Overcoming Therapeutic Inertia: Clinical Workshop

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American Diabetes Association®

Overcoming Therapeutic Inertia

Addressing Barriers to Self-Care That May Impact Therapeutic Inertia

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Overcoming Therapeutic Inertia

Overview – Barriers to Diabetes Self-Care

- Psychosocial
- Social Determinants of Health
- Health Literacy
- Potential Strategy for Clinical Inertia in Self-Care: Motivational Interviewing

Overall theme – if your ongoing clinical approaches aren't working, STOP and consider other potential patient-level barriers!

Note: Slides on health literacy were created by the Agency for Healthcare Research and Quality/AHRQ (Terry Davis, PhD)

Psychosocial Factors as Barriers to Diabetes Self-Care

Anxiety, Depression and Diabetes Self-Care

- Diabetes self-care involves dietary modifications, complicated medication regimens, exercise routines, smoking cessation, and blood glucose monitoring
- 60% of individuals with diabetes report anxiety related to managing their T2DM, and depression is 2x more likely in T2DM
- Anxiety and/or depression are associated with lower levels of treatment adherence, higher incidence of uncontrolled diabetes, and increased rates of diabetes-related complications

Bickett et. al., Exp Biol Med, 2016, Lin et. al., Diabetes Care, 2004

Eating Disorders, Cognitive Function and Diabetes Self-Care

- People with T1DM and eating disorders have high rates of diabetes distress and fear of hypoglycemia
- For people with T1DM, insulin omission causing glycosuria in order to lose weight is the most common disordered eating behavior
- For people with type 2 diabetes, bingeing (excessive food intake with an accompanying sense of loss of control) is most common
- Cognitive limitations may affect self-care due to inability to adhere to nutritional advice, memory loss, and low literacy/numeracy skills

ADA Guidelines on Psychosocial Care in Diabetes (2016)

Providers should consider an assessment of symptoms of **diabetes distress**, **depression**, **anxiety**, **disordered eating** and of **cognitive capacities** using patient-appropriate standardized/validated tools at the initial visit, at periodic intervals, and when there is a change in disease, treatment, or life circumstance

Including caregivers and family members in this assessment is recommended

Young-Hyman et. al., Diabetes Care, 2016

Screening for Psychosocial Factors – Validated Tools

- Depression: PHQ
- Anxiety: GAD-7
- Eating Disorders: Diabetes Eating Problems Survey (DEPS)
- Cognitive Function: MMSE
- Diabetes distress: Diabetes Distress Scale (DDS)
- Fear of hypoglycemia: Hypoglycemia Fear Survey II

Barriers to Diabetes Self-Care Outside the Clinic – Social Determinants of Health

Social Determinants of Health (SDOH) Often Go Unrecognized!

Patients may not raise these issues, but clinicians must be aware of them when addressing barriers or considering motivational interviewing!

- Patients with food insecurity may not be able to eat a recommended diet, are at greater risk of both hyperglycemia and hypoglycemia
- Patients may be functionally homeless and unable to prepare healthy food or store insulin
- Patients who are not fluent in English need communication and resources in their preferred language

Evidence for SDOH and Poor Outcomes in Diabetes

- Low-income patients with diabetes are at higher risk of hypoglycemia-related ED visits and hospitalizations in the last week of the month
- This is particularly worrisome since the proportion of patients with diabetes with food insecurity increased by 58% from 2005 to 2014

- Patients with diabetes and unstable housing are at much higher risk of a diabetes-related ED visit or hospitalization in the prior 12 months

- If you are frustrated because a patient is clinically not doing well or has out-of-control risk factors, STOP and consider asking about SDOH

Seligman et. al., Health Affairs, 2014. Basu et. al., Med Care, 2017. Walker et. al., J Gen Intern Med, 2019. Berkowitz et. al., Diabetes Care, 2018.

Screening for Social Determinants

Food Insecurity:

- “Within the past 12 months, have you worried that your food would run out before you got money to buy more?”
- “Within the past 12 months, have you ever run out of food and not had money to get more?”

Homelessness:

- “In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household?”
- “Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?”

