How Behavioral Health Clinicians Can Improve Diabetes Outcomes

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Diabetes in the US

- 29.1 million people
- 95% have type 2 diabetes
- 1 out 4 do not know they have it
- 86 million more have pre-diabetes

American Diabetes Association, 2015

Facts and Fictions

Q. Diabetes is the leading cause of adult blindness, amputation, and
kidney failure.

True or false?

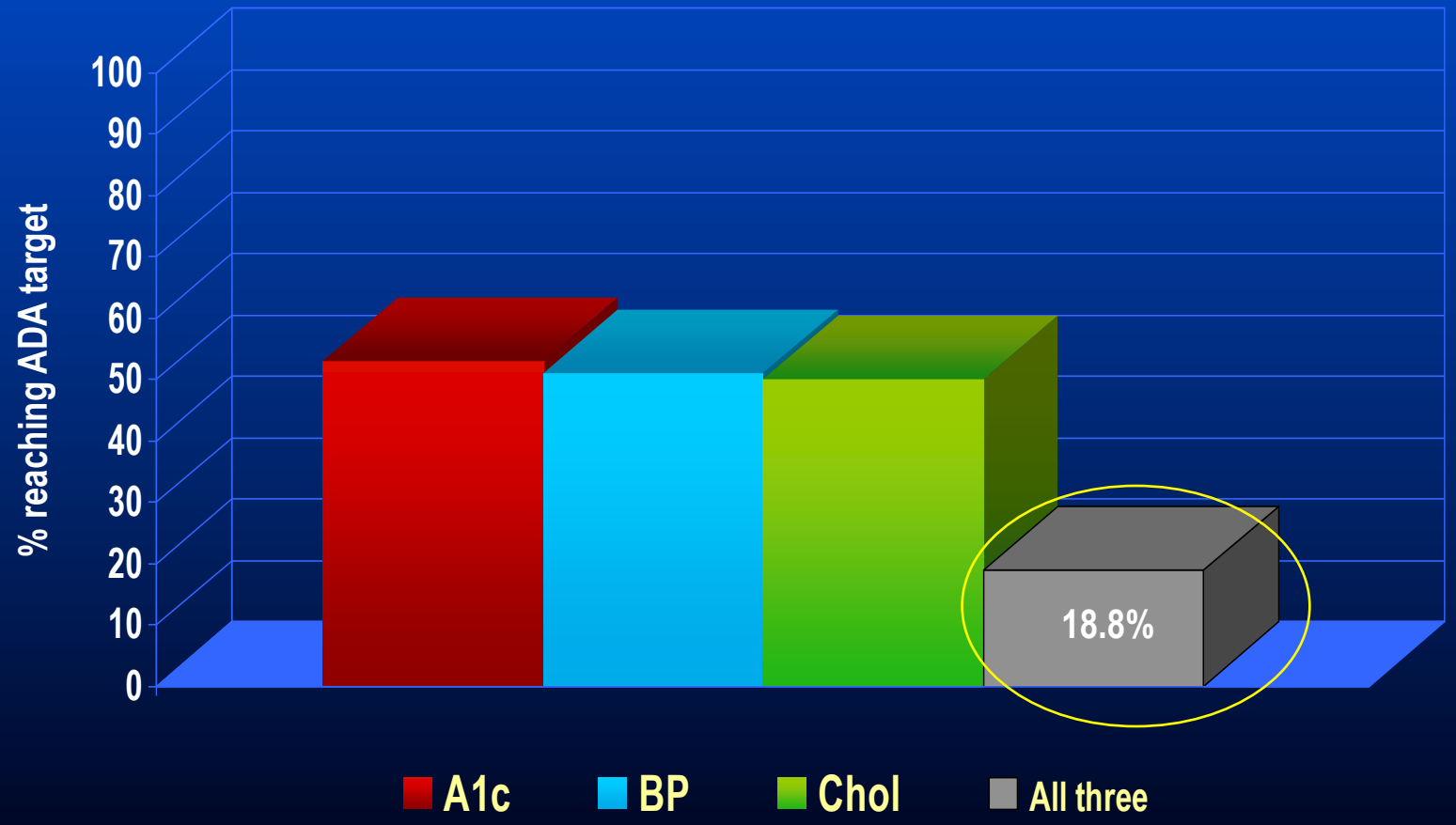
A. **False**. To a large extent, it is poorly controlled diabetes that is the leading cause of adult blindness, amputation and kidney failure.

