



# Diabetes & Emotional Wellbeing

## Questions and answers

### Q. Is there a link between diabetes and mental health?

- A. Higher HbA<sub>1c</sub> and poor health outcomes are associated with an increased risk of depression in people with diabetes:
- The prevalence of depression is between 10% and 12% in people with diabetes, compared with 5% in the general population.
  - The prevalence of generalised anxiety disorder in people with diabetes is 15% to 25% compared with 3% in the general population.

### Q. Does a diagnosis of diabetes cause anxiety, depression or both?

- A. Responses to a new diagnosis of diabetes can vary. The type of diabetes and experiences before diagnosis (eg symptoms and presentation) may influence a patient's response to being diagnosed with diabetes.

### Q. Which factors can contribute to emotional health problems for people living with diabetes?

- A. Several factors contribute to emotional health problems for people living with diabetes:
- Need for lifestyle changes and to learn new skills
  - Demands of the treatment regimen (eg leading to poor adherence)
  - Demands of diet and blood monitoring
  - Potential stigma of diagnosis
  - Fear of complications of diabetes
  - Fear of hypoglycaemia
  - Fears and anxieties related to medication (eg needle phobia with insulin)
  - Impact on family
  - Feeling isolated and lack of support
  - Effects on social life
  - Effects on work, education or both

### Q. What is diabetes distress?

- A. Diabetes distress is the emotional distress resulting from living with diabetes and the burden of relentless daily management.

**“People experiencing diabetes distress may show reduced engagement with selfcare, such as missing medication, not testing blood glucose and not attending appointments.”**

**Q. How many people are affected by diabetes distress?**

A. One in 4 people with type 1 diabetes and 1 in 6 of those with type 2 diabetes experience severe diabetes distress.

**Q. What signs may indicate that the person is experiencing diabetes distress?**

A. People experiencing diabetes distress may show reduced engagement with selfcare, such as missing medication, not testing blood glucose and not attending appointments. So, HbA1c can deteriorate. A person with diabetes distress may also show impaired relationships with healthcare professionals (HCPs), family and friends.

**Q. Can diabetes distress be measured?**

A. Talking and listening to the person and asking about emotional health is very important. Screening questions (eg Diabetes Distress Scale 2) can be useful and may help open conversations. More detailed screening questionnaires can help identify specific problems.

**Q. What is diabetes burnout?**

A. Diabetes burnout refers to patterns of thoughts, feelings and behaviours that people experience when 'completely fed up' with their diabetes. People experiencing diabetes burnout stop self-management, showing, for example, poor compliance with medication and blood glucose monitoring.

**Q. How can HCPs support and help people with diabetes distress or burnout?**

A. HCPs can support people with diabetes distress or burnout by listening, talking and showing empathy. During these discussions, HCPs should 'normalise' the patient's feelings, emphasise that diabetes can be challenging and that diabetes distress and burnout is real. HCPs should underline the benefit of small changes and encourage realistic goals.

HCPs and people with diabetes need to be aware that poor mental health can worsen diabetes management, which, in turn, leads to deterioration of mental health.

HCPs can use screening questionnaires to assess people with diabetes distress and burnout, highlight issues and steer conversations.

**Q. What referrals and signposting can healthcare professionals offer?**

- A. There are several sources of help and support for people with diabetes experiencing emotional distress, including:
- Educational programmes can offer support with self-management, improve confidence and provide peer support.
  - Diabetes UK Website, especially the emotional wellbeing section ([www.diabetes.org.uk/guide-to-diabetes/emotions](http://www.diabetes.org.uk/guide-to-diabetes/emotions)).
  - Diabetes UK helpline (0345123 2399) or local support groups.
  - Self-help cognitive behavioural therapy signposting for stress management and wellbeing ([www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/self-help-therapies/](http://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/self-help-therapies/)).

**Summary**

- General emotional health can significantly influence diabetes management.
- Talking about emotional health is an essential part of diabetes consultations and ongoing care.
- Seeking to understand the individual's priorities, preferences and everyday challenges will enable you and the person with diabetes establish an achievable management plan that reflects their well-being.

\*References can be found within the module