

Adjusting to Life with Diabetes

The diagnosis of diabetes can come as a shock. First reactions may be disbelief, sadness, anger, or self-blame. Usually, these feelings ease after a while and diabetes becomes part of life. Sometimes, these feelings don't go away easily. If you feel this way, you are not alone. There are many things you can do to fit diabetes into your life.



"It was really scary because I didn't know much about it, I just had this whole perception that, 'Oh, it's really bad, it's a life long thing,' and I remember asking myself, 'Why me?'"

—Sandra, 27, person with diabetes

Life with Diabetes

It is common for people to go through emotional "ups and downs" after diabetes is diagnosed. People may experience disbelief, grief, guilt, anger, fear, and sadness. Others may have a sense of relief that they now have an explanation for how they have been feeling, both physically and emotionally.

At first you may feel down about having diabetes and uncertain or fearful about how it is going to change your life. That is natural. It takes time to learn how to manage diabetes and to adapt your lifestyle.

However, it becomes a serious problem when these emotions start to affect daily life or diabetes management, for example, if you are:

- › avoiding medical appointments because you can't cope with the diagnosis
- › checking blood glucose levels excessively (or not checking) due to worries
- › or blaming yourself (or others) for your diabetes or when things don't go well.

If you think you are having problems adjusting to life with diabetes, talk with your health professional. They will assess the problem and help you work out strategies for living well with diabetes.

What You Can Do

Whether or not you feel distressed about your diabetes diagnosis, it's important to look after your emotional well-being.

Adjustment is an ongoing process, so it's essential for you to take care of yourself throughout all stages of diabetes.

Some of the following strategies may work for you—others may not, and that's okay. They may give you ideas about other things you could try.

Be Informed

Understanding the basics of diabetes is a first and necessary step to managing and living well with diabetes. Take your time and gather information at your own pace.

A good place to start is by talking with your health professionals or by contacting the American Diabetes Association (ADA) at (800) DIABETES or at www.diabetes.org.

Take care when searching the Internet for medical advice—make sure you consult reliable sources (such as professional organizations).

Ask Questions

At first you may feel overwhelmed with all the information you receive and with learning new skills to manage your diabetes. Sometimes, people find that writing a list of questions and concerns is a useful way of getting a better understanding of diabetes.

- Bring this list along to your next diabetes appointment, so that you don't forget the questions or concerns you want to talk over with your health professional.
- You may not remember everything that has been said during the previous appointment. If you are unsure, ask again next time. Your health professional will appreciate your questions, as it will help them to offer you the best support.

Learn from Your Peers

Experts are not only health professionals; other people, like you, who have diabetes are also experts—in living with diabetes. Often, the most practical support you will get is from people who understand what it is like to live with diabetes. It can be reassuring to know that other people face similar challenges and to share ideas about how to cope with them.

Join a support group or an online community—research where you can access “peer support.”

Journal It

You might also like to note down your feelings in a journal. This can be a powerful way of understanding and dealing with some of your emotions.

You might surprise yourself with what you write down. This can be a private journal, or you may choose to share it with a friend or your health professional. It's completely up to you.

Include Your Family and Friends

You don't have to go through this alone. If you feel comfortable, let your family and friends know how you feel so they can support you. Communicate how much you want them to be involved in your diabetes management and invite them to share their feelings, too. You might like to say things like:

- *“I'm still the same person I was before the diabetes.”*
- *“I know I don't look sick, but sometimes I may not feel great.”*
- *“Diabetes is an invisible illness, which means you can't always see my symptoms, but they are very real.”*

Not all of your family and friends will know how to respond to your emotions, and they may even be uncomfortable seeing you hurt. Don't let that stop you from opening up.

Some people are better at supporting in more practical ways. For example, you may find that they can help you to make healthy food choices, get more physically active, or be considerate about your need to check your blood glucose level or inject insulin.

Remember, it is completely up to you who you choose to involve in your diabetes.

Make a Plan

Developing a plan for your health care—including your emotional health—is essential. Start small and work your way up. You might like to include your family/friends in this process too. Here are some tips to help get you started:

- › Make an appointment with your health professional to talk about your diabetes (and any questions or concerns you have).
- › Get information from the ADA on various topics (including medication, insulin, nutrition, events, and support groups).
- › Talk to trusted family and friends about your diabetes.
- › Connect with other people living with diabetes.
- › Talk to your school or employer about your current issues, if it seems helpful, then work with them to achieve the best results.
- › Plan regular physical activity.
- › Plan social activities—make sure you have fun! Diabetes is just one aspect of your life, so don't let it take over.

Talk with a Professional

The strategies above may give you some ideas about adjusting to life with diabetes. However, they can't replace professional help. It's always a good idea to talk about your concerns with your health professional(s).



Who Can Help?

Your Diabetes Health Professionals

Your diabetes health professionals are there to help you with all aspects of your diabetes, including how you feel about it. If you feel comfortable, share your feelings with them—they will give you nonjudgmental support and advice. You may want to talk with your:

- › primary care physician (PCP)
- › endocrinologist
- › diabetes educator
- › nurse practitioner
- › or dietitian.



“I think it’s taken a long time to realize what it means to have diabetes and what it means for me to live with it and cope with it effectively, and that will probably be a much longer term learning process for me.”

—Mark, 42, person with diabetes

Bring this handout along to your appointment to help get the conversation started. You will probably feel relieved after sharing your feelings, and it will help your health professional to understand how you are feeling.

Together, you can make plans to reduce your distress or concerns. For example, your health professional can refer you to diabetes information sessions or peer support groups.

- › You might like to attend a structured diabetes education session—learning more about diabetes can help you live well with the condition.
- › There may be group education sessions in your area.
- › Ask your health professional or contact your local ADA office for more information.

A Mental Health Professional

You might also like to talk with a mental health professional, such as a psychologist, counselor, or social worker. They will help you find ways to cope with the demands of diabetes.

- › Ask your diabetes health professional if they know a psychologist or other mental health professional in your area and your insurance network who is familiar with diabetes.
- › Find a mental health professional near you by going to the ADA Mental Health Provider Directory Listing at https://professional.diabetes.org/mhp_listing.
- › Your state psychological association will also list professionals in your area and what insurance plans they accept.

Check with your insurance provider for mental health professionals in your plan and what type of referral may be necessary.

More Information and Support

American Diabetes Association (ADA)

www.diabetes.org/healthy-living/mental-health

(800) DIABETES

The mental health section of the ADA website contains information on a number of mental health issues associated with diabetes, as well as links to other resources.

Juvenile Diabetes Research Foundation (JDRF)

www.jdrf.org

(800) 533-2873

JDRF provides a number of resources for those living with type 1 diabetes, including educational material and in-person events related to resilience and distress.

Behavioral Diabetes Institute (BDI)

www.behavioraldiabetes.org

A nonprofit organization dedicated to addressing the social, emotional, and psychological barriers to living a long and healthy life with diabetes. Contains downloadable resources, information on events, and other resources for people living with both type 1 and type 2 diabetes.

