Motivating the Unmotivated Patient with Diabetes

Susan Jung Guzman, Ph.D.
Behavioral Diabetes Institute
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Overview

• The problem
• A new way to look at adherence
• Strategies for helping improve adherence
The Diabetes Epidemic

• Number of people with diabetes has tripled in 20 years
• In US, 25.8 million people have diabetes; 8.3% of population, 25% undiagnosed
• 79 million more have “pre-diabetes”
• Among children born in US in 2000, 1/3 will develop diabetes

ADA, 2011
Percentage of Patients Achieving ADA Treatment Targets

Ong et al. Ann Epidemiol. 2008;18; 222-229
Scope of Self-Care Problems in Diabetes

• Regimen is complex: including medications, SMBG, exercise, meal planning, foot care, frequent medical visits and more.
Scope of Self-Care Problems in Diabetes

• 39% of insulin users and 5-6% of patients treated with OHA or diet alone checked their BG at least 1X/day. (Harris, 2001)

• Adherence even more problematic for diet, exercise and daily foot checks.

• Adherence in one area (e.g., diet) does not relate to adherence in another area (e.g., exercise)
Scope of Self-Care Problems in Diabetes

• HMO and PBO databases, 11 retrospective studies: OHA compliance was 36 – 93%
• MEMS data, 5 prospective studies (3 – 6 months): OHA compliance was 61 – 85%
• THUS, similar to studies of other illnesses, the average patient may be missing approximately 25% of prescribed OHA(s)

Cramer et al, 2004
Scope of Self-Care Problems in Diabetes

- Medicaid data. Patients had enough medication for 130 days/year
- 16% – 85% of patients stop taking OHA’s within the first year.
  - Glipizide, 65%
  - Acarbose, 85%

Dailey et al, 2001; Dezii et al, 2002; Catalan et al, 2001
The Scope of Self-Care Problems in Diabetes

- Similar problems seen with blood pressure and lipid control medications
- 6 months post-MI, 20% quit ACE inhibitors, 13% quit statins and 12% quit beta blockers.
- In an elderly sample, statin compliance (> 80% PDC) was seen in only 39% of patients at 1 year.

Benner et al, 2002; Eagle et al, 2004
How Many are “A1c Aware”?

- 38.0%
- 17.0%
- 9.1%

Polonsky et al, 2003
Inaccurate Beliefs About Poor Adherence

(“strong” endorsements by physicians)

- poor self-discipline: 53.2%
- poor will-power: 50.0%
- not scared enough: 36.9%
- not intelligent enough: 16.3%

Hagar The Non-Adherent

Stop overeating, stop drinking, stop staying out late, stop fighting, stop worrying, stop eating sweets, stop gambling...

What did the doctor say?

I don't know...

I stopped listening.
Strategies That Don’t Work

• Urging more willpower
  “you need to try harder…”

• Threatening bad outcomes
  “you’ll go blind if you don’t do what I tell you to do…”

• Unwanted advice
  “you should join a gym…”
Why Don’t These Work?

Based on the false premise that most non-adherent patients are unmotivated, lack willpower and/or not scared enough

RESULT:

• More frustrated and disengaged
• Immobilized with fear
• Hopeless about ever achieving goals
Motivation in Diabetes

Obstacles

Benefits
Major Obstacles to Effective Self-Care

• Lack of knowledge/skill
• Health care provider/patient communication problems
• Depression
• Harmful health beliefs
• Unachievable goals
• Environmental obstacles
Major Obstacles (cont’d)

- Poor social support
- Ineffective coping styles
- Cultural issues that interfere
- Elements of diabetes (our tools are imperfect, and it gets harder to manage over time)
Two Questions

In making a decision about healthcare recommendations the patient considers:

• Is it worth it?
• Can I do it? Is it achievable?
Barriers to perceptions of “It’s worthwhile”

Three major factors:

• Depression
• Belief there are no real benefits
   – Dangerous beliefs about diabetes
• Belief that the “costs” are too high
   – Financial
   – Side effects
   – Social (i.e. shame, embarrassment)
Barriers to perceptions of “It’s achievable”

Three major factors:

• Lack of knowledge/skill
• No clear plan for action
• Environmental barriers:
  – Time
  – Access to healthcare
  – Financial pressures
Strategies to increase adherence involve increasing perception of

“It’s worth it” and “I can do it”
Meet Mr. Smith

- 64 year old Caucasian male, married “handyman”
- 30+ year history of Type 2 diabetes, has CAD, PAD, neuropathy, severe retinopathy
- On insulin, many oral meds
- Presents with small DFU on left foot
- Acknowledges difficulty taking insulin and offloading
Meet Mr. Smith

When asked about his diabetes, treatment, and his DFU, he acknowledges:

• Long history of depression, no treatment
• Serious and scary episodes of hypoglycemia, “guessing” insulin dosages
• Reports that his mother “lost her legs to diabetes”, thinks same fate is inevitable and very afraid
• Conflict with wife about “lying around”
Strategies to increase adherence to self-care recommendations

