

Appendix C

Examples of Strategies to Address Diabetes Distress

This table presents some examples of strategies that may help you reflect on how you could support someone who is experiencing diabetes distress, and offers suggestions for questions and actions. The strategies are categorized according to the most common sources of diabetes distress. The examples may apply/work for some people but not for others. Select the strategies that are appropriate for the individual and their needs.

TABLE C.1 Examples of Strategies to Address Diabetes Distress

Source of Distress: Negative Emotions		
Explore how negative feelings could be reduced:	Explore ways of coping with stress:	Explore worries related to diabetes complications:
<ul style="list-style-type: none"> › Ask questions that acknowledge and label feelings, for example: “When have you been feeling like this?” “Where do you think these feelings come from?” and, “What needs to happen for you to feel better?” › Have there been times when the person was feeling less distressed about their diabetes? How was it different compared with today? Would past strategies be useful to respond to current negative feelings? › Are these negative feelings present all the time, or are some days better than others? What is different? › Decide together on realistic changes the person will make. 	<ul style="list-style-type: none"> › Ask, “What might help you to relax?” (e.g., going for a walk, having a coffee with a friend, doing yoga, or reading a book). › How could the person incorporate “their quality time” into their daily schedule? › Explore whether—and how—social support could help in reducing diabetes distress: › Is there someone they can talk to? › Would they like to join a peer support group? Provide details of peer support initiatives (see Appendix B). 	<ul style="list-style-type: none"> › Explore what complication they worry about. Ask, “What worries you the most?” › Are they aware of their A1C and how do they feel about this number. How much do they believe it has to change to reduce risk? › Identify whether the person’s perceptions of their risks are realistic and what are their beliefs about risk. Are these beliefs valid? › Provide information about their actual risk and the evidence today about the percentage of people with diabetes developing complications. › Talk about complications in a motivational (instead of scary) way: <ul style="list-style-type: none"> • complications are not inevitable; modern treatments are very effective in preventing complications • how they can reduce the risk of complications by making management or lifestyle changes • and how can they live a long and healthy life with diabetes. › Acknowledge that there are things they are doing well in managing their diabetes.

Source of Distress: Diabetes Management

Review the current management plan:	Review the person's self-management skills:	Review goal setting and barriers:
<ul style="list-style-type: none"> › Normalize the person's feelings about their current management plan. › Ask the person if they have thought about how their management could be adjusted (e.g., with new medication or technologies). › Ask about alternative treatment options they have thought of. › Inform the person about the pros and cons of various options. › Ask about the person's preferences. › Together, tailor the management plan to suit the individual. › Ask the person how they feel about the new plan or how they might feel and how will they manage that. 	<ul style="list-style-type: none"> › Talk about the person's skills and confidence to manage their diabetes. › Talk about small behavioural changes that could help—such as, how to remember to do certain tasks (e.g., taking medication or self-monitoring of blood glucose), or to how to reduce the burden (e.g., a reward system). › Focus on the benefits of these changes. › Provide additional training, if required/preferred, or suggest a consultation with a certified diabetes educator. › Ask whether the person would like to receive information about structured diabetes education programs. 	<ul style="list-style-type: none"> › Verify that the goals the person has set are achievable. For example, striving for “perfect” blood glucose levels is not realistic and likely to result in frustration; similarly, moving from no physical activity to attending the gym five days per week may also be unrealistic. › Identify (with the person) the perceived barriers to self-care tasks/lifestyle changes and how to overcome them. › Ask the person about what support would be most helpful in making self-care/lifestyle changes. › Talk about the benefits of peer support and provide contacts of peer support initiatives (see Appendix B).

Source of Distress: Interpersonal Relationships

Ask the person if it would be helpful to invite their partner or family/friends to join them at the next appointment:	Support the person to become more assertive in their interactions with their partner or family/friends:	Promote peer support:
<ul style="list-style-type: none"> › It could enhance the other person's understanding of the condition, its management, and daily hassles. › The other person will observe how their partner/relative manages their diabetes on a daily basis and the challenges they experience in maintaining blood glucose within target. 	<ul style="list-style-type: none"> › Acknowledge that well-intended support can often lead to frustration. › Advise the person to share with their partner or family/friends: <ul style="list-style-type: none"> • how they feel about living with diabetes, and invite the other person to do the same • and what help they would appreciate from their partner or family/friends. 	<ul style="list-style-type: none"> › Describe what peer support is, and the benefits. › Provide details of peer support initiatives (see Appendix B).

Source of Distress: Relationships with Health Professionals

Reflect on your relationship with the person and your communication style:	Support people with diabetes to become more assertive in their interactions with health professionals:	Encourage the person to:
<ul style="list-style-type: none"> › Do you provide the right amount of information, using words that can be easily understood? › Are you a good listener? › Do you respond in a non-judgemental and respectful way? › Do you acknowledge and encourage people in their efforts in managing diabetes on a daily basis? › Do you provide adequate support? 	<ul style="list-style-type: none"> › To enable the person to set their own agenda, ask what they would like to discuss today at the start of the consultation. › To enable them to make informed decisions about their diabetes management, inform them about the latest treatments and technologies; discuss what would be realistic options for them. › Ask whether they are receiving the support they need from you and other (diabetes) health professionals. 	<ul style="list-style-type: none"> › Ask questions or seek clarification (e.g., regarding their medical examination results, general health, or treatment). › Be actively involved in decision making about their diabetes management plan. › Prepare for their next consultation and think about what they would like to discuss.

At the End of the Conversation about Diabetes Distress:

- › Ask the person how they are feeling now that you have talked about their concerns; the conversation may have already brought some relief.
- › Summarise the conversation and any actions you have agreed on. As part of this:
 - Check that they feel confident and willing to implement the action plan, and whether they expect major obstacles.
 - Reassure them that the plan can be revised if needed.
 - Suggest some information to read at home. At the end of **Chapter 3** on pages 49 and 50, there is a list of resources that may be helpful for a person who is experiencing diabetes distress. Select **one** or **two** of these that are most relevant for the person; it is best not to overwhelm them with too much information.

References

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4. Schmidt CB, van Loon BJP, et al. Systematic review and meta-analysis of psychological interventions in people with diabetes and elevated diabetes-distress. *Diabetic Medicine*. 2018;35(9):1157-72.
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6. Polonsky WH. *Diabetes burnout: what to do when you can't take it anymore*. Arlington, VA: American Diabetes Association; 1999.