This handout adapted from material originally developed by the National Diabetes Services Scheme and Diabetes Australia, in collaboration with the Australian Centre for Behavioural Research in Diabetes.

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Concerns about Starting Insulin

(for People with Type 2 Diabetes)

It's common for people with type 2 diabetes to need a combination of medicines for treatment. Insulin is an effective treatment for reducing high blood glucose levels. Nevertheless, many people with type 2 diabetes have concerns or feel anxious about starting insulin. If you feel this way, you are not alone. There are many things you can do to adjust to a new way of managing your diabetes.



"In my mind it sort of felt that, if I went on insulin, I wasn't doing well enough with my diet and exercise, even though I was exhausting myself."

—Chris, 67, person with type 2 diabetes

Concerns about Insulin

People use insulin because it can make a positive difference to their diabetes management. Sometimes, the thought of needing to use insulin can leave people feeling:

- › worried or nervous about needles and the pain of injections
- › worried about the possibility of hypoglycemia (low blood glucose)
- › embarrassed about what others might think
- › angry about having to take insulin
- › or like they have "failed" (as in, they wouldn't need insulin if they had taken better care of their diabetes before).

Needing insulin is not your "fault" and you have not "failed" in any way. Concerns are natural. However, they become a serious problem when they start to affect daily life or diabetes management, for example:

- › delaying the start of insulin treatment, skipping doses of insulin, or stopping insulin altogether
- › missing medical appointments to avoid talking about insulin
- › or blaming yourself or others for needing to start insulin.

(800) DIABETES (342-2383)

diabetes.org

If starting insulin is a concern for you, talk with your health professional. They will assess the problem and help you work out strategies for reducing your concerns.

What You Can Do

Whether or not you currently have concerns about insulin, it's important to look after your emotional well-being.

Some of the following strategies may work for you—others may not, and that's okay. They may give you ideas about other things you could try.

Be Informed

Insulin has many benefits. The first step is to be informed about what these are. Understanding the benefits of insulin treatment will improve your chances of managing your diabetes well. See the box for the top five reasons to use insulin. Take your time and gather information at your own pace.

A good place to start is by contacting your local American Diabetes Association (ADA) office or by calling (800) DIABETES or visiting www.diabetes.org.

Take care when searching the Internet for medical advice—make sure you consult reliable sources (such as professional organizations).

Identify Your Thoughts and Feelings

Recognizing what you think and feel about insulin is an important step. Ask yourself:

- Is this thought/feeling helpful?
- What is a more helpful way of thinking about the situation?

Talk with people you trust about your concerns (such as family, friends, or your diabetes health professional). Talking through some of your feelings can be a good way of making a decision about starting insulin.

Top 5 Reasons to Use Insulin

1. Insulin is a powerful treatment for managing blood glucose levels.
2. Taking insulin may mean you can stop taking—or reduce the dose of—some of your oral medications (ask your doctor about this).
3. Insulin will help improve your long-term health. Keeping blood glucose levels in target range* reduces your risk of long-term complications.
4. Insulin will make you feel better. Keeping blood glucose levels in target range* will give you more energy to live your life as you want.
5. Insulin comes in fast, intermediate, and long-acting forms. Your doctor can help you choose a regimen to fit your lifestyle.

*Talk with your health professional about what is the right target range for you.

Ask Questions

It's okay if you don't have all the answers about insulin therapy. Sometimes, people find that writing a list of questions and concerns is a useful way of processing some of their feelings.

- Bring this list along to your next diabetes appointment, so you don't forget the questions or concerns you want to talk over with your health professional.
- Remember, there are no silly questions or concerns—they are all valid. Your health professional will appreciate anything you mention, as it will help them to offer you the best support.

Ask Yourself What's Important

Understanding what you value is an important step towards making a decision about insulin treatment.

- Write down—or think about—what is important to you and the way you want to live your life.
- Then ask yourself, “What can I do to achieve this?”

When you are ready, have this discussion with your health professional.

Make a List

Sometimes, it can help to write down the “pros and cons” (advantages and disadvantages) when you need to make a tough decision. If your doctor has talked with you about insulin and you are feeling unsure about it, write down a list of reasons to take insulin and a list of reasons not to take insulin. Review your options carefully and discuss them with your health professional.



Get Connected

It may help to talk with others who understand what it is like to live with diabetes. It can be reassuring to know that other people face similar challenges and to share ideas about how to cope with them. Join a support group or an online community—read on to find out where you can access “peer support.”

Talk with a Professional

The strategies above may give you some ideas about how to manage any concerns you may have about insulin. However, they can't replace professional help. It's always a good idea to talk about your concerns with your health professional(s).

Who Can Help?

Your Diabetes Health Professionals

Your diabetes health professionals are there to help you with all aspects of your diabetes, including how you feel about insulin. If you feel comfortable, share your feelings with them—they will give you nonjudgmental support and advice. You may want to talk with your:

- primary care physician (PCP)
- endocrinologist
- diabetes educator
- nurse practitioner
- or dietitian.

Bring this handout along to your appointment to help get the conversation started. You will probably feel relieved after sharing your feelings, and it will help your health professional to understand how you are feeling.

Together, you can make plans to reduce your concerns. For example, your PCP can inform you about what you should expect from insulin so that it feels less overwhelming.

- › You might like to attend a structured diabetes education session. Learning more about diabetes and insulin can help with overcoming fears.
- › There may be group education sessions in your area.
- › Ask your health professional or contact your local ADA office for more information.

Your Pharmacist

Have a conversation with your pharmacist. They can provide you with information and counseling about using insulin; what the different types of insulin are, and when and how to inject. You can ask them about insulin even if your doctor has not prescribed it yet.

A Mental Health Professional

You might also like to talk with a psychologist, counselor, or social worker. They will help you find ways to cope with your concerns about using insulin.

- › Ask your diabetes health professional if they know a psychologist or other mental health professional in your area and your insurance network who is familiar with diabetes.
- › Find a mental health professional near you by going to the ADA Mental Health Provider Directory Listing at https://professional.diabetes.org/mhp_listing.

Check with your insurance provider for mental health professionals in your plan and what type of referral may be necessary.



“I know eventually I probably will have to go to insulin and that’s going to be an absolute pain... but then it’s going to be an absolute pain if I don’t do it. So that’s going to happen, it’s just general aging....”

—Caroline, 58, person with type 2 diabetes

More Information and Support

American Diabetes Association (ADA)

www.diabetes.org/healthy-living/mental-health
(800) DIABETES

The mental health section of the ADA website contains information on a number of mental health issues associated with diabetes, as well as links to other resources.

Behavioral Diabetes Institute (BDI)

www.behavioraldiabetes.org

A nonprofit organization dedicated to addressing the social, emotional, and psychological barriers to living a long and healthy life with diabetes. Contains downloadable resources, information on events, and other resources for people living with both type 1 and type 2 diabetes.