Health Literacy as a Barrier to Diabetes Self-Care

The Impact of Low Health Literacy

Health literacy: the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

Low health literacy is associated with:

- Higher mortality rates among older adults
- More frequent ED visits & hospitalizations
- Lower likelihood of flu vaccinations
- Difficulty reading medication and nutrition labels
- Inability to take medications appropriately

Berkman ND, et. al., Ann Intern Med. 2011

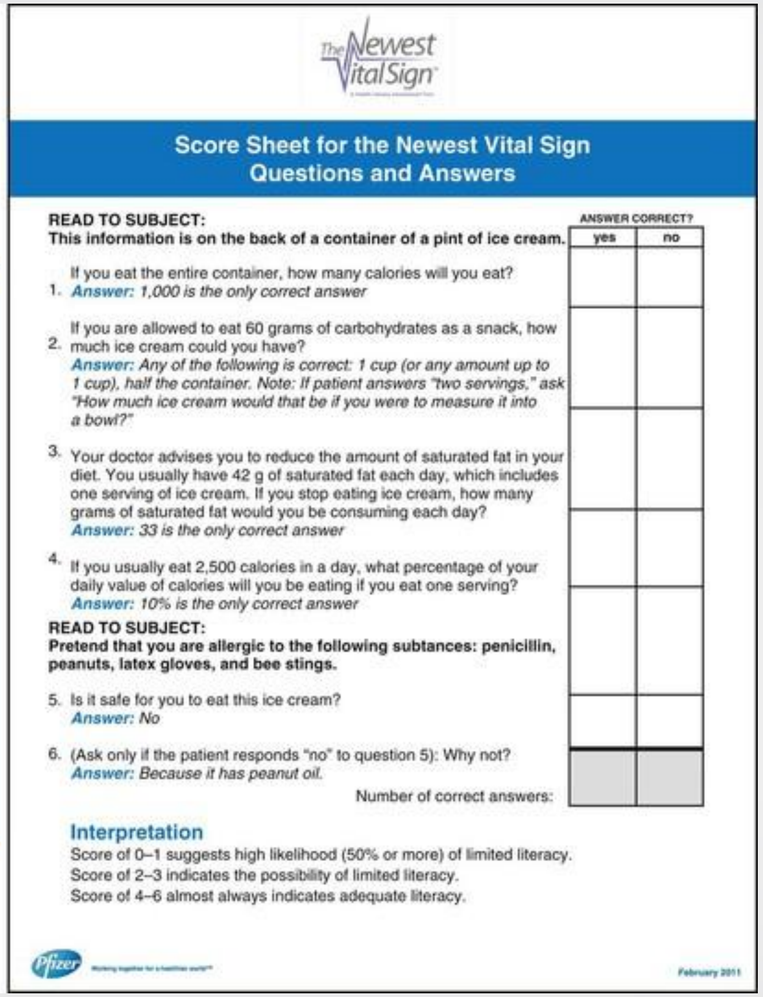
Assessing Health Literacy: The Newest Vital Sign (Pfizer)

Nutrition Facts

Serving Size	½ cup
Servings per container	4
Amount per serving	
Calories 250	Fat Cal 120
	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.



The Newest Vital Sign

Score Sheet for the Newest Vital Sign Questions and Answers

READ TO SUBJECT:
This information is on the back of a container of a pint of ice cream.

ANSWER CORRECT?

	yes	no
1. If you eat the entire container, how many calories will you eat? *Answer: 1,000 is the only correct answer*		
2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have? *Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl?"*		
3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? *Answer: 33 is the only correct answer*		
4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? *Answer: 10% is the only correct answer*		
READ TO SUBJECT: Pretend that you are allergic to the following subtances: penicillin, peanuts, latex gloves, and bee stings.		
5. Is it safe for you to eat this ice cream? *Answer: No*		
6. (Ask only if the patient responds "no" to question 5): Why not? *Answer: Because it has peanut oil.*		
Number of correct answers:		

Interpretation

Score of 0–1 suggests high likelihood (50% or more) of limited literacy.
Score of 2–3 indicates the possibility of limited literacy.
Score of 4–6 almost always indicates adequate literacy.

