Behavioral Medicine in Diabetes for the Non-Mental Health Care Provider

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Objectives

• To discuss the psychosocial aspects of diabetes and patient-centered care within an applied framework

• To review the recommendations for screening psychosocial outcomes in clinical practice

• To discuss the mental health referral processes in clinical practice
In compliance with the accrediting board policies, the American Diabetes Association requires the following disclosure to the participants:

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George & Marcia Good Family Foundation

Employee:  USC Keck School of Medicine

Board Member:  American Diabetes Association
Why Are We Here?

- 30.3 million people of all ages have diabetes

- 84.1 million people have prediabetes
Once upon a time…
Marge saw a syringe and flushed it down the toilet because she thought Homer was using drugs. It turned out to be insulin. Homer disclosed his diagnosis to Marge and the two were back together again!
What is Diabetes?

How is Diabetes Treated?
Diabetes Is Complicated

PROBLEM: LUNCH

Jen's Blood Sugar is 160 mg/L. She plans to eat a Greek Salad with a Scoop of Egg Salad for lunch.

A) Based on the ingredients listed below, calculate the amount of carbohydrate (g) and protein (g) in Jen's meal.

<table>
<thead>
<tr>
<th>INGREDIENTS</th>
<th>CARBS (g)</th>
<th>PROTEIN (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cup Chopped Lettuce</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>1 Thin Slice Tomato</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>3/4 Cup Chopped Cucumber</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>2 Tbsp Black Olives</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>3/4 Cup Feta Cheese</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>2 Tbsp Dressing</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>2 Eggs</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Mayo (or egg salad)</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>1/2 Piece Low Carb Pita</td>
<td>6</td>
<td>-</td>
</tr>
</tbody>
</table>

TOTAL: 24.3 g CARBS, 3.5 g PROTEIN

"GIVENS":

- Insulin/Sugar Ratio = 1 Unit / 6 Carbs
- Normal Blood Sugar = 70 - 120 mg/L
- Insulin Sensitivity
  - 1 Unit = Blood Sugar 60 - 70 mg/L
- Jen's Blood Sugar = 160 mg/L

B) WORK SPACE:

Jen's Blood Sugar = 160 mg/L
Target Blood Sugar = 90 mg/L
Jen needs to come down 70 points
Correction Dose = 1 Unit

MEAL:

1 Unit = 6 Carbs
X Units = 34 Carbs
6
4x = 24 Y
4
x = 5

Needs: 4 units to cover meal.

1 Unit (Correction) + 4 units (for food)

(5 units TOTAL)

EXTRA CREDIT: If Jen wants to eat lunch at 12:30 pm, what time should she take her shot? (12:10 pm)
Who Manages Diabetes 24/7?

- Primarily self-managed
- Requires a partnership
What is your biggest Challenge, Worry, Fear in working with people with diabetes?
How Does The PWD Feel?
Common barriers associated with optimal health management

- Difficulty emotionally adjusting to the daily demands of diabetes
  - Depression
  - Anxiety
  - Fear of Hypoglycemia

- Trauma associated with diagnosis, treatment, hospital/clinic setting
  - Acute Stress
  - PTSD

- Health beliefs
- Limited support system
- Limited financial resources
- Learning challenges
- Physical challenges
You are making a difference!
The use of adaptive coping strategies is associated with better self-care, metabolic management, and psychosocial well-being.
What Can We Do?