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Diabetes and Anxiety

Anxiety is often a healthy response to a perceived threat. For most people, anxious feelings go away after the stressor has passed. For some people, the fear becomes so intense and long-lasting that it starts to affect daily life, including work, school, relationships, and diabetes management. If you are feeling this way, you may have an anxiety disorder, but you are not alone. There are many things you can do to reduce your feelings of anxiety.



“There are definite issues that come up, especially around anxiety and low blood sugar. One of the symptoms is anxiety—that fight or flight response—so understanding whether you’re experiencing anxiety for psychological reasons or for physical glucose reasons is quite a difficult thing.”

—Chris, 67, person with type 2 diabetes

What Is Anxiety

Anxiety is when a person experiences an excessive amount of fear in anticipation of something bad happening. Usually, this is a healthy response to a real threat. For example, certain situations, such as public speaking or having hypoglycemia (low blood glucose, or a “hypo”), can trigger anxious feelings.

Anxiety becomes a serious problem (a mental health condition, known as an “anxiety disorder”) when these feelings last for a long time (at least two weeks) and affect daily life in a negative way.

Symptoms of anxiety include:

- › feeling nervous or on edge
- › being unable to stop worrying or control worrying thoughts
- › worrying too much about things
- › having trouble relaxing
- › being so restless that it’s hard to sit still
- › becoming easily annoyed or irritable
- › or feeling afraid that something awful might happen.

Anxiety also has physical symptoms, including:

- › muscle tension
- › a racing heart
- › tightness in the chest
- › or an upset stomach.

If you have had any of these symptoms for at least two weeks, talk with your primary care physician (PCP). They can make an assessment, offer treatment, and/or refer you to a mental health professional. **It is important that you seek advice from a qualified health professional.**

What Has Anxiety Got to Do with Diabetes?

Anxiety is the most common mental health issue experienced by people living in the U.S. Among people with diabetes, some have anxiety before a diagnosis of diabetes, while for others, anxiety may be triggered by specific fears associated with managing diabetes (such as hypos or fear of developing complications). The link between anxiety and diabetes is not yet fully understood and researchers are studying this link.

What is clear is that anxiety can affect the way people manage their diabetes and, in turn, their physical health. Some examples include:

- › checking blood glucose levels continuously due to intense fears of hypos or developing complications
- › or avoiding injecting in public, or not injecting at all, due to worry about what others might think.



“A few years ago I was really anxious, but it wasn’t just the diabetes. Diabetes was just one factor, but it was a focal point.”

—Louise, 27, person with diabetes

Do You Feel This Way Because of Anxiety or Diabetes?

Some of the symptoms of anxiety are very similar to the symptoms of low blood glucose, such as trembling, sweating, or a fast heart rate. This can make it difficult to know whether you are anxious, having a hypo, or both. If you are not sure, always check your blood glucose, as this will help you to become aware of your own reliable symptoms of a hypo.

Even if anxiety is not related to your diabetes, it can have negative effects on your health, life, and relationships.

What You Can Do

It is important that you seek help from your PCP or another qualified health professional. They can help you to identify if you have an anxiety disorder and offer treatment or make a referral to a mental health professional if needed.

If you don’t have an anxiety disorder, your health professional can help you to understand what else might be causing the symptoms.



Whether or not you are experiencing anxiety, it's important to look after your emotional well-being.

Some of the following strategies may work for you—others may not, and that's okay. They may give you ideas about other things you could try.

Reach Out

Anxiety can make you feel like you are alone and may keep you from going out. But the people who care about you will want to support you.

- Make a point of talking to at least one person every day.
- If you don't feel like you have anyone to talk to, call a helpline, talk with your PCP, or join a support group or an online community. You don't need to go through this alone.

Move Your Body

Physical activity has powerful effects on the brain and can improve the way you think and feel about yourself. Try to be active every day.

- Yoga relaxes and calms both the body and the mind. There are many types of yoga and you don't have to be a yogi master to feel the benefits.
- If you have access to a safe space, try to get out and enjoy nature while you move, as this helps to reduce stress. For example, start with one short walk every second day, then gradually increase the time you spend walking and how often you walk.

Get Enough Sleep

Being tired makes it difficult to feel calm and relaxed. Try to have a sleep routine by going to bed and waking at the same times each day. The following tips might help:

- Keep a sleep diary to help you understand some of your patterns.
- Reduce your caffeine intake: limit your coffee, tea, and soft drinks, and don't drink them after 4 P.M.

- Be active during the day but don't do strenuous physical activity right before bedtime.
- Avoid napping during the day.
- Remember, bed is for sleeping, so avoid watching TV, checking emails, or using your phone in bed.
- Make sure the room is quiet and dark.

Don't Try to Hide It

It is common for people with anxiety problems to misuse alcohol, prescription medications, or illegal drugs. People adopt these behaviors as a way of coping, but they are just a temporary fix, and don't resolve the real problem. These ways of coping don't help in the long term, as people become dependent on them. This increases their anxiety and/or can cause other health or relationship problems.

Don't Try to Fight It

When we feel anxious, our initial reaction is often to tell ourselves to "stop being ridiculous" or to "get over it." Fighting against anxiety doesn't work, and may make it worse. You may have thoughts such as, "What is happening to me?" or "I'm having a heart attack ... or a hypo!" These thoughts increase your anxiety.

It's better to work with the symptoms of anxiety and let them be, rather than working against them. This doesn't mean you should resign yourself to it or like it. Acknowledge that it is there and that it is your body's way of telling you something is wrong. You could try:

- **Observing** what it is you are feeling (such as fear or a fast heart rate).
- **Acknowledging** whatever it is that you are feeling by saying aloud or silently to yourself, "I'm feeling...."
- **Thanking** your body for being such a great protector, and for doing such a thorough job at helping to keep you safe.
- **Telling yourself**, "This will pass."



Breathe

Relaxation is a powerful way of reducing anxiety. Try a breathing relaxation exercise (see box). Find a quiet room for this activity and sit in an upright and comfortable position. The more you practice, the better you will become at naturally calming yourself during times of high anxiety. Once you've tried it a few times, you may be surprised by how helpful it is for improving your well-being. If this kind of thing isn't for you, that's okay, just skip it.

Talk with a Professional

The strategies above may give you some ideas about how to prevent or reduce anxiety. However, they can't replace professional help. It's always a good idea to talk about your concerns with your PCP or another qualified health professional.

Who Can Help?

Your Diabetes Health Professionals

Your diabetes health professionals are there to help you with all aspects of your diabetes, including how you feel about it. If you feel comfortable, share your feelings with them—

Breathing Relaxation Exercise

1. Focus on your breathing. Take a deep breath in through your nose... Hold... Exhale through your mouth, as if you are blowing out a candle. Blow out all of the air.
2. Focus on slowing down your breathing into a calm rhythm. Exhale fully, releasing all the air.
3. As you continue to breathe slowly and deeply, repeat the following calming messages to yourself silently:
 - » I'm feeling anxious right now, but I'm okay.
 - » I'm safe, even though I feel frightened.
 - » This feeling will pass and no harm will come to me.
4. If you are shaking or trembling, try to physically shake out the tension. Imagine that you are shaking water off your hands to dry them. Now stop, and notice how much more relaxed your hands feel.
5. Now relax the muscles in your body. Let all the muscles go limp. Then tense the muscles in your body—hold on really tight for a minute or so, without causing pain. Then release and let the muscles go limp again. Notice how relaxed your muscles feel.

they will give you nonjudgmental support and advice. You may want to talk with your:

- › primary care physician (PCP)
- › endocrinologist
- › diabetes educator
- › nurse practitioner
- › or dietitian.