Well-controlled diabetes is the leading cause of… NOTHING!

Fact Check

- **This doesn't mean** good care will *guarantee* that you will not develop complications
- **This does mean**: with good care, *odds are good* you can live a long, healthy life with diabetes

Percentage of Patients Achieving ADA Treatment Targets

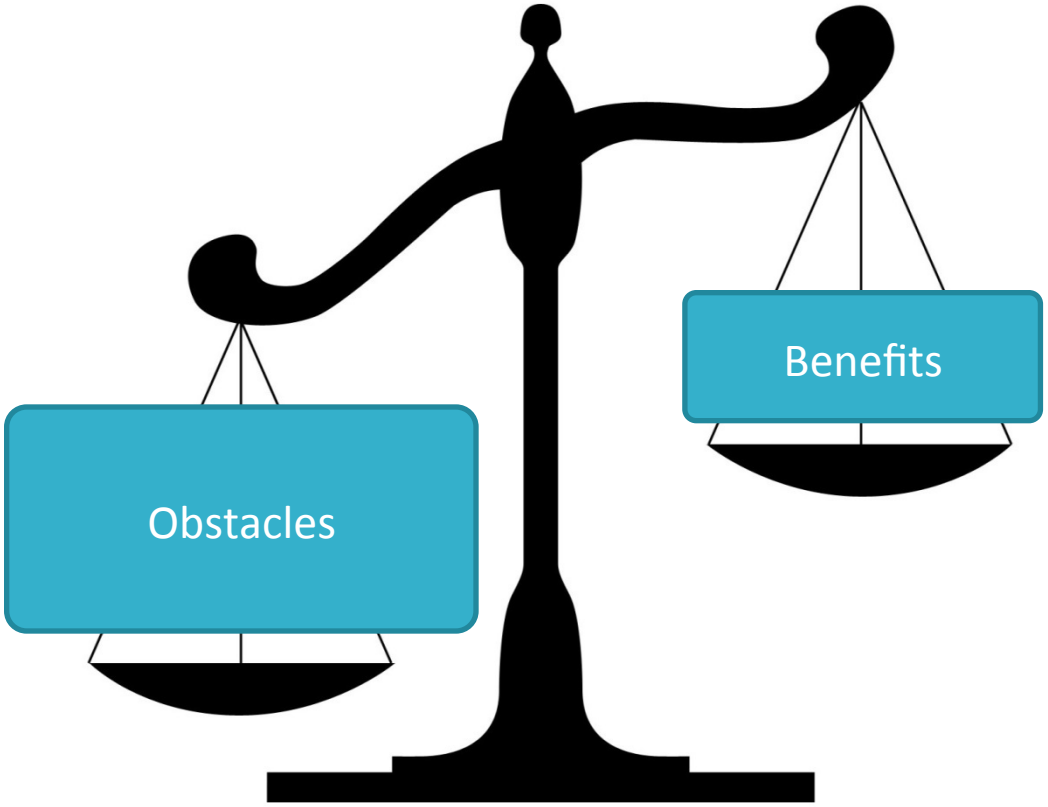


Casagrande et al. 2013

What's so hard about diabetes?

- 150+ tasks
- Best outcome – nothing happens
- Constant decision making (mental gymnastics)
- 24/7 (no vacations)
- Moving target: always changing and never good enough
- No finish line
- Most others don't know how much work is involved

Motivation in Diabetes



There Are Many Obstacles

Lack of knowledge/skill
Carbohydrates,
Importance of medication,
Role of hypertension and LDL

Health care professional/patient communication problems
HCP frustration/"non-compliance"

Depression
hopelessness,
anhedonia

Harmful health beliefs
Fatalism,
Medication = sick,
Insulin fears

Medication side effects/interactions
Hypoglycemia

Unachievable goals
Exercise everyday,
Eat perfectly

More Obstacles

Poor social support
family not diabetes knowledgeable

Environmental barriers
financial, time, health insurance

Cultural issues that interfere
diet

Ineffective coping styles
eating, HCP avoidance

Concurrent illness/ other complications

Elements of diabetes
BGs, BP, LDL don't "hurt", hypoglycemia

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%

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%

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%

Depression

- Depression is a highly prevalent co-morbid condition with diabetes
- Depression can make diabetes harder to manage
- The combination can be deadly
- You can help break the vicious cycle – depression is treatable!

