Diabetes and Psychological Care: Depression and Diabetes Distress

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The Depression & Diabetes Vicious Cycle

Diabetes can increase the risk and persistence of depression

Depression can make it harder to manage diabetes

What is Depression?

- Both a biological and psychological condition
- Exact cause is unknown, but involves a complex interaction of genetic factors and life experiences
- Affects thinking, feelings, and behavior and can affect the body's functioning

Symptoms of Major Depression

Persistent sadness, irritability, or "empty" mood OR
A loss of pleasure or interest in things you used to enjoy

AND (4 or more)

- Decreased energy, fatigue and feeling "slowed down"
- Difficulty concentrating and making decisions
- Feelings of worthlessness, inappropriate guilt, or helplessness
- Insomnia, early-morning awakening, or oversleeping
- Changes in appetite
- Nervousness or restlessness
- Recurrent thoughts of death or suicide

Depression is highly prevalent in co-morbid chronic illness

The World Health Organization surveyed 245,404 people in 60 countries:

- 1-year prevalence rate for depression alone was 3.2%
- Whereas, with one or more chronic physical diseases 9.3% to 23% had depression

(Moussavi et al, 2007)

Diabetes and Depression

- People with diabetes are nearly twice as likely to develop depression than those who do not have chronic illness (20.5% vs 11.4%)
- The course of depression in diabetes may be longer and more severe
- More likely to develop relapses

Difficult Feelings Are Common

In a survey of 500 people with type 2 diabetes:

	% indicating at least a minor problem
•Feeling that I am not sticking closely enough to a good meal plan	77%
•Feeling that I am not sticking to a good exercise plan	82%
•Not feeling motivated to keep up my diabetes self-management	84%

(Fisher et al, 2014)

Difficult Feelings Are Common

In a survey of 409 people with type 1 diabetes:

	% indicating at least a minor problem
•Discouraged when I see numbers I can't explain	68%
•Worried I will end up with serious complications no matter how hard I try	84%
•Feeling that no matter what I do, it will never be good enough	84%

(Fisher et al., 2014)

What Is Diabetes Distress?

- Diabetes distress refers to all of the **worries, concerns, fears, and threats** that are associated with a demanding chronic disease like diabetes.

- **The more diabetes distress you have, the more likely it is that you struggle with diabetes management and blood glucose control.**

Diabetes Distress Is VERY Common

		Type 1		Type 2
Little or no distress	28.4%		34%	
Mild distress	30.0%		21%	
Moderate distress	33.7%		27%	
High distress		7.9%		18%

(Fisher et al, 2014)

7 Areas Of Diabetes Distress

- **Powerlessness:** A broad sense of feeling discouraged about diabetes; e.g., "feeling that no matter how hard I try with my diabetes, it will never be good enough"
- **Negative Social Perception Distress:** Concerns about the possible negative judgments of others; e.g., "feeling like I have to hide my diabetes from other people"
- **Physician Distress:** Disappointment with your current health care professionals; e.g., "feeling that I don't get help I really need from my diabetes doctor about managing diabetes"
- **Friend/Family Distress**: A perception that there is too much focus on diabetes amongst your loved ones; e.g., "feeling that my family and friends make a bigger deal out of diabetes than they should"
- **Hypoglycemia Distress**: Concerns about severe hypoglycemic events; e.g., "feeling that I can't ever be safe from the possibility of a serious hypoglycemic event"
- **Management Distress:** Disappointment with your self-care efforts; e.g., "feeling that I don't give my diabetes as much attention as I probably should"
- **Eating Distress:** Concerns that your eating is out of control; e.g., "feeling that thoughts about food and eating control my life"

Depression or Diabetes Distress?

- PHQ8 false positive rate based on the SCID varied from 52% to 71%.
- Of those classified as depressed on the PHQ8 or SCID, between 92.3% and 96.2% also reported elevated DD.
- No significant association between any depression group and A1C was found.

(Fisher et al, 2015)

The 3-D Study

502 community adults with T2DM

Assessed at 0, 9 and 18 months on:

- Diabetes Distress Scale (DDS)
- CES-D
- CIDI – structured interview for MDD
- Glycemic control (HbA1C)
- Diet, physical activity, medication adherence

What Did We Learn?

- DD and MDD have different prevalence and incidence: DD is far more prevalent than MDD (*both are important*).
- DD is more persistent over time, MDD more episodic.
- DD more closely linked with management and glycemic control than MDD.
- Depressive symptoms may really reflect the affective component of DD.

(Fisher et al, 2014)

Why is Depression Often Not Diagnosed?

The diagnosis of depression is missed 2/3 of the time in primary care settings.

- All symptoms used to make the diagnosis potentially overlap with symptoms of: medical illness, treatments, delirium and other cognitive disorders, stress, and loss
- Limited appointment time
- Uncomfortable – not your area of training
- Afraid of opening a "can of worms"

What about diabetes distress?