Pfizer

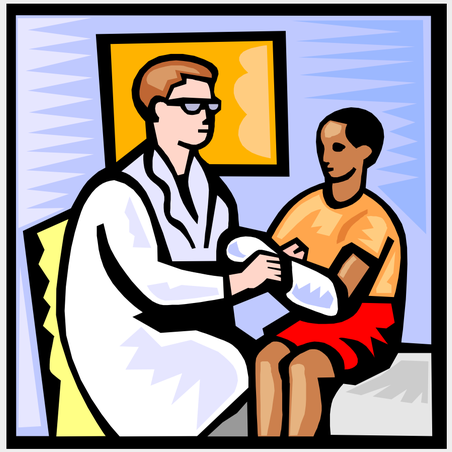
February 2011

3 minutes to administer

Lessons Learned From Patients in Prescribing Medications

Need to address FOUR points:

1. What the medication is for
2. How to take it (concretely)
3. Why take it (benefit)
4. What to expect



Strategies for Low Health Literacy: Confirm Patient Understanding (Teach Back Method)

"Tell me what you've understood."

"I want to make sure I explained your medicine clearly. Can you tell me how you will take your medicine?"

Motivational Interviewing

What is Motivational Interviewing?

- A directive, **patient-centered** counseling style for eliciting behavior change by helping patients to **explore and resolve ambivalence**
- Most useful with patients who are less motivated to change, or who are angry/oppositional
- "**Ask** rather than tell, **listen** rather than advise"

How Motivational Interviewing Works

- Many patients are in a conflicted or ambivalent state – they know they should improve their diabetes self-care but something is holding them back
- Self-perception theory – people tend to become more committed to that which they hear themselves defend out loud
- **Clinician listens to patient perspective, seeks to elicit “change talk” and reflect this back to the patient**
- **Clinician listens for “commitment talk” and ONLY then guides patient to make a concrete behavior change plan**

Listening for “Change Talk” is Important

Which one of the following is NOT an example of “change talk,” from a patient with T2DM who smokes?

- A: “If I really put my mind to stopping smoking I can do it”
- B: “I feel terrible about how my smoking is affecting my baby”
- C: “I have so much else going on right now that I can’t stop smoking”
- D: “I guess smoking has been affecting me more than I realize”

MI Phase 1: Enhance Intrinsic Motivation for Change

1. Set agenda to discuss target behavior about which there is ambivalence (e.g., starting on insulin)
2. Ask about the good things related to starting on insulin, reflect
3. Ask about the less good things related to starting on insulin, reflect
4. Provide advice if asked, or after obtaining permission from patient
5. Summarize change talk (desire, ability, reasons, need to change)

Mnemonic: OARS (open-ended, affirm, reflect, summarize)

Rolling With Resistance

How might a clinician respond when resistance emerges in Phase 1?

Key is not to oppose or confront – instead "roll with it"

Example:

- Patient: "I think statins cause too many side effects"
- Amplified reflection: "OK, I hear you saying that a statin medication might make you feel worse, so you don't want to start taking it"
- Double-sided reflection: "OK, I hear you saying that a statin medication have the potential to cause unwanted side effects, which might be more important to you than the benefits of taking the statin"
- You would NOT say: "Well, the side effects of taking statins are usually mild, and most of my patients do very well taking statins"

MI Phase 2: Strengthen Commitment for Change

- After summarizing the discussion, ask transition question – e.g., “What next?” or “Where should we go from here?” and listen carefully
  - If patient discusses tentative plans to change, be ready to help the patient develop their plan
  - When the plan to change includes commitment talk, push for commitment to the plan!
  - If patient expresses resistance, go back to Phase 1

What is “Commitment Talk?”

Commitment Talk:

- “I take you to be my lawfully wedded wife …”

Change Talk:

- “I could take you to be my lawfully wedded husband …”
- “I should take you to be my lawfully wedded wife …”

Remember “DARN CAT”

DARN (Change):

- **D**esire: "I don’t want to smell like cigarettes all day."
- **A**bility: "I can quit smoking any time I want."
- **R**easons: “Buying cigarettes every week costs a lot of money."
- **N**eed: “I need to take care of my heart and my lungs to stay healthy."

CAT (Commitment):

- **C**ommitment: "I am going to try and stop smoking next week."
- **A**ctivation: “I have told my wife and kids that it’s time for me to make a change.”
- **T**aking steps: “I have thrown out all of my lighters and ashtrays from the apartment.”

Role Play of Motivational Interviewing

Questions?