1) Address underlying depression
   • Know the two cardinal symptoms of depression (feeling down, sad or hopeless OR having little interest or pleasure in doing things)
   • Consider using a depression screener (PHQ-9)
   • Reassure patients that depression is treatable
   • Provide referrals for treatment

Remember treating depression is necessary but not sufficient for improving health behaviors.
Mr. Smith

- PHQ-9 = severe level of Major Depressive Disorder
- Referred to psychiatry, as well as weekly individual counseling
- Improvement in mood led to increased interest in self-care, as well as energy and concentration
Strategies to increase adherence

2) Strengthen interest in own self-care by *increasing* the understood benefits and *decreasing* the perceived costs

- Explain how recommendation will help
- Offer hope
- Ask about “costs” of following thru
- Address “costs” where possible
Mr. Smith

- Was explained that contrary to what he believed there was a lot he could do to help his foot heal properly (offloading, and better glucose control)
- Discussed “costs”:
  - taking insulin = fear of hypoglycemia due to guessing with dosage
  - offloading = financial concerns, conflict with spouse
Mr. Smith

The following plan was discussed:

• Ask patient’s endocrinologist if Mr. Smith could be prescribed insulin pens instead of syringes
• Short-term disability leave from work
• Ask Mr. Smith to bring his wife to the next appointment
Strategies to increase adherence

3) Assess common problematic beliefs about diabetes and address them.

- Ask “What do you think about having diabetes?”
- Help patients see that:
  - having diabetes *is* an important immediate concern
  - is *not* a death sentence
  - treatments actually accomplish something

*Focus on the benefits of self-care vs. scary outcomes!*
Mr. Smith

• Empathize with his belief ("Many people who witness scary things happen to their loved ones believe that having diabetes is a death sentence")
• Challenge with facts and hope ("We now have knowledge and tools to manage well and prevent those same outcomes")
• Reassured that with proper care and his efforts, he *could* heal well
Strategies to increase adherence

4) Help prioritize goals and make a clear, reasonable, specific plan for action.

- Collaborate on selecting goal (choose 1 or 2)
- Help them identify potential obstacles (“What might get in your way?”) Help *them* problem solve.
- Make specific step-by-step plan for action
- Ask them to state out loud *exactly* what they are going to do.
Mr. Smith

Together decided on goals:
1) increase the number of nights he took his long-acting insulin and
2) wear an off-loading boot and elevate his foot as much as possible.
Mr. Smith

Specific plan with action steps:

Goal #1 Nighttime insulin: pick up new pens have pharmacist demonstrate how to use them. Set an alarm for 9 p.m. as a reminder to take long-acting insulin. His glucometer and glucose tablets would be kept with him to treat hypoglycemia
Mr. Smith

Goal #2 Offloading: Put on off-loading boot as soon as he got home that day. Discuss plan for a short disability leave from work with wife and explain to her the importance of off-loading and ask for her support and encouragement in getting off foot at home.
Strategies to increase adherence

5) Be sure to follow-up, provide feedback for the steps taken, recognize previously unidentified barriers, and adjust plan as needed
Mr. Smith

At the following week’s appointment:

• Took insulin 6/7 nights, no hypos, loved pens
• Wife came with him and was supportive
• Has been wearing boot, and DFU much less painful, BUT this made offloading at home harder to prioritize
Mr. Smith

- Reminded him that his efforts continue to be very important in upcoming weeks for his foot to heal properly, even if he started to feel better
- Mrs. Smith offered to help remind him
- He agreed and stated that he would continue to wear his boot, stay off his foot as much as possible, and continue with the efforts to remember his insulin
Take Away Messages

1) There are a lot of obstacles to managing diabetes well
2) Addressing depression is worth the effort
3) Help patients prioritize actions to take
4) Work together to create plan for action
Is it worth it?
Can you achieve it?
Resources

• Guzman, S. *How To Facilitate Adherence In High-Risk Patients*, Podiatry Today, (23) 3 Mar 2010
Training Videos


• VIDEO. Polonsky WH. *Understanding Behavior Change to Help Improve Diabetes Outcomes.* [http://www.diabetesbehaviorchange.com](http://www.diabetesbehaviorchange.com)
Welcome to the Behavioral Diabetes Institute (BDI), the world's first organization dedicated to tackling the unmet psychological needs of people with diabetes. The BDI offers an array of evidence-based clinical programs, all designed to help people overcome the emotional and behavioral obstacles to living well with diabetes. The BDI, a non-profit corporation, is committed to:

- helping people master the unique challenges of diabetes
- conducting behavioral research in diabetes
- providing health care providers with the specialty behavioral training necessary for managing diabetes effectively

New Diabetes Workshops have been added for 2012!

The diabetes workshop programs at BDI are designed to help participants develop a more hopeful outlook on life and greater confidence and control over diabetes. Our workshops have been updated for 2012; click here to view details and schedule on our Programs page.

Click here to download the 2012 Program Schedule (PDF)