

# Are we caring for the carers in our diabetes consultation?



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- Care Information Scotland (2017) Available at: <https://is.gd/3aZG61> (accessed 06.02.18)
- Carers UK (2018) Available at: <https://is.gd/i7LAIQ> (accessed 06.02.18)
- Carers Wales (2016) Available at: <https://is.gd/q3K7Sv> (accessed 06.02.18)
- De Domenico C, Mendes-Castillo A (2017) *J Nurs UFPE on line* 11: 5020–7
- Department of Health and Social Care (2015) Available at: <https://is.gd/o6TUMd> (accessed 06.02.18)
- Gadsby R (2014) *Diabetes and Primary Care* 16: 259–67
- Holmes J et al (2003) *Health Policy* 64: 291–6
- nidirect government service (2018) Available at: <https://is.gd/1RsmIX> (accessed 06.02.18)
- Raymaekers K et al (2017) *Diabetes Care* 40: 1678–84
- Sinclair A et al (2010) *Diabet Med* 27: 1055–9
- Sinclair A, Dunning T, Rodrigues Manas L, Munshi M (2017) In A. Sinclair, & T. Dunning, *Diabetes in Old Age*. Chichester, UK: John Wiley & Sons, Ltd
- Wysocki T, Greco P (2006) *Current Diabetes Report* 6: 117–22

**D** iabetes can be associated with functional impairment and dependency, especially in the older population. It can have a marked increase in a person's social, economic and health burden. But what about their family or carers?

We are very fortunate that majority of people with diabetes still live at home and have support from family and friends. Although the important role of the informal carer is well recognised in children and younger people with diabetes, it is not so frequently acknowledged in older adults (Wysocki and Greco, 2006; De Domenico and Mendes-Castillo, 2017; Raymaekers, et al, 2017). We have to understand the effects of caring on the health and wellbeing of the carer and we need to ensure timely assessments.

Most of the care provided by family carers is hidden from clinicians. Carers often neglect their own health to provide care for family members. Spouses report conflict about diabetes management and disturbed sleep. We know people with diabetes are far more likely to follow the care plans and treatments if they have supportive family relationships (Sinclair et al, 2017). Evidence suggests that the wellbeing of those providing informal care to older people with diabetes can be affected adversely (Gadsby, 2014). As practitioners we need to be considering a number of factors when reviewing the carer.

## Finance

Studies have shown that caring for someone with diabetes can have a major impact on finances (Holmes et al, 2003; Sinclair et al, 2010). Carers UK is an independent charity that can provide information relating to finance. There are a range of benefits that can reduce the burden of a caring role. Although some of these are means tested many benefits will help with NHS healthcare costs (Carers UK, 2018).

## Carers' health

Diabetes can be a significant load to bear on a daily basis and an understanding of the issues faced by

carers will help us in providing support. As health professionals we need to actively support our carers to remain healthy and to prevent them having a decline in their wellbeing. We need to encourage them to have breaks to be able support their loved one and we can suggest different types of break to suit them. This may be an hour each week, a day here and there, a week or two for a holiday, or a combination of all of these.

We need to be encouraging carers to ask friends or family members to take over caring for the person they are looking after; sometimes this may mean that friends or family visit the person being cared for to provide care while the carer is away. Alternatively, it may mean that the person being looked after goes to stay with friends or family for short period.

## Relationship

Most couples have a lot on their plate. Whether it's paying the bills, or juggling work and family, it can be hard to find time for each other. Unfortunately, if you add diabetes into the mix, then things can get harder.

Suddenly there is lots more to do - organising care, potentially sharing your home with care workers, or dealing with an army of medical appointments. It is important for us health professionals to communicate this burden to our patients and their partners.

## Assessment

We need to encourage carers to have an assessment regardless amount or type of care they provide. We also need to recognise the carer does not necessarily have to live with the person they are looking after, nor be caring full-time to have an assessment. This assessment is provided by local councils after completing a self-assessment questionnaire. (Department of Health and Social Care, 2015; Carers Wales, 2016; Care Information Scotland, 2017; nidirect Government Service, 2018).

The review by Galarraga and Llahana in this issue looks specifically at quality of life in carers of people with type 2 diabetes. ■