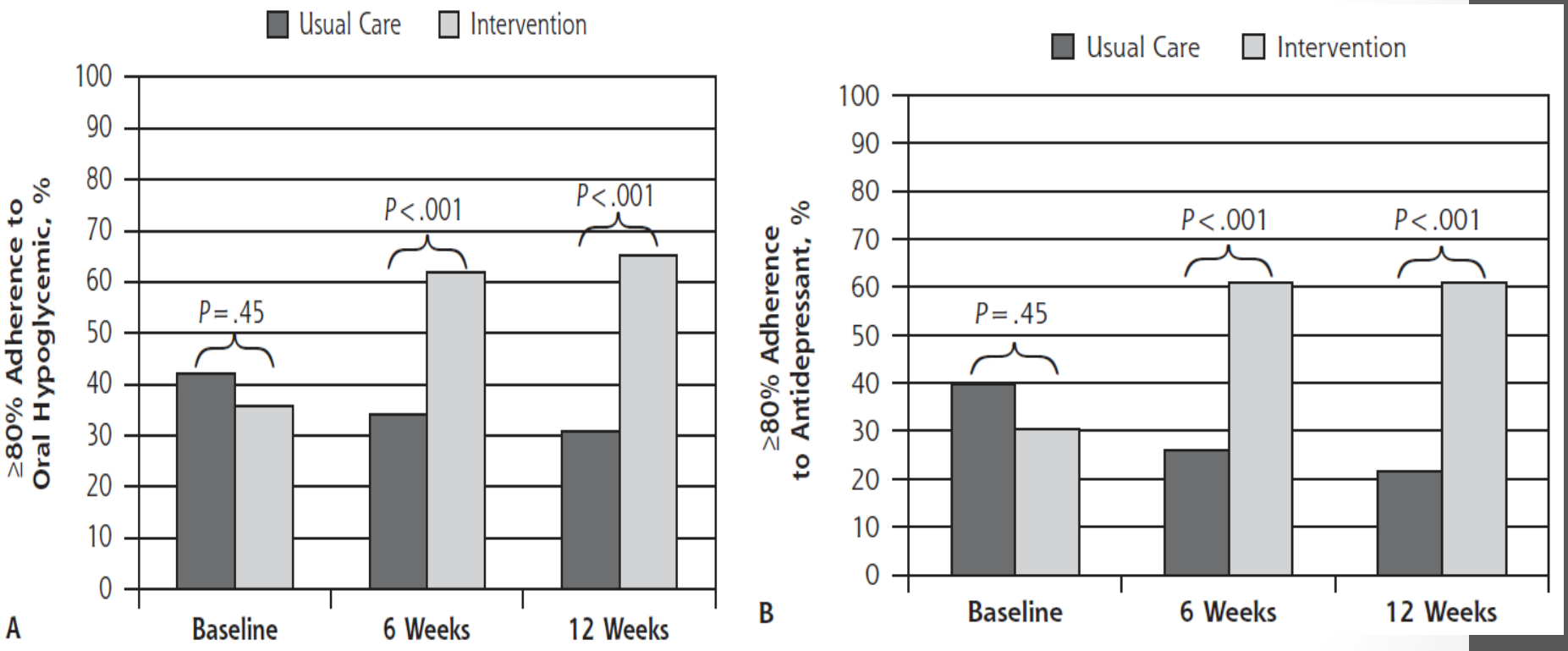
Does treating depression improve A1C?

NO!

Treating depression is NECESSARY,

but not sufficient!

Integrated Care Approach Improves Medication Adherence in T2DM Patients with Depression



For the intervention group, an integrated care manager worked with individuals to improve education and adherence via in-person sessions (three 30 minute meetings), telephone contacts (two 15 minute conversations), and collaboration with physicians

Adherence assessed with the Medication Event Monitoring System at baseline (preintervention) and at 6 and 12 weeks postintervention, according to treatment assignment

(Bogner HR, et al. *Ann Fam Med* 2012;10:15-22.)