C₃H₄I₁,L₁
Ways to Promote Optimal Diabetes Management

• Incorporate hectic lifestyle into the diabetes plan
• Encourage collaborative problem-solving
• Discuss treatment options
• Help establish realistic goals
• Watch for risk-taking behaviors
• Monitor school/work attendance and performance
Psychosocial Care for People with Diabetes: A Position Statement of the ADA

Psychosocial Research Special Issue of *Diabetes Care*, 2016
General Considerations

• Psychosocial factors exist along a continuum
  o Adaptive ↔ Maladaptive
  o Example: Fear of hypoglycemia

• There is a bidirectional relationship between psychosocial factors and diabetes

• Different issues arise across the lifespan
  o It’s important to check-in with oneself for assumptions

• Members of the diabetes care team can and should assume various roles
Psychosocial Guidelines

Recommendations for All Providers

Provide a patient-centered care experience

- **Communication**
- Maintain the PWD in the center of care
- Screen for psychosocial conditions
- Refer to Mental/Behavioral Health Providers
Ask questions and **Listen**

- What caused your condition
- What is the most difficult aspect of your condition
- Sometimes family and friends have suggestions about ways to manage your health. What are some suggestions that you have been given?
Words Matter

Cheating/Sneaking
- Describe behaviors

Test
- Check
- Manage

Control
- Neutral, descriptive words such as manage

Compliance/Adherence
- Describe collaborative goal setting

“Good” or “Bad”
- In target
- Below/Above target

Diabetic
- Person with diabetes

ADA/AADE Joint Position on the Use of Language in the Care of Diabetes (ADA/AADE, Diabetes Care, 2017)
Why Communication Matters

- Many patients carry feelings of shame, embarrassment and struggle.

- When an individual’s expectations of their self-care are beyond their actual ability to perform, diabetes-related distress can result.
Diabetes Distress

What is it?

• Emotional stress of caring for diabetes

What does it look like?

• Struggles with self-care routines
• Feelings of failure, disappointment, powerlessness
• Depressed mood or anxiety
Did You Know?

• 38-45% of adults with type 1 or type 2 diabetes report moderate to high levels of distress

• Diabetes distress is more closely associated with higher A1c than depressed mood

• Diabetes distress can be alleviated with diabetes education
Psychosocial Guidelines
Recommendations for All Providers

Provide a patient-centered care experience

- Communication
- **Maintain the PWD in the center of care**
- Screen for psychosocial conditions
- Refer to Mental/Behavioral Health Providers
• Talk about regular, everyday things before talking about diabetes

• Praise individuals for completing diabetes tasks
  o It’s not easy or fun
  o The more you praise and reinforce adaptive diabetes care behaviors, the better they/you will do/feel

• Promote the feeling and belief that the Standards of Care are possible by focusing on empirical evidence and the fact that the Standards are designed to promote optimal health outcomes
PWD at the Center: What Can I Do?

- Allow and encourage the individual to engage in developmentally appropriate diabetes care

- Be aware of your body language and tone of voice when interacting
PWD at the Center: What Can I Do?

- Plan schedule around usual activities

- Incorporate lunches, parties, and special events into the meal plan

- For children:
  - Do the child’s family, friends, school team understand and provide for the child’s needs?
  - With children (parents, guardians, and friends, too!): Use stories, books, and games as a teaching tool
PWD at the Center: What Can I Do?

- Identify and discuss anticipated social challenges. It can be helpful for people when they are faced with peer pressure or a dilemma.

- Person learns to think through the process of having a problem and reaching a decision.

- Identify the problem
- Determine goals
- Generate alternative solutions
- Examine consequences
- Choose the solution
- Evaluate the outcome
Social Skills

• Anticipate high-risk situations and ways to adaptively interact with others in a way that will result in positive outcomes
  – Role-play ways to handle a social situation
  – Provide feedback on role-play
  – Real-life practice
Psychosocial Guidelines

Recommendations for All Providers

Provide a patient-centered care experience

- Communication
- Maintain the PWD in the center of care
- Screen for psychosocial conditions
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Why?

- Psychosocial issues can affect every aspect of a person’s life both directly or indirectly.

- Screening and evaluation allows the team to identify meaningful psychosocial factors and ways to optimize the PWD’s health and well-being (i.e., informs treatment planning).
# Recommendations for Screening

Psychosocial factors impacting self-care and psychological states should be monitored.

