

Lifestyle and complementary therapies

Psychological care for people with diabetes



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There is a current increased interest in the psychosocial aspects of diabetes care and a keen desire to discover which interventions work best in different contexts. This new focus is partly as a result of the recommendations of the NSF for Diabetes (DoH, 2003).

Steed and colleagues conducted a systematic review in 2003 which demonstrates that psychosocial outcomes following education, self-management or psychological interventions are now being explored in studies more frequently. Healthcare professionals need more high quality information about what works and, conversely, what does not. The increased number of studies over the last few years indicates that the psychosocial side of diabetes is recognised as being increasingly important.

The authors conclude that didactic education alone does not have a great impact on glycaemic control and does not demonstrate benefits in terms of psychological outcomes

when compared to self-management or psychological interventions. This conclusion affirms the general NICE guidance on using the principles of adult learning and the NSF for Diabetes recommendations about employing interactive approaches for diabetes education (DoH, 2003). It appears that what is likely to be beneficial in educational terms is also likely to be positive in relation to psychosocial outcomes.

However, it is disappointing that one of the aims of the study – to explore the effects of components of different interventions on outcomes – was not achieved due to the complexity of interventions and number of components. Other problems encountered in the review included poor descriptions of interventions and small numbers of participants.

Hopefully, future studies will be undertaken which will rectify these problems and we will then be provided with a clearer picture of what we can do to make a difference to the well-being and quality of life of people with diabetes.

DoH (2003) *NSF for Diabetes: delivery strategy*. Department of Health, London

PATIENT EDUCATION AND COUNSELING



Depression helped by psychological interventions

Readability	✓✓✓✓
Applicability to practice	✓✓✓✓
WOW! factor	✓✓✓

1 Previous reviews of self-management and psychological diabetes interventions have not examined the components of interventions in relation to different psychosocial outcomes.

2 This article reviews the impact of interventions on psychosocial outcomes including quality of life, depression, anxiety and adjustment.

3 A literature search was conducted and 36 studies were identified that met the inclusion criteria.

4 Studies were coded on outcomes over time and relative to control groups, and categorised as being educational, psychological or self-management.

5 Self-management and psychological interventions are unlikely to have any negative impact on psychological well-being or quality of life.

6 Depression was especially improved after psychological interventions; quality of life improved more after self-management interventions.

7 Methodological issues such as the characteristics of the population and the type of intervention influenced the impact of interventions on outcome.

8 The authors conclude that future studies would benefit from being larger with controlled designs.

Steed L, Cooke D, Newman S (2003) A systematic review of psychological outcomes following education, self-management and psychological interventions in diabetes mellitus. *Patient Education and Counseling* **51**: 5–15

DIABETIC MEDICINE



Pupillary dilating drops in drivers: guidelines needed

Readability	✓✓✓✓
Applicability to practice	✓✓✓✓
WOW! factor	✓✓✓

1 This article reports an accident that involved a lady driving home after pupillary dilation in her diabetes clinic, and the findings of a survey of healthcare professionals to elicit their practice in dealing with such situations.

2 Details of the accident are given; the lady's insurance company did not cover claims for damage as her pupils had been dilated, and she was prosecuted for driving without valid motor insurance.

3 The researchers surveyed 500 healthcare professionals by post including ophthalmologists, optometrists, diabetologists and GPs about using dilating drops in people with diabetes intending to drive.

4 A total of 320 responses confirmed that there is currently no consistent practice regarding using dilating drops in drivers.

5 There is also no consistent practice in making sure that arrangements are made for adequate visual inspection in those in whom dilatory drops are not instilled.

6 Guidelines about the use of pupillary dilating drops in drivers are needed for healthcare professionals and people with diabetes.

Razvi S, Myers L, Patton K, McCulloch AJ (2003) Screening for diabetic retinopathy: a cause for concern in people who drive. *Diabetic Medicine* **20**: 812–15

EUROPEAN JOURNAL OF CLINICAL NUTRITION

TV viewing and obesity association

Readability	✓✓✓
Applicability to practice	✓
WOW! factor	✓✓✓

1 This study describes the relationship between sedentary behaviour and participation in vigorous recreational activity with obesity and biomarkers of CVD risk profile.

2 A total of 14 189 men and women aged 45–76 years completed a physical activity questionnaire and were eligible to take part.