Bring this handout along to your appointment to help get the conversation started. You will probably feel relieved after sharing your feelings, and it will help your health professional to understand how you are feeling.

Together, you can make plans to manage your anxiety.

A Psychologist or Psychiatrist

You might also like to talk with a psychologist or psychiatrist. These professionals are best placed to make a diagnosis and provide treatment for anxiety. Treatment may involve:

- one-on-one counseling (such as cognitive behavioral therapy)
- medication (such as anti-anxiety drugs)
- or a combination of psychological therapy and medication.

Ask your diabetes health professional if they know a psychologist or psychiatrist in your area who is familiar with diabetes. You can also find a mental health professional near you by going to:

- the ADA Mental Health Provider Directory Listing at https://professional.diabetes.org/mhp_listing
- or your state psychological association, which will also list professionals in your area and what insurance plans they accept.

Check with your insurance provider for mental health professionals in your plan and what type of referral may be necessary.

More Information and Support

National Suicide Prevention Lifeline

(800) 273-8255

National Suicide Prevention Lifeline (Spanish)

(888) 628-9454

National Suicide Prevention Lifeline (Options for Deaf and Hard of Hearing)

(800) 799-4889

Crisis Text Line

Text HELLO to 74174

American Diabetes Association (ADA)

www.diabetes.org/healthy-living/mental-health

(800) DIABETES

The mental health section of the ADA website contains information on a number of mental health issues associated with diabetes, as well as links to other resources.

Juvenile Diabetes Research Foundation (JDRF)

www.jdrf.org

(800) 533-2873

JDRF provides a number of resources for those living with type 1 diabetes, including educational material and in-person events related to resilience and distress.

Behavioral Diabetes Institute (BDI)

www.behavioraldiabetes.org

A nonprofit organization dedicated to addressing the social, emotional, and psychological barriers to living a long and healthy life with diabetes. Contains downloadable resources, information on events, and other resources for people living with both type 1 and type 2 diabetes.

American Psychological Association (APA)

<https://www.apa.org/topics/crisis-hotlines>

The APA's crisis hotline and resources page has a number of resources available for those in need, including numbers for specific crisis lines and confidential phone counseling, as well as links to individual state psychological associations.

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Diabetes and Depression

Feeling down or sad from time to time is a normal part of life. For most people, these feelings don't last long. For some people, the sadness becomes so intense and long-lasting that it starts to reflect daily life, including work, school, relationships, and diabetes management. If you are feeling this way, you may have depression, but you are not alone. There are many things you can do to reduce your feelings of depression.



"Having depression when you've got diabetes is even more difficult. You feel completely hopeless yet you still have to take care of yourself. It's like you're in a dark box and you can't get out of it."

—Craig, 48, person with diabetes



"Don't be afraid to ask for help. Seeing a psychologist is one of the best things I ever did."

—Rodney, 36, person with diabetes

What Is Depression?

Depression is much more than sadness. It is a serious mental health condition. It affects how you feel about yourself and your life, and can prevent you from fully engaging in daily tasks, social activities, and relationships.

Symptoms of depression include:

- › having little interest or pleasure in doing things
- › feeling down
- › having trouble falling or staying asleep—or sleeping too much
- › feeling tired, or having little energy
- › having a poor appetite—or over-eating
- › feeling bad about yourself (that you are a failure, or that you have let yourself or your family down)
- › having difficulty concentrating
- › moving or speaking very slowly—or being fidgety or restless
- › or having thoughts that you would be better off dead.

If you have had any of these symptoms for at least two weeks, talk with your primary care physician (PCP). They can make an assessment, offer treatment, and/or refer you to a mental health professional. **It is important that you seek help from a qualified health professional.**

(800) DIABETES (342-2383)

diabetes.org

What Has Depression Got to Do with Diabetes?

Depression is one of the most common mental health issues experienced by people living in the U.S. Among people with diabetes, some have depression before a diagnosis of diabetes, while for others, depression is diagnosed later on. The latter could be due to the emotional burden of managing diabetes. The link between depression and diabetes is not yet fully understood and researchers are studying this link.

What is clear is that depression can affect the way a person manages their diabetes and, in turn, their physical health. Some examples include:

- › checking blood glucose less often or missing medical appointments due to a lack of motivation or energy to manage diabetes
- › and avoiding injecting in public, or not injecting at all, perhaps due to feelings of shame or feeling like a failure.

Depression can sometimes coexist with anxiety, which is also a common mental health problem (see the American Diabetes Association's companion handout **Diabetes and Anxiety**).

Do You Feel This Way Because of Depression or Diabetes?

Depression and diabetes share some of the same symptoms (including fatigue, sleep problems, and difficulty concentrating). This can sometimes make it difficult to know whether your feelings are caused by your diabetes, depression, or both.

Even if depression is not related to your diabetes, it can have negative effects on your health, life, and relationships.

What You Can Do

It is important that you seek help from your PCP or another qualified health professional. They can help you identify if you are experiencing

depression and offer treatment or make a referral to a mental health professional if needed.

Whether or not you are experiencing depression, it's important to look after your emotional well-being.

Some of the following strategies may work for you—others may not, and that's okay. They may give you ideas about other things you could try.

Reach Out

Depression can make you feel like you are alone. You might even feel like there's no point living anymore. If you feel this way, talk to someone immediately. The people who care about you will want to support you.

- › Make a point of talking to at least one person every day.
- › If you don't feel like you have anyone to talk to, call a helpline, talk with your PCP, or join a support group or an online community. You don't need to go through this alone.

Move Your Body

This might feel like the last thing you want to do when feeling down, but physical activity can really help. Physical activity has powerful effects on the brain and can improve the way you think and feel about yourself. Try to be active every day.

- › For example, walk for 10 minutes. Start with one short walk every second day, then gradually increase the time you spend walking and how often you walk.
- › Try to get out and enjoy nature while you move, as this helps to reduce stress.

Try to Be Thankful

When it seems like there is no hope, expressing gratitude can be really tough. However, being thankful can really lift your mood and have a positive impact on the way you view your world. Think about one thing every day that you can be thankful for, no matter how small.

It might be hard to think of things to feel thankful for but there is always something. A roof over your head, food to eat, or someone who loves you, are all examples of things you might be thankful for.

Writing it down is a good way of getting your feelings “out in the open.”

