MENTAL HEALTH: THE FOUNDATION OF DIABETES SELF-MANAGEMENT

SARAH LAM

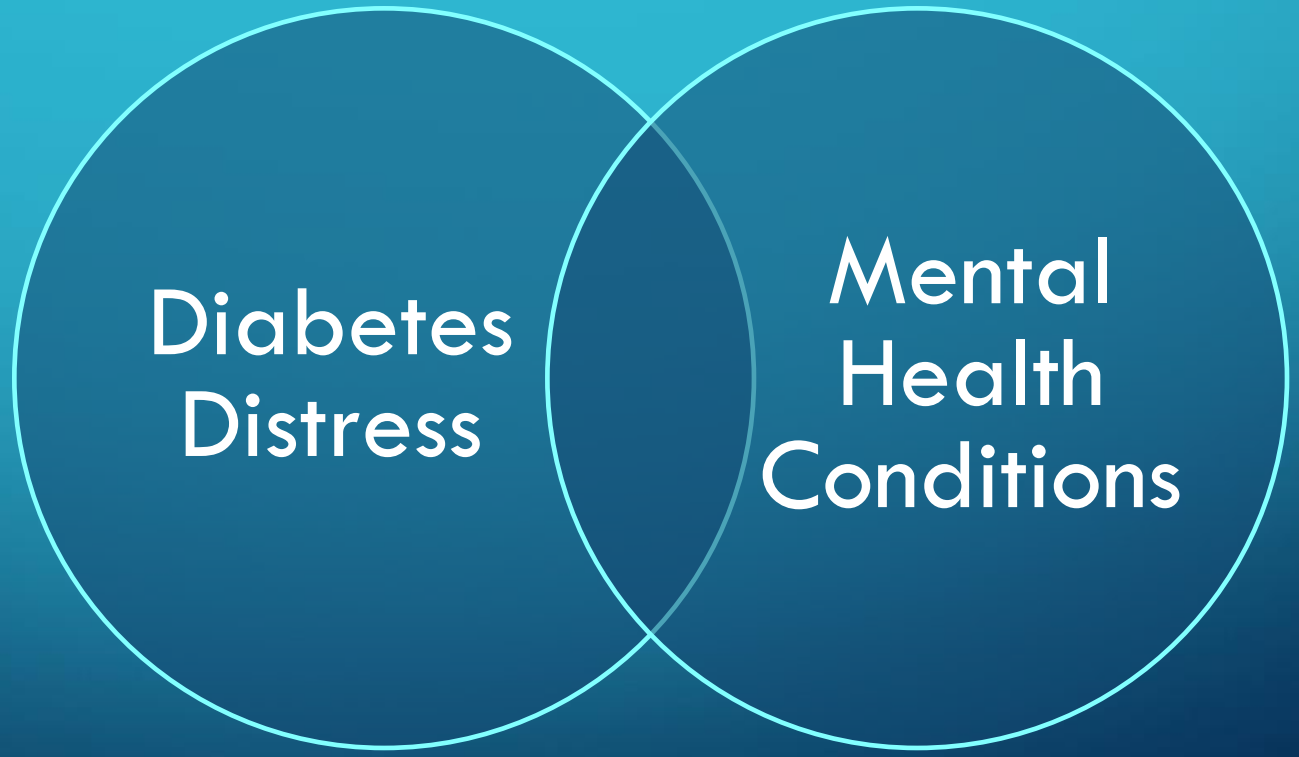
SENIOR CLINICAL PSYCHOLOGIST

BANKSTOWN HOSPITAL DIABETES CENTRE

OVERVIEW

- Psychological issues associated with diabetes
- Consequences of suboptimal mental health on diabetes self-management and medication-taking
- Addressing suboptimal mental health in people living with diabetes

PSYCHOLOGICAL DISTRESS ASSOCIATED WITH DIABETES



DIABETES DISTRESS

Fisher et al (2024) Diabetic Medicine

Common – up to 88%

- Diabetes management is complex, time consuming, has a high mental load, requires sacrifices
- Stigma, discrimination and lack of understanding from friends, family, and clinicians
- Emotional distress – overwhelmed, frustrated, guilty, worried about the future
- Modifiable – treat within diabetes system

MENTAL HEALTH CONDITIONS ASSOCIATED WITH DIABETES INCLUDE:

Mood disorders

- Major depression; bipolar

Eating disorders

- Anorexia, bulimia, OSFED, Binge Eating Disorder, Night Eating Syndrome

Stress disorders

- PTSD, complex trauma

Schizophrenia spectrum/psychosis

Anxiety disorders

- GAD, fear of hypo/hyperglycaemia, fear of injections/starting insulin

Sleep-wake disorders

Sexual disorders

DIABETES DISTRESS AND MENTAL HEALTH CONDITIONS ASSOCIATED WITH:

Fisher Et Al (2024) Diabetic Medicine; Robinson Et Al (2023) Can J Diabetes; Hayashino (2020) Diabetologia.

- Lower Quality of Life
- Reduced diabetes self-care
- Higher A1c
- More diabetes complications
- Higher mortality

EMOTIONAL DISTRESS AND MEDICATION-TAKING

Winkley at al (2020) Diabetic Medicine; Hoogendoorn et al (2024) Diabetes Care

- Diabetes Distress + symptoms of depression predict lower rates of medication-taking among adults with T2DM.
- Beliefs about diabetes medications also predict rates of medication-taking
- Addressing ***emotional distress*** and ***concerns about medication*** can support treatment initiation, maintenance, and intensification.

EXAMPLES OF CONCERNS RELATED TO SUBOPTIMAL MEDICATION-TAKING

Winkler Et Al (2020) Diabetic Medicine

Administration concerns:	**Harm/side effects concerns:**	**Symbolic consequences**	**Social consequences**
Pain	Hypoglycaemia	Personal failure	Loss of flexibililty
Device (pen, syringe)	Weight gain	Symbol of sickness	Effect on social relations (e.g. injecting in public)
cost	GI side effects	Proof of “end stage” of diabetes	Loss of convenience (carrying insulin etc)
Frequency	Medications are overprescribed		Stigma/discrimination
	Insulin can cause complications		

BASIC STEPS TO ADDRESSING MENTAL HEALTH

- Ask about emotional health
- Normalise experiences of distress
- Develop collaborative treatment plans
- Enquire about potential barriers
- Build hope
- Follow up more frequently

SUMMARY

- **Suboptimal mental health is common in people with diabetes:**
  - Diabetes distress
  - Mental health comorbidities
- **Associated with:**
  - lower quality of life
  - Less diabetes self-care
  - Higher rates complications
- **Improved clinician communication can reduce diabetes distress.**
  - Ask about emotional health, convey understanding of the difficulties of diabetes
  - Use principles of person-centred care for collaborative treatment planning