



What and why

- A diagnosis of diabetes is a life-changing event, whether the person perceives it that way at the time or not. Responses vary greatly, from apathy, shock, anger, self-blame and anxiety to relief.
- The way the diagnosis is communicated can set the scene for how the person relates to their condition.
- Research conducted by Diabetes UK revealed that only a minority of people living with type 2 diabetes believe it is a serious condition (Bateman, 2018).
- It is possible that health professionals may unintentionally model how important (or not) we feel diabetes is through the way we communicate the diagnosis. Compare how a diagnosis of cancer or HIV is delivered, to a typical diabetes diagnosis conversation.
- The diagnosis conversation provides a window of opportunity to shape a person's perception of diabetes that can influence their self-management efforts and thus clinical outcomes, as this "How to" guide hopes to demonstrate.

Citation: Bateman J (2021) How to help people come to terms with a diabetes diagnosis. *Diabetes & Primary Care* 23: 133–4

Guidelines for the diagnosis conversation

The diagnosis of diabetes provides an important window of opportunity to convey two key messages that have been demonstrated to impact positively on clinical outcomes three years later (Polonsky et al, 2010).

The two key messages to convey are **a sense of seriousness** and **a sense of hope/optimism**. For example:

"We know that diabetes is a serious condition and, if it's not managed, can have serious consequences.

The good news is that there are lots of treatment and management options available, so if we work together there's no reason why you can't live a full and healthy life with diabetes."

"Type 2 diabetes is a serious condition and can be lifelong. If left untreated, high sugar levels in your blood can seriously damage parts of your body, including your eyes, heart and feet. These are called the complications of diabetes.

But, with the right treatment and care, you can live well with type 2 diabetes and reduce your risk of developing them."

(From the Diabetes UK website)

Diabetes UK conducted a survey that asked healthcare professionals to share their ideas about how they talk about the seriousness of the condition (Bateman, 2018). Here are some ideas shared by colleagues:

"I always acknowledge the hard work they [people with diabetes] have to do and that it is not easy, but we are here to help support them at all times and realise the difficulties that life can present at different times of their lives."

"Diabetes is a long-term condition, but complications are not inevitable. It is within your control to make the changes necessary, with our support."

Communication styles

...for the diagnosis conversation

- **Empathy.** Show empathy and understanding – make and maintain eye contact.
- **Serious.** Convey that diabetes is serious...
- **Reassurance** ...while assuring that diabetes can be managed well.
- **Hope.** Convey a sense of hope that the person will learn to manage their condition with time and that there are several management options available.
- **Information.** Provide brief information to take away and suggest these are used at their own pace.
- **Plan.** Develop a clear next step: their next appointment, referral to an education programme, signposting to peer-support services, etc.

...to avoid and alternatives to consider

Avoid:	Consider:
Referring to type 2 diabetes as: <ul style="list-style-type: none"> ● Mild ● A touch of sugar ● Borderline diabetes ● Tipping into diabetes 	Whilst likely well intentioned, these terms do not tend to reassure the person. They are also incorrect – all types of diabetes are serious and, if not managed, can lead to complications.
Using threat- or fear-based persuasion (e.g. "If you don't improve your control, you will end up on insulin").	Only a very small minority of people are activated by fear. Stick to the facts, that diabetes is serious and can cause complications.
Avoid stigmatising denial (e.g. "You're in denial").	Denial is a psychological defence that is an understandable reaction to difficult news. <i>"Many people find it difficult to come to terms with their diabetes. This is natural and the process often takes time. How can I support you?"</i>



The emotional responses to diagnosis

Several studies into the impact of a chronic health condition diagnosis have likened it to the grieving process (Kübler-Ross and Kessler, 2005).

Individuals may “mourn” their lost health and wellbeing. Like grieving, coming to terms with the diagnosis can be experienced as a process, rather than an event. The five stages of grief (Kübler-Ross, 1997) provides one framework for understanding the range of emotional reactions towards diagnosis.