Be Present

Focusing on the present moment can be a real challenge, but it can also be a source of great happiness and serenity. Try a mindful breathing exercise (see box). It might take some practice but, once you’ve tried it a few times, you may be surprised by how helpful it is for improving your well-being. If this kind of thing isn’t for you, that’s okay, just skip it.

Mindful Breathing Exercise

Practice this any time you feel yourself getting caught up in negative thoughts.

1. With your eyes closed, or fixed on a spot in front of you, take 10 slow, deep breaths. *Breathe out* as slowly as possible, until your lungs are completely empty. Then allow them to refill by themselves.
2. *Notice* the sensation of your lungs emptying. *Notice* them refilling. *Notice* your ribcage rising and falling. *Notice* the gentle rise and fall of your shoulders.
3. See if you can let your thoughts come and go as if they are just cars passing by.
4. Expand your awareness: *notice* your breathing and your body. Then look around the room and *notice* what you can see, hear, smell, touch, and feel.

Get Enough Sleep

Being tired makes it difficult to feel calm and relaxed. Try to have a sleep routine by going to bed and waking at the same times each day. Here are some tips that might help:

- › Keep a sleep diary to help you understand some of your patterns.
- › Reduce your caffeine intake: limit your coffee, tea, and soft drinks, and don’t drink them after 4 P.M.
- › Be active during the day but don’t do strenuous physical activity right before bedtime.
- › Avoid napping during the day.
- › Remember, bed is for sleeping, so avoid watching TV, checking emails, or using your phone in bed.
- › Make sure the room is quiet and dark.

Be Close to Others

Being in close contact with others helps to reduce stress and improve well-being. Physical contact makes us happier, so hug a loved one or stroke a family pet.

Talk with a Professional

The strategies above may give you some ideas about how to prevent or reduce depression. However, they can’t replace professional help. It’s always a good idea to talk about your concerns with your PCP or another qualified health professional.

Who Can Help?

Your Diabetes Health Professionals

Your diabetes health professionals are there to help you with all aspects of your diabetes, including how you feel about it. If you feel comfortable, share your feelings with them—they will give you nonjudgmental support and advice. You may want to talk with your:

- › primary care physician (PCP)
- › endocrinologist
- › diabetes educator
- › nurse practitioner
- › or dietitian.

Bring this handout along to your appointment to help get the conversation started. You will probably feel relieved after sharing your feelings, and it will help your health professional to understand how you are feeling. Together, you can make plans to manage your depression.

A Psychologist or Psychiatrist

You might also like to talk with a psychologist or psychiatrist. These professionals are best placed to make a diagnosis and provide treatment for depression. Treatment may involve:

- › one-on-one counseling (for example, cognitive behavioral therapy)
- › medication (such as anti-depressants)
- › or a combination of psychological therapy and medication.

Ask your diabetes health professional if they know a psychologist or psychiatrist in your area who is familiar with diabetes. You can also find a mental health professional near you by going to:

- › the ADA Mental Health Provider Directory Listing at https://professional.diabetes.org/mhp_listing
- › or your state psychological association, which will list professionals in your area and what insurance plans they accept.

Check with your insurance provider for mental health professionals in your plan and what type of referral may be necessary.

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www.jdrf.org

(800) 533-2873

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American Psychological Association (APA)

<https://www.apa.org/topics/crisis-hotlines>

The APA's crisis hotline and resources page has a number of resources available for those in need, including numbers for specific crisis lines and confidential phone counseling, as well as links to individual state psychological associations.

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Diabetes and Disordered Eating

Living with diabetes places a lot of focus on food, weight, and body image. Sometimes, this can lead to an unhealthy relationship with food, disordered eating, or possibly an eating disorder. If you are having any of these problems, you are not alone. There are many things you can do to change your relationship with food.



“Sometimes you’ll binge and you’ll feel disgusting and you’re like, ‘Well, I just won’t inject my insulin for it and it’ll kind of even itself out again’... it sounds screwed up.”

—Christine, 22, person with diabetes

What Is Disordered Eating?

Disordered eating includes a wide range of eating behaviors that are considered unhealthy. These behaviors are very similar to those of a diagnosable eating disorder, except less severe, less frequent, or both. Nonetheless, disordered eating is a serious medical and mental health issue that requires professional attention.

Disordered eating can take many forms. It can involve:

- › severely restricting food intake
- › binge eating
- › or using unhealthy weight-loss tactics (such as self-induced vomiting or restricting insulin).

These behaviors are accompanied by negative emotions. For example, feeling:

- › alone or worthless
- › unhappy with your body
- › as if your life is “out of control”
- › depressed or anxious
- › or ashamed or guilty around food.

Over time, disordered eating can lead to eating disorders, such as anorexia nervosa, bulimia nervosa, or binge eating disorder. These are serious mental health conditions that require immediate professional attention.

In the short term, disordered eating can still be very dangerous for your physical health, including your diabetes. **It is important that you seek advice from a qualified health professional.**

What Has Disordered Eating Got to Do with Diabetes?

Focusing on food, healthy eating, and body weight is an important (and possibly the most challenging) part of diabetes management. With so much attention on when, what, and how much to eat, over time this can lead to problems with how people think and feel about food and themselves.

Research has shown that some people with diabetes struggle with disordered eating, fixations about food, and the misuse of insulin for weight management.

Disordered eating can affect the way a person manages their diabetes and, in turn, their physical health. Some examples include:

- › skipping meals
- › or missing or manipulating insulin doses to lose weight.

What You Can Do

If you have concerns about how you feel and think about your eating, weight, or body image, seek help from your primary care physician (PCP) or diabetes health professional. They can help you identify whether there is a problem and give you the best advice. Disordered eating or an eating disorder is unlikely to go away on its own. Without professional intervention, it will only get worse. However, with the right support, it can get better.

Whether or not you are stressed about food or your weight, it's important to look after your emotional well-being.

Some of the following strategies may work for you—others may not, and that's okay. They may give you ideas about other things you could try.

Open Up

Disordered eating can make you feel like you are alone, but the people who care about you will want to support you.

- › If there are particular family members or friends you trust, talk with them about how you feel.
- › If you don't feel like you have anyone to talk to, call a helpline, talk with your PCP, or join a support group or an online community.

Starting the conversation can be hard, but it's a good first step towards recovery. Sometimes, family or friends are not aware that their comments (for example, about food) might be having a negative impact on you. Letting them know how you feel can help them understand your needs.

It can be difficult for people who care about you to hear that you are unhappy or unwell. If the conversation doesn't go well, don't let their initial reactions deter you. They may need some time to process what you have told them. Talk to them again when you feel the time is right. Meanwhile, seek support from a health professional who will understand and who won't judge you.

Take One Day at a Time

Having diabetes and disordered eating is really tough. Don't be too hard on yourself. Take it one day at a time. You will face some setbacks but that's okay—keep going and have confidence that you can and will recover.

Write It Down

Keeping a food diary can be helpful for understanding some of your eating patterns and emotions associated with food. You might like to try making your own food diary to get a better idea about some of your own patterns (see box for tips).

