

Diabetes and Emotional Health

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Is emotional health the forgotten ugly stepsister of diabetes management?

ADA Diabetes Expo 2005 poster example:

“Special sessions on:

- Foot care
- Weight
- Special concerns for African Americans
- Diabetic cooking in the Latino kitchen
- Eating healthy at restaurants”

Where *does* emotional health fit in?

Where we started:

We have to treat depression before can address self management

- Prevalence of depression is doubled among persons with diabetes
- Depression is associated with worse glycemic control, more severe diabetes symptoms, disability, added complications, and higher health care use
- Self-management is less adequate among diabetes patients with depression :
 - Non-adherence to diabetes medications, physical inactivity, poor nutrition, and smoking are correlated with depression.

Diabetes and anxiety

- 40% of patients with diabetes have anxiety symptoms; GAD is present in 14%.
- 4.4% of Pathways patients have panic symptoms, 2.4% had both panic and major depression.
 - Independent of depression, panic is associated with higher HbA1c values, more diabetic complications, greater disability, and lower social functioning.

Next step in our evolving model: Addressing depression is *part* of self- management

- Pathways and other trials treating depression among persons with medical illnesses improved depression without improving other clinical outcomes.

12 self-management tasks common across chronic conditions

(Clark et al, 1991, *J Aging and Health*)

1. Recognizing and responding to symptoms, including monitoring symptoms and controlling triggers
2. Using medications
3. Managing acute episodes and emergencies
4. Maintaining good nutrition and appropriate diet
5. Maintaining adequate exercise and physical activity
6. Not smoking

12 self-management tasks common across chronic conditions

7. Using relaxation and other stress-reducing techniques
8. Interacting appropriately with health care providers
9. Seeking information and using community resources
10. Adapting work and other role functions
11. Communicating with significant others
12. Managing negative emotions and psychological responses to illness

Case study: Elena

Negative emotions and poor self-management

- Those who judge themselves unable to cope with the demands of life's challenges – including chronic illness - may dwell upon their perceived deficiencies and see difficulties as more formidable than they could be.

LIFE !

*Fulfilling relationships and
healthy coping*

Diabetes,
other conditions

Where we are now:

None of us are immune-normalizing
attention to negative emotionality and
promoting Healthy Coping

- Not just depression, but full range of negative emotions, from normal to clinical, linked to quality of social relationships and health.

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- American Association of Diabetes Educators has recently included "Healthy Coping" among its AADE7 Self Care Behaviors™

So, how can we address healthy coping among *all* of our constituencies?

- Wide range of skills – from assertion and expressing feelings to relaxation and learning not to “make mountains out of molehills”
- Coping skills
- Skills for cultivating healthy relationships
- Coaching for good judgment -- which skills to use, in what environments, and at what times
- Actual experience of the success of one’s actions