3 Self-reported TV viewing was positively (and participation in vigorous activity was negatively) associated with obesity, blood pressure and plasma lipids and this remained significant after analysis.

4 Less time spent participating in vigorous recreational physical activity and more TV viewing is associated with obesity and markers of CVD risk, independent of total reported physical activity.

Jakes RW, Day NE, Khaw K-T (2003) Television viewing and low participation in vigorous recreation are independently associated with obesity and markers of cardiovascular disease risk: EPIC-Norfolk population-based study. *European Journal of Clinical Nutrition* **57**: 1089–96

DIABETES METABOLISM RESEARCH AND REVIEWS

Gender and cultural differences exist in depression

Readability	✓✓✓
Applicability to practice	✓✓✓✓
WOW! factor	✓✓

1 This study examined cross-cultural differences in prevalence and correlates of symptoms of depression and anxiety in the UK and the US.

2 People in the UK (Birmingham) and the US (Pittsburgh) with type 1 diabetes completed psychosocial questionnaires.

3 UK participants were more likely to report moderate-severe levels of anxiety than US participants; similar proportions of both groups reported moderate-severe levels of depressive symptomatology.

4 The results suggested that gender and/or cultural differences may exist in the experience of symptoms of anxiety and depression, as do differences in the relationship between diabetes self-care and psychological symptomatology.

Lloyd CE, Zgibor J, Wilson RR et al (2003) Cross-cultural comparisons of anxiety and depression in adults with type 1 diabetes. *Diabetes/Metabolism Research and Reviews* **19**: 401–07

DIABETIC MEDICINE

Expansion of dietetic services needed

Readability	✓✓✓✓
Applicability to practice	✓✓✓✓✓
WOW! factor	✓✓✓

1 Consensus-based recommendations for the practical implementation of nutritional advice in the UK are provided in this article, using the technical reviews of the European Association for the Study of Diabetes and other sources.

2 The recommendations differ from those published previously as they include more flexibility in the proportions of energy derived from carbohydrates and monounsaturated fats, more active promotion of foods with a low glycaemic index and more emphasis on advice about lifestyle changes.

3 Evidence is discussed about the effectiveness of advice provided by dietitians.

4 The sub-committee conclude that dietetic services need to be expanded to implement the NSF for Diabetes and to prevent type 2 diabetes in the increasingly obese UK population.

Nutrition Subcommittee of the Diabetes Care Advisory Committee of Diabetes UK (2003) The implementation of nutritional advice for people with diabetes. *Diabetic Medicine* **20**: 786–807

‘Time spent participating in vigorous recreational physical activity and TV viewing is associated with obesity and markers of CVD risk, independent of total reported physical activity.’

DIABETES CARE

DPP interventions are affordable in routine practice

Readability	✓✓
Applicability to practice	✓✓✓✓
WOW! factor	✓✓✓✓

1 This study followed up the DPP and aimed to assess the cost-effectiveness of lifestyle and metformin interventions relative to the placebo intervention in people with type 2 diabetes.

2 Analyses were performed from two perspectives: the health system

(that considered direct medical costs only); and the societal (that considered direct medical costs, direct non-medical costs and indirect costs).

3 Analyses were performed with the interventions as implemented in the DPP and as they could be implemented in clinical practice.

4 The lifestyle and metformin interventions required more resources than the placebo intervention from a health system perspective, costing approximately \$2250 per person.

5 As implemented in the DPP and from a societal perspective the lifestyle and metformin interventions cost \$24 400 and \$34 500 respectively, per case of diabetes delayed or prevented,

and \$51 600 and \$99 200 per quality-adjusted life-year (QALY) gained.

6 In terms of how the interventions might be implemented in practice and from a societal perspective, the lifestyle and metformin interventions cost \$13 500 and \$14 300 respectively, per case of diabetes delayed or prevented and \$27 100 and \$35 000 per QALY gained.

7 Lifestyle and metformin interventions were effective over 3 years from the perspective of a health system and society.

The Diabetes Prevention Program Research Group (2003) Within-trial cost-effectiveness of lifestyle intervention or metformin for the primary prevention of type 2 diabetes. *Diabetes Care* **26**: 2518–23

‘Dietetic services need to be expanded to implement the NSF for Diabetes and to prevent type 2 diabetes in the increasingly obese UK population.’