If you choose to bring the food diary to your next appointment (for instance, with a dietitian or psychologist), they will not judge you for anything you write down. It will help them to understand how you are feeling.

Tips on Writing a Food Diary

- » Record everything you eat and drink—be specific.
- » Record the time you eat and where you eat.
- » Record if it is a binge episode.
- » Record any exercise you do.
- » Record all unhealthy weight loss tactics. For example, if you skip taking insulin (including when, where, and how many times).
- » Record what you are eating while you are eating, not before or after. You will be much more accurate if you do this.
- » Write down your thoughts and feelings before and after eating.
- » Write down how you feel physically (for example, how hungry you feel, if you had an empty stomach, or if you are uncomfortably full or sick afterwards).
- » Be honest with yourself—the diary is designed to help you.

Eat mindfully

Whether you over eat or restrict what you eat, mindful eating can help. Mindful eating is about focusing your awareness on how you eat so that you can become more in tune with your level of hunger and fullness. It helps you to respond appropriately to your body's needs. Try a mindful eating exercise (see box).

The exercise is designed to help you become more aware of what you are eating, and appreciate and enjoy the experience. It might take some practice but once you've tried it a few times, you may be surprised by how helpful it is for improving your relationship with food. If this kind of thing isn't for you, that's okay, just skip it.

Mindful Eating Exercise

Practice a mindful bite at least once every meal or snack:

1. Choose one piece of food, such as a raisin, a slice of mandarin, a potato chip, or a piece of chocolate.
2. Start by looking at the food. Examine its shape, color, and texture.
3. Then bring the food to your nose and notice what you smell.
4. Next, place the food on your tongue. Notice how your salivary glands begin to respond.
5. Take a bite and notice the sounds from your mouth and texture on your tongue.
6. Chew slowly and notice how the texture of the food changes as you chew.
7. Now swallow the food. Pay attention as it travels down your throat and into your stomach. Notice the sensations.
8. Now say the name of the food silently to yourself.

Talk with a Professional

The strategies above may give you some insight into your disordered eating. However, they can't replace professional help. It's always a good idea to discuss your concerns with your PCP or another qualified health professional. They are there to help you and they will not judge you for the way you are feeling.

Who Can Help?

Your Diabetes Health Professionals

Your diabetes health professionals are there to help you with all aspects of your diabetes, including how you feel about it. If you feel comfortable, share your feelings with them—they will give you nonjudgmental support and advice. You may want to talk with your:

- › primary care physician (PCP)
- › endocrinologist
- › diabetes educator
- › nurse practitioner
- › or dietitian.



Bring this handout along to your appointment to help get the conversation started. You will probably feel relieved after sharing your feelings, and it will help your health professional to understand how you are feeling.

Together, you can make plans to manage your disordered eating.

A Psychologist or Psychiatrist

You might also like to talk with a psychologist or psychiatrist. These professionals are best placed to make an assessment and provide treatment for disordered eating. Treatment may involve:

- › one-on-one counseling (such as cognitive behavioral therapy)
- › group therapy and/or family therapy
- › medication (such as anti-depressants)
- › or a combination of psychological therapy and medication.

Ask your diabetes health professional if they know a psychologist or psychiatrist in your area who is familiar with diabetes. You can also find a mental health professional near you by going to:

- › the ADA Mental Health Provider Directory Listing at https://professional.diabetes.org/mhp_listing
- › or your state psychological association, which will also list professionals in your area and what insurance plans they accept.

Check with your insurance provider for mental health professionals in your plan and what type of referral may be necessary.



“My family will say things like, ‘You shouldn’t eat that!’ They have no idea how hurtful that is to me. I know they’re just trying to help, but I wish they wouldn’t. It just makes me feel so inferior, so bad about myself.”

—Julia, 45, person with diabetes

A Dietitian

Nutritional support from a dietitian who is experienced in the treatment of disordered eating and diabetes can be an important part of recovery.

A dietitian can help you develop a healthy relationship with food in a safe environment. Your dietitian will help you to make food-related goals and help you achieve these goals at a pace that feels right for you.

Ask your diabetes health professional if they know a dietitian who is familiar with diabetes and disordered eating.

More Information and Support

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The APA's crisis hotline and resources page has a number of resources available for those in need, including numbers for specific crisis lines and confidential phone counseling, as well as links to individual state psychological associations.

We Are Diabetes

<http://www.wearediabetes.org>

We Are Diabetes is a nonprofit organization devoted to providing much needed support, education, guidance, and hope to individuals living with type 1 diabetes who struggle with disordered eating behaviors. Family members and loved ones of those who are struggling are also welcome and encouraged to reach out to the organization.

Diabulimia Helpline (DBH)

<http://www.diabulimiahelpline.org>

(425) 985-3635

DBH is a nonprofit organization dedicated to education, support, and advocacy for people with diabetes and eating disorders, and their loved ones. They offer a 24-hour hotline for emotional support and assistance with treatment referrals and insurance coverage.

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Diabetes Distress

Diabetes can be really tough to live with. Sometimes people feel distressed, which can include feeling frustrated, guilty, sad, or worried. It is understandable if you feel this way from time to time—you are not alone. There are many things you can do to reduce your diabetes distress.



“I think the hardest thing was as soon as you start testing your sugars and you don’t watch them go down, that just becomes blow after blow every day. It’s not something you deal with every three months when you get your blood test result, it’s something you’re dealing with on a daily basis, so it’s taken me a long time to get used to doing sugar readings and accepting them.”

—Marianne, 62, person with diabetes

What Is Diabetes Distress?

Diabetes distress is the emotional burden of living with and managing diabetes. For example, you may feel:

- › overwhelmed by the demands of living with diabetes
- › that you are “failing” with your diabetes management
- › worried about your risk of long-term complications
- › frustrated that you can’t predict or “control” diabetes from one day to the next
- › or guilty when your diabetes management gets “off track.”

Diabetes distress becomes a serious problem when these emotions start to affect daily life, including work, school, relationships, and diabetes management.

If diabetes distress is not managed, it can get worse over time. It may lead to “burnout”—this is when a person feels emotionally exhausted and overwhelmed by the demands of their diabetes. They try to cope with this by giving up on taking care of their diabetes.

If you experience diabetes distress, talk with your health professional. They will assess the problem and help you work out strategies for managing your distress.

(800) DIABETES (342-2383)

diabetes.org

What You Can Do

Whether or not you are experiencing diabetes distress, it's important to look after your emotional well-being.

Some of the following strategies may work for you—others may not, and that's okay. They may give you ideas about other things you could try.

Stop Blaming Yourself

Diabetes can be hard to manage, and there is never a perfect relationship between the effort you put in and the results you get.

Sometimes, people feel like they are “failing” with their diabetes. Remember, your blood glucose level is just a number, not a reflection of who you are.

- Let go of expectations that may be too high and focus instead on doing the things that you can achieve.
- Use phrases like “high” or “low” blood glucose, instead of “good” or “bad,” to avoid thinking badly of yourself.

