

DAWN2: Messages from people with diabetes, their families and healthcare professionals



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The psychosocial burden of diabetes is well recognised (Barnard et al, 2012) and continues to pose significant challenges to people living with the condition and their families. The results of the second global survey of Diabetes, Attitudes, Wishes and Needs (DAWN2) have been recently published (Holt et al, 2013; Kovacs Burns et al, 2013; Nicolucci et al, 2013).

DAWN2 builds on the success of the DAWN survey, which investigated factors preventing people with diabetes achieving optimal control (Peyrot et al, 2005). This revealed a lack of psychological support for people with diabetes, highlighting the adverse effects of psychological and social problems on glycaemic control. The importance of a patient-centred approach, alongside effective team-working among healthcare professionals (HCPs), was identified as central to achieving improved outcomes for people with diabetes.

DAWN2 findings

DAWN2 was conducted in 17 countries with over 15 000 participants (8596 people with diabetes, 2057 family members, 2066 GPs or family physicians, 1350 diabetes specialists, 827 nurses and 542 dietitians). DAWN2 further explored the needs of people with diabetes, their families and HCPs, in order to promote improved patient involvement, optimal self-management and psychological support and to provide an international benchmarking framework for psychosocial and educational elements of diabetes care.

Encouragingly, across all countries 86% of people with diabetes reported that their healthcare teams were supportive. However, depression (WHO-5 score <28, 13.8%) and distress (PAID-5 score >40, 44.6%) were common among people with diabetes. In addition, 62.2% of people with the condition reported that it had a negative effect on physical health while 20.5% felt it impacted adversely on their relationship with family or friends. Forty per cent of people with diabetes reported that medication interfered with their everyday living and less than half had participated in diabetes

educational programmes. Family members also reported elevated distress (proportion, 40%) and negative impact on their emotional well-being (45%). Over a third of family members did not know how to help their relative with diabetes yet many wanted to be more involved in their care. The majority of HCPs felt that people with diabetes should improve their self-management. It was found that improvements were required in terms of better healthcare organisation, communication between healthcare teams and people with diabetes, availability of diabetes specialist nurses, and psychological support.

While many similarities existed between UK and global data, some interesting differences emerged. More people with diabetes in the UK reported being depressed (17.3% versus 14.8%) or having a poor quality of life (16.3% versus 13.4%) compared with global counterparts. Making the same comparison, fewer HCPs questioned the impact of diabetes on patients (45.6% versus 52.0%), while people with diabetes more frequently reported adverse effects of the condition on relationships (22.0% versus 19.7%), emotional well-being (47.0% versus 44.8%) and leisure activities (43.9% versus 36.1%).

In contrast, UK-based HCPs more frequently reported healthcare for people with diabetes as being well organised compared with global colleagues (44.9% versus 27.6%), and more of the former were trained in diabetes management (69.3% versus 64.5%), although fewer were trained in dietetics (40.3% versus 52.5%) or psychological support for people with diabetes (12.3% versus 18.4%).

Pointers for clinical commissioning groups

DAWN2 provides further evidence of the high levels of distress experienced by people with diabetes and their families. It highlights the continuing lack of psychological support and underlines shortcomings in education provision for people with diabetes, their families and their HCPs. This is of considerable importance to clinical commissioning groups (as well as acute trusts) planning diabetes services in their communities. ■