Welcome!
Highlights of ADA Position Statement on Psychosocial Issues and Joint Education Program with American Psychological Association (APA)

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Disclosures

• Research Support for Investigator-Initiated Study from Dexcom, Inc.
• Paid speaker for Johnson & Johnson Diabetes Institute’s educational program
• Paid consultant for Bigfoot Biomedical, Inc.’s to build human factors assessments for clinical trials
Psychosocial Side of Diabetes

- Psychosocial = emotions, behaviors, and social factors
- Psychosocial concerns can develop in people with diabetes (PWD) because of the burden of diabetes or for reasons unrelated to diabetes
- Psychosocial concerns often cause difficulties with daily management of diabetes and negatively affect health
- Psychosocial concerns are common; at any given point, as much as half of PWD will be dealing with distress related to diabetes
- Rates of depression, anxiety, and eating disorders are all higher in PWD than general population
What has been done?

- Largely through individual grants and clinical program efforts, there are now better procedures to identify psychosocial difficulties and treat them.
- Significant efforts, such as:
  - Quality of life was assessed in the DCCT cohort.
  - Diabetes burnout and distress has been a focus of ADA efforts (Polonsky book).
  - Organizations like JDRF, Helmsley Charitable Trust, NIDDK, and ADA have worked with the FDA to identify broader measures of outcomes beyond hemoglobin A1c.
- More needs to be done to promote psychosocial care, pay for it, and increase capacity to deliver evidence-based care, hence the **Position Statement** and **ADA-APA program**.
Recommendations

“Non-compliance” denotes a passive, obedient role for PWD in “following doctor’s orders” that is at odds with the active role PWD are asked to take in directing the day-to-day planning, monitoring, evaluation and problem-solving involved in diabetes self-management.

- Psychosocial care should be integrated with **collaborative, patient-centered medical care** and provided to **all people with diabetes**, with the goals of optimizing health outcomes and health-related quality of life.
- Providers should screen for symptoms of diabetes distress, depression, anxiety and disordered eating and of cognitive capacities at the initial visit, at periodic intervals, and when there is a change is disease, treatment, or life circumstance.
  - Use validated screening tools
  - Include caregivers and family members in the assessment.
- When psychosocial concerns are identified, refer to a mental health care provider who knows diabetes.
ADA-APA Program

• Led by the ADA, in partnership with the American Psychological Association (APA)
• Too few mental health professionals to take care of all of the PWD and their psychosocial needs
• Continuing education program to train mental health professionals to deliver diabetes-competent psychological care to PWD
  — Procedures to identify diabetes-related psychosocial needs
  — Treatments to improve quality of life and health outcomes
• First programs at ADA and APA summer meetings with nearly 100 enrolled already!
Psychosocial Care is Critical

- Decades of research and clinical care conclude that the psychosocial side of diabetes has to be cared for
- Position Statement and ADA-APA partnership sets the stage for improved care, improved access, and improved outcomes for PWD
- Future work to focus on implementing psychosocial care more broadly—not just in diabetes specialty clinics—and ensuring cost-effective care that delivers optimal outcomes
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