Integrated Care Approach Was Associated with Increased Attainment of HbA1c Goals and Remission of Depression

Outcomes for Type 2 Diabetes Mellitus	Unadjusted Estimate		Estimated Between-Group Odds Ratio or Difference (95% CI)	*P* Value
	Usual Care (n = 88)	Intervention (n = 92)		
Glucose control				
Achieved HbA_{1c} <7%, n (%)	25 (35.7)	67 (60.9)	8.48 (3.24 to 22.2)[a]	<.001
HbA_{1c}, change from baseline, mean (SD)	0.50 (1.11)	−0.70 (1.32)	−1.20 (−1.56 to 0.84)[b]	<.001
Depression				
Achieved remission (PHQ-9 <5[c]), n (%)	27 (30.7)	54 (58.7)	6.15 (2.93 to 12.92)[d]	<.001
PHQ-9 score[c] change from baseline, mean (SD)	−0.29 (5.74)	−2.42 (4.75)	−2.13 (-3.68 to −0.59)	.007

a Odds ratio (95% CI) from a logistic regression model. b Mean group difference (95% CI) from a repeated measures linear regression model. c PHQ-9 scored on a range from 0 to 27, where lower scores represent fewer depressive symptoms. d Odds ratio (95% CI) from a repeated measures logistic regression model.
HbA1c = glycated hemoglobin; PHQ-9 = 9-item Patient Health Questionnaire; SD = standard deviation.

(Bogner HR, et al. *Ann Fam Med* 2012;10:15-22.)

Tips for success - HCPs

- Hope and empathy can go a long way
- Collaborative Goal Setting
  - Educate about *priority* actions
  - Focus on concrete actions to start
    - Must be achievable and meaningful to patient
    - Consider obstacles
    - Talk through steps: “So what exactly are you going to do tomorrow?”
- Screen and refer for BH support for adherence struggles, diabetes distress and depression

Opportunities for Improved Care

- Behavioral Health Professionals:
  - Learn about medical management of diabetes
  - Understand psychological and behavioral aspects of living with diabetes
  - Assist with collaborative goal setting
  - Communicate progress and concerns with health care professionals, as appropriate
  - Important role for treating diabetes distress and depression

Case Study: Maria

Depression & Diabetes

Meet Maria

- She is a 47 year old woman with type 2 diabetes for 7 years. Lives with husband, 2 teenage sons and mother-in-law.
- Her A1c = 9.0, blood pressure is 145/90, and her LDL cholesterol is 95.
- Rarely checks BGs because “always high”
- Currently prescribed 3 oral medications for diabetes and blood pressure. She admits taking only half the time because she “forgets”.

Meet Maria

- Is very scared of losing her kidneys and going blind like her grandmother did. She believes she is destined for this fate, in spite of her best efforts
- Afraid of insulin, believes it causes blindness
- Has not talked to her doctor about feeling depressed, feels ashamed to
- Acknowledges feeling depressed for last two years – sadness, difficulty “getting going”, not doing things she used to enjoy (like church activities), feelings of guilt, and helplessness.

Maria's PHQ-9

PHQ-9 Total = 17

Major Depressive Disorder, Moderate

Treatment: Medication & Counseling

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Kroenke K, et al (2001)

Collaborative Action Planning

- Are you in a “safe zone”?
- What are you doing well?
- What do you need to work on?
- What are you willing to try?

  NEGOTIATE- for biggest bang for buck?
- What could get in your way? (Discuss Depression)
- What could help you follow through?

Maria's Action Plan

- Maria is willing to commit to try taking her 3 medications as prescribed, willing to consider an insulin
- She discussed three barriers to following thru:
  - forgetting
  - not confident it will help
  - depression
- Stated her husband and sister are supportive

Maria's Action Plan

Here is what I can do:

I am going to take my medications every day (one pill is twice a day).

How/ How much? I will purchase a pill box that has two daily compartments and fill them. Will schedule appointment with doctor to discuss depression.

When? I will start today and refill box on Sundays, will schedule a 3 month follow-up with doctor (for labs – ABCs).

How often? Daily, will put box in front of coffee pot to help remember. Will ask husband for reminder in evening. Will tell sister I am making this effort.

Maria's Action Plan

Adding in depression goals:

- Start antidepressant
- Schedule "pleasurable" activities, such as going back to church
- Give self positive feedback for each small step!
- Encourage use of available support (husband, son, family, church members/friends)

Questions?

My Contact Information

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To learn more about our programs for patients and providers:
www.behavioraldiabetes.org