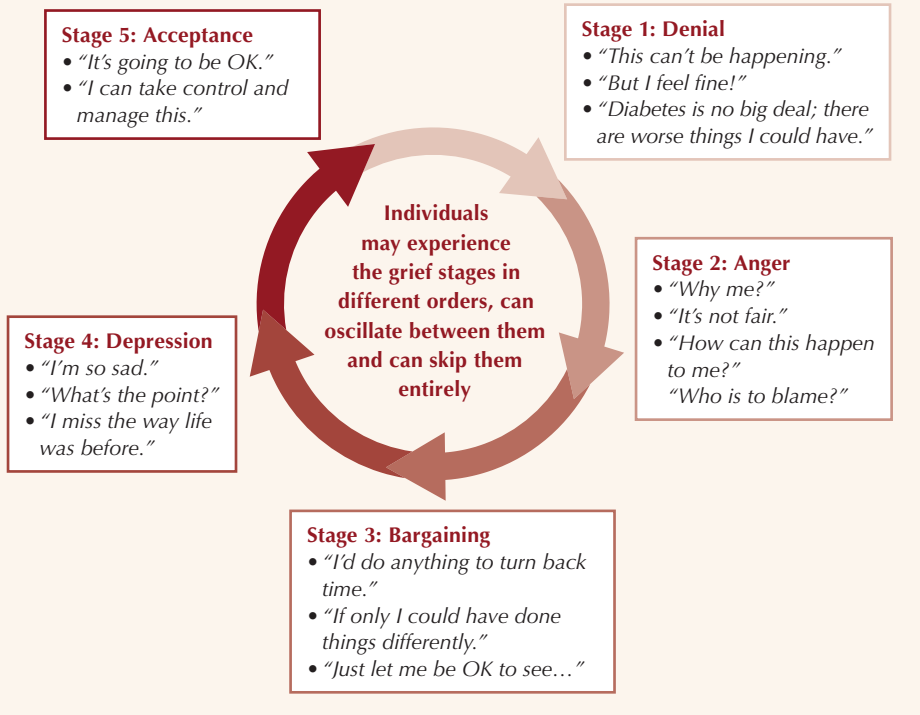
Stage 1: Denial

Stage 2: Anger

Stage 3: Bargaining

Stage 4: Depression

Stage 5: Acceptance



Consultation checklist

- Have I both communicated that diabetes is serious and conveyed a sense of hope?
- Have I offered a brief action plan of next steps?
- Have I suggested a support service, such as:
 - [Diabetes UK](#). Local peer-support groups, facilitated by trained volunteers.
 - [Diabetes Research & Wellness Foundation](#). Information and guidance for people living with diabetes, including a space for peer-to-peer and emotional support.
 - [Diabetes 101](#). Support from people living with diabetes and health professionals.

When to refer for support

- Diabetes education improves people’s confidence and ability to self-manage. There is an array of options for digital self-management and education that is widening access opportunities, such as:
 - myDesmond diabetes education and self-management digital programme: www.mydesmond.com.
 - X-PERT Diabetes Digital education programme: www.xperthealth.org.uk.
 - Diabetes UK’s Learning Zone – advice and tips for day-to-day management: <https://learningzone.diabetes.org.uk>
- An increasing number of primary care psychology services now offer psychological support for individuals with long-term conditions (National Collaborating Centre for Mental Health [NCCMH], 2018).
- Individuals living with diabetes are at an increased risk for depression (NCCMH, 2018). Maintain a low threshold for screening for common mental health problems and referring for psychological support.

Points to reflect on

- How might you feel if you had to live with type 2 diabetes?
- Imagine you are delivering the diagnosis to a family member or friend.
- Use these observations to inform the support you provide.

Resources

- Diabetes UK Helpline: Free telephone counselling service on 0345 123 2399, or email helpline@diabetes.org.uk. For people in Scotland, call 0141 212 8710 or email helpline.scotland@diabetes.org.uk
- *The First Year: Type 2 Diabetes* by Gretchen Becker
- *Diabetes Burnout* by William Polonsky
- *Diabetes and Wellbeing* by Jen Nash
- *Diagnosis: Your stories* from [Diabetes UK](#)

References

- Bateman J (2018) Seriousness and hope in Type 2 diabetes conversations. *Diabetes Update Autumn*: 28: bit.ly/2S3E9MN
- Kübler-Ross E (1997) *On Death and Dying*. Scribner Classics, New York, NY, USA
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- Polonsky WH, Fisher L, Guzman S et al (2010) Are patients’ initial experiences at the diagnosis of type 2 diabetes associated with attitudes and self-management over time? *Diabetes Educ* 36: 828–34