



research in action

diabetes related stress and the importance of self-care

Diabetes is one of the most common chronic diseases in the world. There is no cure for diabetes; therefore, people with diabetes must adequately manage blood sugar to avoid serious complications associated with poor glucose control. Diabetes self-management includes eating a healthful diet, getting regular exercise, maintaining a healthy weight, checking blood sugar daily, and may include taking medication(s). There are a variety of resources and interventions to assist in diabetes management and diabetes education. The main focus in many interventions has been on education as means of improving self-management. However, the **daily** management of diabetes tasks can be quite stressful, which may lead to diabetes-related distress.

Living with diabetes can be characterized by a complex, demanding, and often confusing set of self-care directives. Patients may become frustrated, angry, overwhelmed, and/or discouraged¹.

While it is estimated that nearly 25% of people with diabetes suffer from depression, diabetes-related distress may be more common and deserves attention. Diabetes-related distress is defined as the patient's concerns about self-management of diabetes, perception of support, emotional burden, and access to quality health care. The Diabetes Distress Scale (17-item measurement) assesses four general areas for individuals with diabetes: emotional burden, physician related distress, regimen-related distress, and interpersonal distress¹.

Psychosocial issues have an effect on diabetes self-management that is not fully understood by health care professionals. Furthermore, research has focused on improving self-management behaviors or addressing depression/distress—but not both at the same time. Separating interventions for physical and mental health problems ignores their interaction and co-occurrence. The present study aimed at addressing that gap by analyzing data from 267 adults with Type 2 diabetes. The participants were patients in health facilities in San Diego, CA.

STUDY PARTICIPANTS

More than half of participants were females (56%). The median age of participants was 58 years old, and a large majority (76%) of participants had at least some college education. A majority of participants (56%) identified as non-Hispanic White; 15% of participants self-reported as Asian/Pacific Islander, 14% as Hispanic, 9% as African American, 2% as Native American, and 5% other.

METHODS

Participants were asked to complete a survey that asked for subjective information about their perceptions and behaviors related to their diabetes self-management and possible distress. Bivariate correlations and hierarchical regression were conducted to analyze the survey data.

RESULTS

Five items were identified to be linked to high diabetes-related distress: (1) young age, (2) high BMI, (3) low confidence in managing diabetes care, (4) less support from their health care provider, and (5) less days per week following a healthful eating plan.

Risk Factors for High Diabetes-Related Distress

1. Young age
2. High body mass index (BMI)
3. Low confidence in managing diabetes care
4. Low support from a health care provider
5. Less days per week eating healthfully

RECOMMENDATIONS

In order to alleviate diabetes distress, people with diabetes need to develop a sense of personal control over their diabetes, be able to engage in self-management tasks, and receive support from health care providers and loved ones.

People with diabetes may need assistance in learning to master skills and strategies required for diabetes self-management, such as making healthy food choices, exercising regularly, testing blood glucose levels, and taking medication. When patients **believe** they can make positive lifestyle adjustments, they will be more likely to **do** activities that lead to healthy outcomes. Spending time with a diabetes educator, dietitian, or social worker allows patients to talk about stressors, master practical skills, improve their abilities to cope, and become more engaged in self-management. When patients **do not** have confidence in their health care provider, they are less likely to follow recommendations.

Findings from this study may help health care providers identify those most at risk for diabetes-related distress and work toward relieving the distress.

People with diabetes face many difficulties in keeping up with complex and burdensome treatment plans. Greater distress has been found in people who feel that control for their diabetes management lies primarily with others rather than within themselves. Empowering people with diabetes to have a strong awareness of personal control over their diabetes can reduce diabetes-related distress. Patients with diabetes need support from health providers and family members. If care of their diabetes becomes overwhelming, it can affect the patient on an emotional level, resulting in increased diabetes-related distress.

WHO CAN HELP?

In addition to medical practitioners, many health care professionals can help reduce diabetes related stress notably diabetes educators, dietitians, and other members of a health care management team. Patients need to be encouraged to discuss their particular stressors, learn practical skills, improve coping and become engaged in self-management. In particular, social workers' unique training complements the traditional biological and self-management skills training found in many diabetes self-management programs. Their background, coupled with their training in behavior modification, stress and time management, identifies them as an asset to diabetes care teams. They can also provide referrals and resources unknown to other healthcare professionals, suggest community supports and organize community events in settings with the potential to reach those affected by diabetes. Social support from others may be a powerful influence for people with diabetes. Managing diabetes is complex and may require emotional and behavioral changes. It is important to address both diabetes related stress and building self-management skills as an inherent part of routine diabetes care.

References

¹Polonsky, WH, Fisher, L, Fisher, L, Earles, J., Dudl, RJ, Lees, J, Mullan, J, & Jackson RA. (2005). Assessing psychosocial stress in diabetes: Development of the Diabetes Distress Scale. *Diabetes Care*, 28, 626-631. Web link to article: <http://care.diabetesjournals.org/content/28/3/626.full.pdf+html>

Web link to view the Diabetes Distress Scale: http://www.diabetesuniversitydmcp.com/uploads/1/0/2/7/10277276/dds_scale_in_english.pdf

Adapted from the original article: Wardian, J., & Sun, F. (2014). Factors Associated With Diabetes-Related Distress: Implications for Diabetes Self-Management. *Social Work in Health Care*, 53:4, 364-381.

Read full article PMID: PMC4029338

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Study carried out by: Southwest Interdisciplinary Research Center (SIRC) ASU School of Social Work at the College of Public Programs. SIRC is partially funded by the National Institute on Minority Health and Health Disparities of the National Institutes of Health (NIMHD/NIH), award: P20MD002316 (F. Marsiglia, PI). The study presented in this brief was not funded by the P20 award but was hosted at SIRC.

Acknowledgement: We are thankful for Dr. William Polonsky, Director of The Behavioral Diabetes Institute for generously sharing the data for this study.

This research summary was developed by the SIRC Community Engagement and Outreach Core and the Community Advisory Board.

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