_files/diabetes-distress.pdf

- Type 1 and Type 2 scales
- 2 scored screening questions – either result 3 or more should complete DDS17
- during the last month

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6
2. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6

ADA Standard 5.35
Diabetes Distress – routinely monitor PWD for Diabetes Distress particularly when treatment targets are not met and/or at the onset of diabetes complications

Society of Behavioral Medicine – when are risks for DD higher?

- Around time of diagnosis and at the time of learning self management
- At the emergence of a complication
- Adding to or switching a medication
- Switching health care plans
- Switching health care providers

What is a clinician to do?

- Referral to a DSME program to work on the self care behaviors contributing to the distress.
- Collaborative treatment goals
- Healthy coping goals
- Motivational interviewing is key
- Tailoring visits to the patient's agenda
- Tailoring treatment to best address distress as well as medical outcomes
- Develop on going support plan
- Involve the entire Diabetes team
- Counseling

Referral to a Mental Health Specialist

If self-care remains impaired in a person with diabetes distress after tailored diabetes education

- If a person has a positive screen on a validated screening tool for depressive symptoms
- In the presence of symptoms or suspicions of disordered eating behavior, an eating disorder, or disrupted patterns of eating
- If intentional omission of insulin or oral medication to cause weight loss is identified
- If a person has a positive screen for anxiety or FoH
- If a serious mental illness is suspected
- In youth and families with behavioral self-care difficulties, repeated hospitalizations for diabetic ketoacidosis, or significant distress
- If a person screens positive for cognitive impairment
- Declining or impaired ability to perform diabetes self-care behaviors
- Before undergoing bariatric surgery and after if assessment reveals an ongoing need for adjustment support

ADA STANDARDS OF MEDICAL CARE IN DIABETES 2020 S57 Standards 5.35 table 5.2

Phase of living with diabetes	Continuum of psychosocial issues and behavioral health disorders in people with diabetes	
	Nonclinical (normative) symptoms/behaviors	Clinical symptoms/diagnosis
Behavioral health disorder prior to diabetes diagnosis	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	• Adjustment disorders*
Learning diabetes self-management	Issues of autonomy, independence, and empowerment. Initial challenges with self-management demonstrate improvement with further training and support	• Adjustment disorders* • Psychological factors affecting medical condition**
Maintenance of self-management and coping skills	Periods of waning self-management behaviors, responsive to booster educational or supportive interventions	• Maladaptive eating behaviors • Psychological factors** affecting medical condition
Life transitions impacting disease self-management	Distress and/or changes in self-management during times of life transition***	• Adjustment disorders* • Psychological factors ** affecting medical condition
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	• Adjustment disorders* • Psychological factors ** affecting medical condition
Aging and its impact on disease and self-management	Normal, age-related forgetfulness, slowed information processing and physical skills potentially impacting diabetes self-management and coping	• Mild cognitive impairment • Alzheimer or vascular dementia
	All health care team members (e.g., physicians, nurses, diabetes educators, dieticians) as well as behavioral providers	Behavioral or mental health providers (e.g., psychologists, psychiatrists, clinical social workers, certified counselors or therapists)
	Providers for psychosocial and behavioral health intervention	

Psychosocial Care for People With Diabetes: A Position Statement of the American Diabetes Association

ADA 2020 Standards related to psychopathological diagnosis

- Consider an assessment of symptoms of depression, anxiety, disordered eating, and cognitive capacities using standardized/validated tools at the initial visit and periodic intervals.
- Screening for Anxiety especially in fear of hypoglycemia/unawareness
  - Estimated lifetime prevalence of GAD 19.5% in people with diabetes
- Annual screening for depression –
  - occurs in 1 of 4 people with diabetes
  - Women have significantly higher rates of depression
  - Person centered collaborative care approaches improve both depression and medical outcomes

Diabetes and Disordered Eating Behavior

- Estimated prevalence varies.
- People with diabetes and eating disorders have high rates of comorbid psychiatric disorders.
- Consider reevaluating treatment regimen – etiology and motivation for the behavior should be considered.
  - Risk for insulin omission
  - Binge eating
  - Uncontrollable hunger – consider GLP1

Diabetes and Serious Mental Illness

- Often associated with inability to evaluate and utilize information to make judgements about treatment options.
- Incorporate active monitoring of self care activities into treatment goals
- Annually screen people prescribed atypical antipsychotic medications for diabetes/prediabetes – schizophrenia significantly increased rates of T2
- If 2nd Gen antipsychotic meds prescribed for adolescents or adults with diabetes, carefully monitor and reevaluate changes in:
  - Weight
  - Glycemic control
  - cholesterol levels

Tools

https://www.diabeteseducator.org/docs/default-source/practice/deap/standards/nationalstandards_2017.pdf?sfvrsn=2