Importance of Treatment

- Better quality of life.
- More than 80 percent of people with depression can be treated successfully with medication, psychotherapy or a combination of both.
- Early diagnosis and treatment can reduce patient discomfort and morbidity, and costs associated with misdiagnosis.

Treating Depression

- Pharmacotherapy- 50% will need to try another antidepressant (consider psychiatry after few attempts, suicidality, co-occurring anxiety disorder or substance abuse issues)
- Psychotherapy
  - Cognitive Behavioral Therapy (CBT)
  - Problem-Solving Therapy

Treating Depression

- EXERCISE!
  - Regular aerobic exercise (30 minutes 3 times a week) was as effective as Sertraline in remitting symptoms of MDD.
  - Even modest levels of exercise are associated with improvements in depression.
  - Most studies have focused on aerobic exercise, several studies also have found resistance training also may be effective.

(Blumenthal et al, 2012)


24 HOUR
FITNESS

Does treating depression improve A1C?

NO!

Treating depression is NECESSARY,
but not sufficient!

Could it be because we haven't been addressing distress?

Strategies for Helping Your Depressed/Distressed Patients with Diabetes

Special Challenges

- Medication and “Lifestyle” Adherence Problems
- Fatalism – Why bother?
- Reluctance for Mental Health Treatment

1) Educate about Depression and Distress

Depressive disorders can make one feel exhausted, worthless, helpless, and hopeless. Makes concentration, follow thru and decision-making difficult. Makes some people feel like giving up.

Distress represents the fears, frustrations, and tough feelings that go with a difficult chronic illness like diabetes

It is important to realize that these negative views are part of the depression/distress AND are TREATABLE.

2) Negotiate Treatment

- Recommend “standard of care” for the person’s depression level or distress level
- Ask “What are you willing to try?”
- Encourage a time-limited “experiment”
- Follow-up

3) Help Set a Small, Specific, and Realistic Goal

- Help break large tasks into small ones, set priorities, and remind them do what they can as they can.

- Expect mood to improve gradually, not immediately. Feeling better takes time.

The Problem: So Much to Do!

- Eat more fruits and vegetables
- Limit sweets and saturated fat
- Eat 3 meals a day
- Eat at the same times each day
- Be more physically active
- Check blood glucose
- Take your medications on time, every day
- Have an eye exam
- Check your feet every day
- Quit smoking
- And on and on and on…

Setting Priorities

HELP person think about what SMALL changes will get the best payoff

for both

DIABETES and DEPRESSION/DISTRESS

Depression/Distress Goals

- Based on severity: antidepressant, or referral to psychiatry and/or psychotherapy
- Exercise
- A small goal for improving blood glucose
- Noticing “wins”, positive self-feedback
- Get support

Diabetes Distress: Case Example

Meet Sally

34 years old, and has had T1D for 22 years. Her last A1c was 9.1% and her BGs swing wildly. On insulin pump, doesn't check her blood glucose regularly.

She works full-time as a teacher. She has been married for 5 years and her spouse worries about her.

Sally's Taking Stock Form

How are you doing with your numbers?		Your Results	ADA Goal	How problematic do you think this is?			
				Not a problem	Slight problem	Moderate problem	Serious problem
A	A1C	9.1%	≤7%				X
B	Blood Pressure	120/76	≤130/80	X			
C	LDL	92	≤100	X			
How are you doing with your diabetes-related stress?		**Your Level**		**Not a problem**	**Slight problem**	**Moderate problem**	**Serious problem**
D	Total Distress	Moderate					
	·Powerlessness	Moderate				X	
	•Management Distress	High					X
	·Hypoglycemia	High					X
	·Negative Social Perceptions	Low		X			
	·Eating Distress	High					X
	·Physician Distress	Little or none		X			
	·Friend/ Family Distress	Low			X		

The area where I want to focus my attention is:

Eating

Step 1:
What Sally Did

- Sally feels that her eating is out of control.
- Everyone keeps saying she should be eating better, so she guesses that she should focus on eating healthier dinners.
- She develops a plan to do so, but– in her heart– she's not so excited about this. She's not so sure she really wants to do this. She's not even really sure it will matter.

So why won't this plan work for Sally?

Why This Won't Work?

- Sally has picked something that she thinks she "should" do, without really thinking more carefully about her own concerns and needs.
- She really is just going through the motions.
- She has selected something that doesn't really touch her heart; it isn't really that meaningful or worthwhile to her.
- And even if she was able to pull it off – would it really make a difference?

Let's Give Sally Another Chance…

- Sally steps back and reconsiders another problem. She is also concerned about her high A1C. Her BG numbers discourage her and make her want to give up.
- She realizes that if she just starts to check her BGs each morning, it will help her to get off on the right track each day.
- This feels much more doable, it is more specific and well-defined, it is more meaningful, she feels more confident that she can do it, and she believes that it will make a real difference.

Why This Worked

- Sally picked something that will really give her “bang for her buck,” a real payoff!
- It feels meaningful and worthwhile to her; in her heart she knows that this is worthwhile.
- She knows that she can actually do it.
- And it sets the stage for other changes to follow

Questions?