It's about finding the balance between managing diabetes well and living your life.

Start Being Kind to Yourself

It's hard to take care of yourself when you are feeling down or frustrated. Being kind to yourself is a great way to improve your well-being. For example, have a relaxing bath, treat yourself to a massage, or listen to music you enjoy.

When you feel distressed about your diabetes, you might also like to imagine what you might

say to a close friend with the same struggles. Compare this to how you normally respond to yourself in these situations. Are you being harder on yourself than you would be on a friend? Follow the advice you'd give to your friend instead.

Take a Break

If you feel completely fed up with your diabetes, taking a break might help. While you can't completely ignore your diabetes, taking a break means that you spend a bit less time and energy on it for a short while (maybe a week or two).

Talk with your health professional before making changes to the way you manage your diabetes. Explain why you need a break and ask them to help you to plan your break safely. They will be glad you asked.

Reassess Your Goals

If you feel like you are not achieving your goals with your diabetes, consider setting one or two smaller goals to help increase your confidence. Getting some “easy wins” may help you feel better.

For example, you might consider the following goal: “To attend four appointments (one every three months) with my diabetes health professional in the next year.” This goal is specific and measurable, which is a good thing. It also needs to be realistic for you, otherwise there is no point. Keeping your appointments will mean you get the support you need.

Get Connected

Talking things through with others can be a big help. You might like to talk with your family or friends about how you feel, and how they can support you.

It may also help to talk with others who understand what it is like to live with diabetes. It can be reassuring to know that other people face similar challenges and to share ideas about how to cope with them. Join a support group or an online community.



“I think it’s that realization that you’re not alone, that there are unfortunately quite a lot of other people around... who have got the same issues and face the same problems as you do day in and day out. It can give you, I guess, not a positive feeling but you know in the back of your mind, it’s okay, I’m not isolated, I’m not doing this alone.”

—Jake, 41, person with diabetes

Talk with a Professional

The strategies above may give you some ideas about how to prevent or reduce diabetes distress. However, they can’t replace professional help. It’s always a good idea to talk about your concerns with your health professional(s).

Who Can Help?

Your Diabetes Health Professionals

Your diabetes health professionals are there to help you with all aspects of your diabetes, including how you feel about it. If you feel comfortable, share your feelings with them—they will give you nonjudgmental support and advice.

You may want to talk with your:

- › primary care physician (PCP)
- › endocrinologist
- › diabetes educator
- › nurse practitioner
- › or dietitian.

Bring this handout along to your appointment to help get the conversation started. You will probably feel relieved after sharing your feelings, and it will help your health professional to understand how you are feeling.

Together, you can make plans to reduce your distress. For example, your health professional can help you safely make some small changes to your diabetes care so it feels like less of a burden.

- › You might like to attend a structured diabetes education session—learning more about diabetes can help overcome frustrations.
- › There may be group education sessions in your area.
- › Ask your health professional or contact the ADA office in your state or area for more information.

A Mental Health Professional

You might also like to talk with a mental health professional, such as a psychologist, counselor, or social worker. They will help you find ways to cope with the demands of diabetes.

- Ask your diabetes health professional if they know a psychologist or other mental health professional in your area and your insurance network who is familiar with diabetes.
- Find a mental health professional near you by going to the ADA Mental Health Provider Directory Listing at https://professional.diabetes.org/mhp_listing.
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Fear of Hypoglycemia

Hypoglycemia or “hypo” (low blood glucose) is a common challenge for people managing their diabetes with insulin or other glucose lowering medications. People with diabetes often worry or become fearful about hypos. If you feel this way, you are not alone. There are many things you can do to prevent hypos and ease your fears.



“There’s nothing worse than having that fear at the back of your head that you’re going to be in a meeting or something and pass out from not treating a hypo quick enough—it’s never happened, touch wood.”

—Melissa, 31, person with diabetes

What Is Fear of Hypoglycemia?

Fear of hypos is a specific and intense feeling brought on by the risk and/or experiences of having low blood glucose. It is common to worry about:

- › losing consciousness in public
- › having an accident or injury
- › having a hypo while asleep
- › being embarrassed or attracting unwanted attention
- › needing/relying on others for help
- › losing independence or the ability to drive
- › or being judged in a negative way by others.

It is natural to have concerns about hypos. This keeps you alert to the symptoms of low blood glucose, which enables you to treat a hypo promptly when it happens. However, fear of hypos becomes a serious problem when these worries start to affect daily life or diabetes management, for example:

- › reducing insulin or over-eating to avoid having a hypo
- › checking blood glucose levels excessively
- › avoiding social activities for fear of embarrassment
- › or avoiding being alone due to worries about safety.

If you think you are experiencing fear of hypos, talk with your health professional. They will assess the problem and help you work out strategies for preventing hypos and reducing your fears.

What You Can Do

Whether or not you fear hypos, it's important to look after your emotional well-being.

Some of the following strategies may work for you—others may not, and that's okay. They may give you ideas about other things you could try.

Be Informed

Many hypos can be prevented. The first step is to be informed about your actual risk and how to prevent, recognize, and treat hypos. If you get the right information and support, you will find that you feel more confident to manage your risk of hypos, treat them before they become severe, and reduce your fears.

A good place to start is by contacting the American Diabetes Association (ADA) office in your state/territory. You can also reach the ADA at (800) DIABETES or at www.diabetes.org.

Take care when searching the Internet for medical advice—make sure you consult reliable sources (such as professional organizations).

Have a Hypo Plan

Having a plan for how to manage a hypo can help reduce any anxiety or fears you may have about the experience. Keep your “hypo kit” with you at all times so you can treat a hypo promptly (see box).

Make sure your family, friends, and other people that you spend a lot of time with know what to do when you can't treat a hypo yourself. If you live alone, consider asking someone (for example, a friend or neighbor) to check on you on a regular basis.

Managing a Hypo: The 15/15 Rule

If you have hypo symptoms (such as shaking, sweating, or light headedness) or a blood glucose level of less than 70 mg/dl (even if you have no symptoms), follow the 15/15 rule:

1. Have 15 grams of glucose (equivalent to 5 oz fruit juice OR 4 large jelly beans OR 7 small jelly beans).
2. Wait 15 minutes and then re-check your blood glucose level.
3. If your blood glucose level is still less than 70 mg/dl, have another 15 grams of glucose.
4. Consider the need for a longer-acting carbohydrate if your next meal is more than 20 minutes away.

Note: This treatment may not be appropriate for everyone. For individualized advice, please talk with your diabetes health professional.

Ask Questions

It's okay if you don't have all the answers about hypos or managing your fear of hypos. Sometimes, people find that writing a list of questions and concerns is a useful way of processing some of their feelings.

- › Bring this list along to your next diabetes appointment, so you don't forget the questions or concerns you want to talk over with your health professional.
- › Remember, there are no silly questions or concerns—they are all valid. Your health professional will appreciate anything you mention, as it will help them to offer you the best support.