- • The Diabetes Distress Scale (short form)
- A 2-question initial screening tool to assess diabetes-specific distress (followed by the full 17-item scale when indicated).175
- • The WHO-5 Well-being Index
- Validated in many languages, is a reliable measure of emotional functioning and screen for depression and has been used
- extensively in research and clinical care,176 including the DAWN2 study (Diabetes Attitudes Wishes and Needs 2).177
- • Problem Areas in Diabetes (PAID)
- A 20-item measure of diabetes-specific distress identifying emotional distress and burden associated with diabetes178 (pediatric
- and teen versions179,180 are also available).
- • Diabetes Self-Efficacy
- An 8-item self-report scale designed to assess confidence in performing diabetes self-care activities.181
- • Self-Care Inventory-Revised (SCI-R)
- A survey that measures what people with diabetes do, versus what they are advised to do in their diabetes treatment plan.182
- • Summary of Diabetes Self-Care Activities (SDSCA)
- An 11-item or expanded 25-item measure of diabetes self-care behaviors.183
- • Starting the Conversation (STC)
- An 8-item simplified food frequency instrument designed for use in primary care and health-promotion settings.184
- • 3-Item Screen
- A tool to measure health literacy. It asks how often someone needs help reading hospital materials, how confident they are filling
- out forms, and how often they have difficulty understanding their medical condition.185

Resources:

- *ADA Standards of Medical Care in Diabetes – 2020*
  professional.diabetes.org/content-page/practice-guidelines-resources
  - *Abridged version for primary care providers -*
    https://clinical.diabetesjournals.org/content/early/2019/12/18/cd20-as01
- Diabetes Distress Assessment and Resource Center DDS scales
  https://diabetesdistress.org/dd-assess-score-3
- **Psychosocial Care for People With Diabetes: A Position Statement of the American Diabetes Association**
  https://care.diabetesjournals.org/content/39/12/2126
- **National Standards for Diabetes Self Management Education and Support**
  https://www.diabeteseducator.org/docs/default-source/practice/deap/standards/nationalstandards_2017.pdf?sfvrsn=2
- **AADE 7 Health Behaviors for self care – including healthy coping**
  https://www.diabeteseducator.org/living-with-diabetes/aade7-self-care-behaviors/healthy-coping
- **Society of Behavioral Medicine - https://www.sbm.org/healthy-living/what-is-diabetes-distress**

"Behavior is the end result of a prevailing story in one's mind: change the story and the behavior will change."

— Dr. Jacinta Mpalyenkana

THANK YOU!!

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Case Study – Nate Notgonnadoit
New to area from out of state – called to schedule DSME – no PCP established

- 22 y/o male with T1 since age 14
- Married – spouse does a lot of medical coordination and care
- No medical records – scheduled with PCP same time I saw him
- Denied co morbidities
- Has insulin pump but doesn't use sensor – "doesn't work, nothing but problems with company". Uses pump every day, appropriate site changes.
- Glucometer with him- wrong date and time. Shows sporadic testing. States usually testing once a day occasionally.
- Reports unsatisfactory relationships with past endo/pcp
- His goal for appt is " to get insulin Rx switched to local pharmacy and pump supply Rx."
- Both starting new jobs here, just graduated college
- Insurance changes – had been on parent's insurance and first time will have their own

First Meeting

- Goal for appt – get RXs
- DDS 2
  - Feeling overwhelmed by demands of living with Diabetes –" not a problem"
  - Feeling that I am often failing with diabetes routine – " not a problem"
- Attitude towards his Diabetes – "deal with it as little as possible and do whatever necessary not to go low"
- Wife's attitude – fear of lows, fears of complications, fears of "ignoring" T1
- Does keep pump filled, basal rate and boluses just for carbs.
- Mom ordered 600 strips for glucometer a few years ago, still using.
- Reports a1c as 10 -12 range for most of time with diabetes
- Denies DKA admissions or symptoms
- Has had prior DSME sessions – multiple times

Where do we begin?

First steps

Rapport/trust building

- Home meds – "oh here it is!" Extensive depression and anxiety history – likes psych team

Motivational interviewing

Team building – Army of 1 – tele med options

Collaborative goal setting

Prior DSME knowledge

Address major Safety issues

Plan

- Check into tele med for continued psych care
- Check into CGM issues
- Check glucose fasting every day – check expiration date on strips
- Research options for pump and cgm - pros and cons, costs, warranty
- Set reminder on pump for blood sugar in am, glucometer by morning meds
- Bolus with each meal – consider bolus reminder
- Consider pump vacation – feels he did better with pens. Feels they are less intrusive, tired of dealing with company
- Starting new job this week, not a good time for many changes
- Planned phone/message follow up……Asked me when we could meet again.
- (He is actually checking twice a day!)