# The Emotional Aspects of Diabetes Care

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### **Prevalence of Diabetes**

- CDC Facts (2020):
  - Today 415 Million people worldwide are living with diabetes.
    - In 2040 more than half a billion will have diabetes.
  - Ways to prevent or delay TYPE 2 DIABETES
    - be active
    - eat healthy
    - manage weight

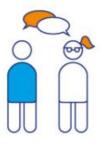


Just three in ten people living with diabetes said they definitely felt in control of their diabetes.



### Nearly a third

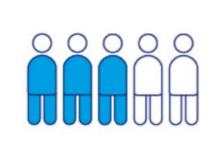
of people living with diabetes had at some point relied on self-help materials including books, videos and resources found online.



One in five people living with diabetes had used support or counselling from a trained professional to help them manage their diabetes.

### Mental Illness and Direct Affects to Diabetes

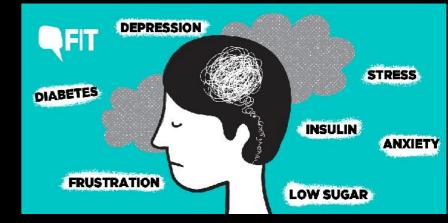
- Diabetes is often associated with a significant emotional burden, distress over the self-care regimen and stress in relationships (within familial and health-care systems)
- Mental health affects the adherence to medication along with self care.
- Major Depressive Disorder increases one's risk to diabetes by 60%
- Type two diabetes in women increases the risk of disordered eating by 52%
- Physical and psychiatric illnesses are often closely paired together



Three in five people living with diabetes experience emotional or mental health problems as a result of their condition.

### **Common Comorbidity**

- Type 1:
  - Major Depression, Anxiety and Obsessive Compulsive Disorder
- Type II:
  - Major Depression, Anxiety, Somatization Disorder and Disordered Eating
- Less significant, but related disorders:
  - Alcohol Use
  - Schizophrenia
  - Bipolar Affective Disorder
  - Delirium
  - Sleep Disorders



### **Depression and Diabetes**

- Most common comorbid mental illness for both type 1 & 2
- Depression rate
  - General public: 3-5%
  - Diabetics: 15-20%

Persistent low mood

Poor concentration

Thoughts of self harm

Feelings of worthlessness

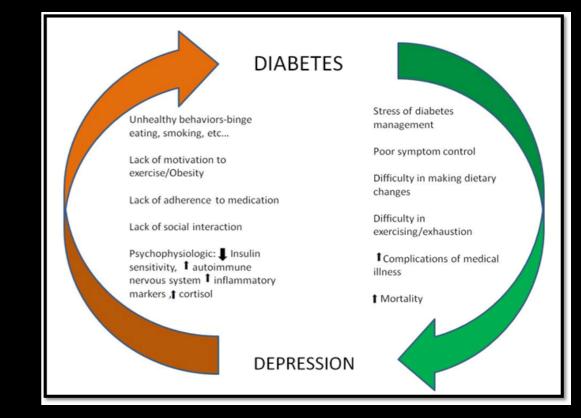
- Often times, one worsens the other
- Depression is undertreated in diabetics
- Symptoms

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- Diabetic Specific Symptoms
  - Poor treatment adherence
  - Poor glycemic control
  - Lack of care management





## Anxiety Disorders and Diabetes

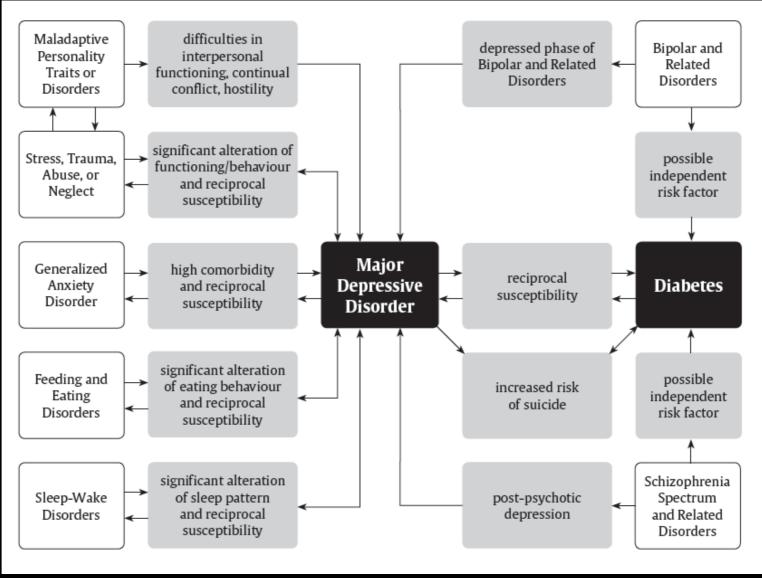
- In the US, just above 19% of Adults have an anxiety disorder
  - People with diabetes are 20% more vulnerable
- Common anxiety disorders seen in diabetics
  - Obsessive compulsive disorder, post-traumatic stress disorder, and agoraphobia
- Difficulty in distinguishing diabetic symptoms from anxiety disorders
  - Many anxiety disorders in this population go untreated as they are misidentified as byproducts of diabetes (over attention to management, stress in regards to blood sugar levels, etc.)