Be Aware of Your Symptoms

People who are less aware of their hypo symptoms often fear hypos the most. This is because they don't know when their hypos are coming on. This leaves them feeling out of control.

- Keep a record of your symptoms throughout the day (such as how you were feeling physically and emotionally, and how you reacted).
- After a hypo, ask yourself, "What do I think caused this hypo?" (for example, what were you doing at the time, and when did you last eat or inject insulin). No one knows your body better than you.
- Notice patterns in the days and times you have hypos and think about how you can avoid similar hypos in the future.
- Ask yourself, "What concerns me the most about having a hypo?" You may not be fully aware of what you are fearing. Thinking it through and writing it down can provide you with a lot of insight.

Getting to know your hypo symptoms better can prepare you to take action to prevent low blood glucose. This can make you feel more in control and less fearful of the unknown. Your health professional can also help you develop a plan to reduce your hypos and fears.

If you don't have symptoms (or don't recognize them quickly enough to avoid a hypo), speak with your health professional. You may have "impaired awareness of hypoglycemia," which they can help with.



"I understand so much more about it now and I know how to get myself out of a hypo and I know how to adjust if I'm too high with my sugars."

—Dave, 62, person with type 1 diabetes

Get Connected

Talking things through with others can be a big help. You might like to talk with your family or friends about how you feel, and how they can support you.

It may also help to talk with others who understand what it is like to live with diabetes. It can be reassuring to know that other people face similar challenges and to share ideas about how to cope with them. Join a support group or an online community.

Talk with a Professional

The strategies above may give you some ideas about how to prevent hypos and reduce your fears. However, they can't replace professional help. It's always a good idea to talk about your concerns with your health professional(s).

Who Can Help?

Your Diabetes Health Professionals

Your diabetes health professionals are there to help you with all aspects of your diabetes, including how you feel about hypos. If you feel comfortable, share your feelings with them—they will give you nonjudgmental support and advice. You may want to talk with your:

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- diabetes educator
- nurse practitioner
- or dietitian.

Bring this handout along to your appointment to help get the conversation started. You will probably feel relieved after sharing your feelings, and it will help your health professional to understand how you are feeling.

Together, you can make plans to reduce your fears. For example, your health professional can help you to safely make some small changes to your diabetes management so that it feels less scary.

- › You might like to attend a structured diabetes education session. Learning more about hypos and how to best manage your diabetes could make it easier to prevent and treat hypos. It will strengthen your confidence in your skills and reduce your concerns.
- › There may be group education sessions in your area.
- › Ask your health professional or contact your local ADA office for more information.

A Mental Health Professional

You might also like to talk with a mental health professional, such as a psychologist, counselor, or social worker. They will help you find ways to cope with the demands of diabetes.

- › Ask your diabetes health professional if they know a psychologist or other mental health professional in your area and your insurance network who is familiar with diabetes.
- › Find a mental health professional near you by going to the ADA Mental Health Provider Directory Listing at https://professional.diabetes.org/mhp_listing.
- › Your state psychological association will also list professionals in your area and what insurance plans they accept.

Check with your insurance provider for mental health professionals in your plan and what type of referral may be necessary.

More Information and Support

American Diabetes Association (ADA)

www.diabetes.org/healthy-living/mental-health

(800) DIABETES

The mental health section of the ADA website contains information on a number of mental health issues associated with diabetes, as well as links to other resources.

Juvenile Diabetes Research Foundation (JDRF)

www.jdrf.org

(800) 533-2873

JDRF provides a number of resources for those living with type 1 diabetes, including educational material and in-person events related to resilience and distress.

Behavioral Diabetes Institute (BDI)

www.behavioraldiabetes.org

A nonprofit organization dedicated to addressing the social, emotional, and psychological barriers to living a long and healthy life with diabetes. Contains downloadable resources, information on events, and other resources for people living with both type 1 and type 2 diabetes.

This handout adapted from material originally developed by the National Diabetes Services Scheme and Diabetes Australia, in collaboration with the Australian Centre for Behavioural Research in Diabetes.

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Peer Support for Diabetes

Peer support is a way for you to connect with people who also face the daily challenges of managing diabetes. Sharing your experiences with other people who have diabetes can help you feel less alone. Read on to find out about peer support and how to access it in your area.



"It's nice to be able to contact someone who's exactly the same as you. They give you that little bit of encouragement. You may be having a flat day and you just want to go, 'Oh, I don't want to get up for work,' and that someone is saying, 'No, you can do it'... I think it's great."

—James, 26, person with diabetes

What Is Peer Support?

Peer support is when people living with a chronic condition (like diabetes) give and/or receive support from one another.

Many people who have diabetes have never talked to anyone else with diabetes, even though they may want to. This can feel very isolating.

People with diabetes may access peer support because:

- family and friends, despite their best efforts, can't fully understand what it's like to live with diabetes
- and health professionals may not always have the time to talk about all aspects of living with diabetes.

Peer support is a way for people with diabetes to share their:

- knowledge and skills
- insights and experiences
- thoughts and concerns
- and feelings about living with diabetes.

This can happen in the form of organized face-to-face peer support groups or one-to-one telephone support, casual conversation, or through various technologies such as texts and social media (such as Facebook, Twitter, email, or online forums).

What to Expect from Peer Support

Connecting with other people who have diabetes can help in many ways. You may:

- › feel less alone (by having someone to talk to when diabetes gets you down or who can provide encouragement)
- › learn from others about self-management (such as how to put medical advice into practice, share helpful tips, or boost your motivation)
- › be able to share tips about access to health professionals and community resources (personal recommendations)
- › and have improved health and well-being overall.

What Not to Expect from Peer Support

Peer support can be positive, but it:

- › does not replace the advice you get from your health professional; always talk with your health professional before making changes to the way you manage your diabetes
- › may not be the right “fit” for you, as it’s not a “one size fits all” approach; some people prefer not to talk about their feelings, or would prefer to do so with a health professional
- › and is unlikely to give you the answers to all of your problems. It can be a great source of information and advice, but it won’t necessarily “solve” all of your diabetes-related concerns.

If you are unsure about whether to join a peer support group/community, talk with people you trust about your thoughts and feelings. Also, consider talking about this with your diabetes health professional—they can help you work out what kind of support is going to be the most helpful for you.



“Over the years I’ve met a few friends with diabetes. Every now and then we have a chat about how things are going. It’s definitely helpful to have people who can relate to it.”

—Lorna, 62, person with diabetes

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Online Forums and Peer Support

www.diabeteseducator.org/peersupport

Online outlets and forums offer opportunities for people living with diabetes to interact and provide support from anywhere. The Association of Diabetes Care and Education Specialists has created a handout collecting a number of online options, available on their peer support page.

Diabetes Online Community (DOC)

DOC offers online peer support through Tweepchats (online discussion via Twitter) for adults with diabetes (all types).

To find out more, on Twitter, search for #DOC.

You can also ask your diabetes health professional(s) about any peer support programs they may be aware of.