<table>
<thead>
<tr>
<th>What?</th>
<th>When?</th>
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</thead>
<tbody>
<tr>
<td>• Depression</td>
<td>• At the first visit</td>
</tr>
<tr>
<td>• Anxiety</td>
<td>• Periodic intervals including:</td>
</tr>
<tr>
<td>• Diabetes-related Distress</td>
<td>• Changes in management:</td>
</tr>
<tr>
<td>• Disordered Eating Behavior Eating Disorders</td>
<td>• Onset or exacerbation of complications</td>
</tr>
<tr>
<td>• Serious Mental Illness</td>
<td>• Initiation of new devices</td>
</tr>
<tr>
<td></td>
<td>• Life transitions</td>
</tr>
<tr>
<td></td>
<td>• Change in school/work</td>
</tr>
<tr>
<td></td>
<td>• Change in social role/family</td>
</tr>
</tbody>
</table>
How?

- Depression
  - PHQ-9
  - Beck Depression Inventory

- Anxiety
  - Generalized Anxiety Disorder
  - Beck Anxiety Inventory
  - Hypoglycemia Fear Survey-II

- Diabetes-related Distress
  - Problem Areas in Diabetes (PAID)
  - Diabetes Distress Scale

- Disordered Eating Behavior/
  Eating Disorders
  - Diabetes Eating Problems Survey
  - Diabetes Treatment and Satiety Scale
Screening: Additional Considerations

Children/Youth
- Diabetes conflict
- Peer relationships
- School performance

Adults
- Social support

Older adults (65 and older)
- Mild cognitive impairment and/or dementia
- Neuropsychological function and dementia

Serious Mental Illness
- Individuals who are prescribed atypical antipsychotic medications should be screened for pre-diabetes/diabetes on a yearly basis

Bariatric Surgery
- Comprehensive mental health assessment
- Consider ongoing assessment of the individual’s adjustment post-surgery
Psychosocial Guidelines
Recommendations for All Providers

Provide a patient-centered care experience
• Communication
• Maintain the PWD in the center of care
• Screen for psychosocial conditions
• Refer to Mental/Behavioral Health Providers
When Is A Referral Necessary?

• Screening measures can assist with the identification of significant psychosocial issues that negatively impact diabetes self-care or medical outcomes.
  ➢ Even if measures do not raise concerns, consider the individual’s language (verbal and nonverbal)
  ➢ If the individual is at-risk for self-harm, a safety plan must be developed

• When discussing concerns, consider the individual’s priorities and resources. Are other forms of support (e.g., peer support) appropriate?

• Follow-up to identify gaps in care. Assess both the PWD’s experience with the referral and whether the referral made a difference in the measured outcome.
Referral Resources

- Ask your team’s mental health provider for assistance with referral information. If your team does not have a mental health provider, a neighboring clinic/center may have resources they are willing to share.

ADA Mental Health Provider Directory: www.professional.diabetes.org/mhp_listing

Considerations
- Obtain consent for the exchange of relevant information to promote the coordination of care
- Follow-up with appropriate screening measures during subsequent visits
Referrals: Additional Considerations

Young and Emerging Adults

- Adolescents may begin meeting individually with care providers at age 12 years
- Initiate discussions of care transition to adolescent medicine, transition clinics, or adult medicine 1 year prior to transfer
- Monitor support from parents/guardians/significant others. Collaborative decision-making is key to minimize premature transitions of care/responsibility.

Older Adults

- A collaborative care model that incorporates a nurse case management system is recommended to treat depression in older adults with diabetes within primary care settings
Summary

- Diabetes is a complex disease and psychosocial must be considered as part of an individuals’ diabetes care because they can impact self-care and health outcomes

- Patient-centered care is key

- Together with communication, screening measures can help identify meaningful psychosocial factors to inform treatment planning

Take care of **YOU** so you can help better care for those around you.
For more information:

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