#### Symptoms:

- Fear
- Sweating
- Tremor
- Tachycardia
- Confusion

## The Interplay Between Diabetes, Major Depressive Disorder and other Psychiatric Conditions



Robinson, Coons, Haensel, Vallis & Yale. (2018). Diabetes and Mental Health. Diabetes Canada.

### Care, Support & Treatment

- Treatment options
  - Cognitive-Behavioural Therapy (CBT)
  - Other types of psychotherapy
    - Support groups
  - Antidepressant medication
- Challenges in treatment
  - Mental illness in patients with diabetes has a low detection rate
  - Almost 50% of those with a mental illness will not be detected or treated in patients diabetes

- Key learnt Skills
  - Self-management
  - Education on adaptation to diabetes
  - Understanding possible comorbid mental health issues
  - Diabetes-related distress reduction
  - Fear of hypo/hyperglycemia
  - Psychological insulin resistance

To best support those with mental health conditions, diabetes educators and the diabetes care team can:

- Focus on the overall psychological health as part of an individualized management plan.
- Refer individuals to appropriate mental health services and follow up with them to understand how their treatment is progressing.

- Do not assume that a physical symptom is the result of a mental illness. Diabetes education should always be individualized, but no automatic modification should be made based on the presence of a psychiatric diagnosis.
- Challenge stigmatizing beliefs held by others and recognize your own personal bias.

American Association of Diabetes Educators For more information on diabetes and mental health go to DiabetesEducator.org / montal health

### Psychological Stressors Directly Related to Diabetes

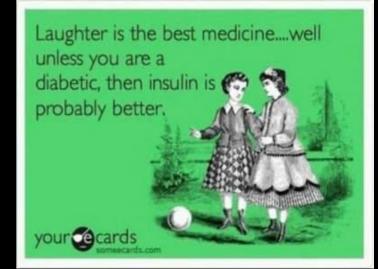
- Significant dietary and lifestyle changes
- Blood sugar monitoring
- Fear of hyperglycemia/hypoglycemia
- Fear of administering insulin
- Decrease in quality of life

Individuals with diabetes should be regularly screened for the presence of diabetes related distress, as well as symptoms of common mental illnesses.



## Keys for Balancing Diabetes and Mental Health

- Recognize emotional responses
  - Keep open lines of communication with supports (family and healthcare providers)
  - To learn effective coping skills and maintain support
- Dialogue with healthcare providers
  - Mood disorders are among the most common comorbid illness related to diabetes. Keeping the healthcare provider aware of any development of these symptoms including eating, sleeping and stress-related developments/changes.
- Prioritize mental health as you would physical health



## What can help?

**Distress Tolerance Skills** 

- Distress tolerance skills help us cope without making it worse
- Must practice them when calm to help during difficult moments
- Goal is to get through the moment to be able to return to the problem less emotional

- **I-** Imagery (create a situation with imagery different from the actual one; go to an imaginary safe place)
- **M-** Meaning (try to find some kind of purpose for events; "make lemonade out of Lemons")
- **P-** Prayer/Spirituality (the complete opening of oneself to the moment)
- **R** Relaxation (change how the body responds to stress in crisis; accepting reality with the body)
- **O-** One thing in the moment (the only pain to survive this moment)
- **V-** Vacation (take time out to regroup; retreat into self or allow yourself to be taken care of)
- **E-**Encourage (cheerlead yourself)

What can help? (cont.)

### **Relaxation/Mindfulness**

- Relaxation apps: Headspace, Calm, Virtual Hope Box, Smiling mind
- 3 Mind states:
  - Reasonable mind: fact oriented
  - Emotional Mind: Only accounts feelings
  - Wise mind: Takes into account both reasonable and emotional

- Radical acceptance: Accepting the situation, instead of resisting (Doesn't make it ok but this is where we are at:
  - 4 choices when we find ourselves in pain:
    - Change the situation causing pain
    - Change how you see or what you think about the situation
    - Radically accept the situation.
    - Stay stuck in suffering until you are ready to accept reality.

### Citations

- Garrett, C., & Doherty, A. (2014). Diabetes and mental health. *Clinical medicine (London, England)*, 14(6), 669–672. <u>https://doi.org/10.7861/clinmedicine.14-6-669</u>
- de Groot, M., Golden, S. H., & Wagner, J. (2016). Psychological conditions in adults with diabetes. *The American psychologist*, *7*1(7), 552–562. <u>https://doi.org/10.1037/a0040408</u>
- Ducat, L., Philipson, L. H., & Anderson, B. J. (2014). The mental health comorbidities of diabetes. *JAMA*, *312*(7), 691–692. <u>https://doi.org/10.1001/jama.2014.8040</u>
- Kozlowska, O., Solomons, L., Cuzner, D., Ahmed, S., McManners, J., Tan, G. D., Lumb, A., & Rea, R. (2017). Diabetes care: closing the gap between mental and physical health in primary care. *The British journal of general practice : the journal of the Royal College of General Practitioners*, 67(663), 471–472. <u>https://doi.org/10.3399/bjgp17X692993</u>
- Linehan, Marsha M. (1993). *Skills Training Manual for Treating Borderline Personality Disorder*. The Guilford Press.
- Pederson, Lane. (2012). *The Expanded Dialectical Behavior Therapy Skills Training Manual*. Premier Publishing and Media.

# Questions??