ECHO IDAHO

Diabetes and Metabolic Conditions

Recognizing and Responding to Psychosocial Needs in Diabetes

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Learning Objectives

Identify psychosocial factors that impact diabetes management

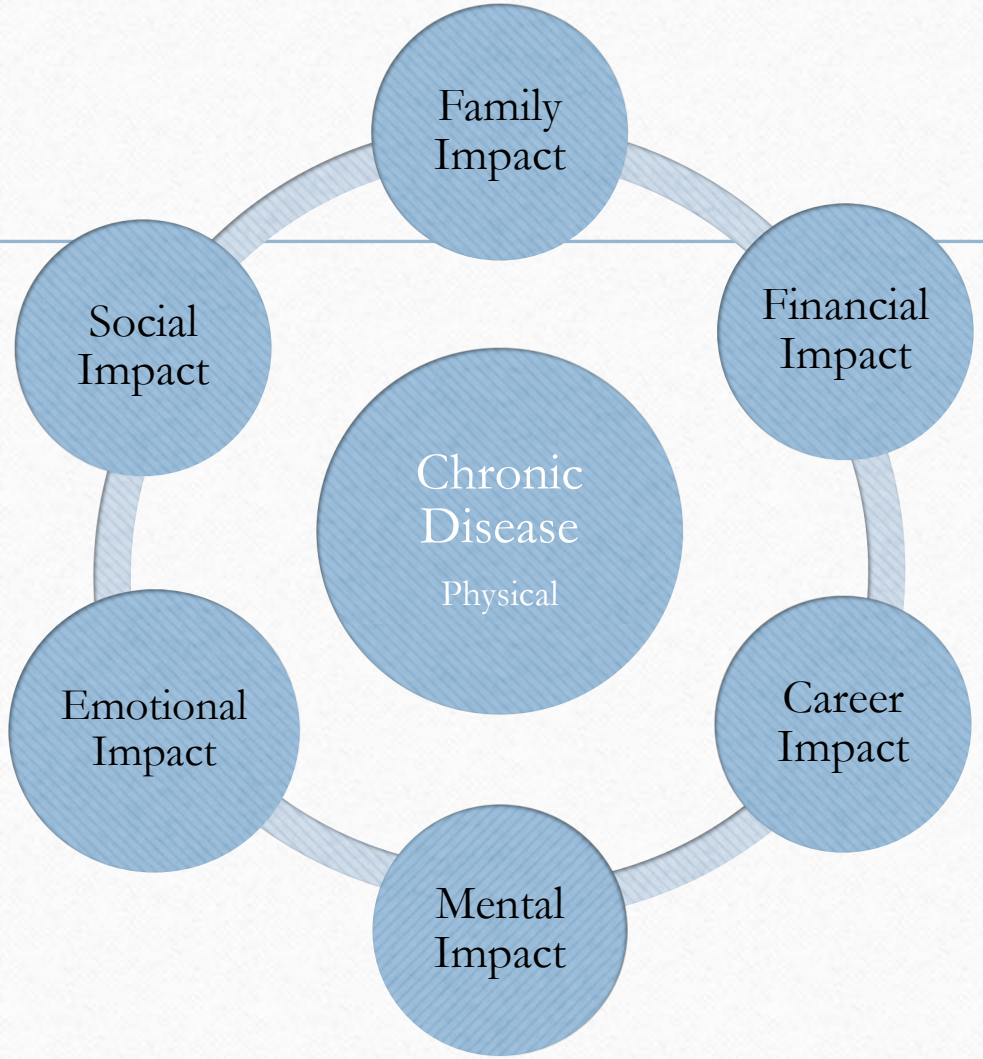
Understand issues with treatment adherence and how to address it

Learn the benefit of adding BH to the medical team

Case Example

- **Problem: Mr. V presents for treatment with AIC of 11 and needs help with lifestyle change**
  - **60 yr male, lives with wife who is a great cook**
  - **High stress job, worried about retirement and finances**
  - **Multiple health issues including hypertension, neuropathy, insomnia; obesity**
  - **Use to enjoy outdoor rec but neuropathy gets in way, go out to dinner for fun**
  - **Diabetes 15 years**
  - **Use to be active, but time, pain, stress get in way**
  - **A1C gradually increasing over time**
  - **Takes metformin, wants to avoid insulin**

Areas of Disease Impact



Why do psychosocial issues occur?

Diabetes is a demanding condition to manage:

- Multi-factor treatment
- Regimen varies and requires problem solving (based on carbs, movement, illness)
- Many factors impact blood glucose
- Cognitive demands – every meal, every day
- Learned helplessness
- Obesogenic culture
- Financial demands
- Social factors influence behaviors
- Immediate gratification vs long-term consequences

Psychosocial Impact

- Significant feelings of grief/loss, guilt, hopelessness, frustration
- Demands of balancing diabetes and daily life
- Depression and anxiety are common among people with diabetes (30 to 50%; higher than general population)
- Untreated BH issues increase costs of per patient per month care (124% for diabetes)

Anderson and Brackett (2005), Sperry (2005)

Disordered Eating

Patients with T1D and T2D have higher incidence of disordered eating

- DEBs: Emotional eating, binge eating, dysfunctional food rules/beliefs, insulin omission
- Most research on teens & young adult females with TID (rates up to 40% have ED)
- T2D poorly researched; more DEB (20-25%; binge eating, over-eating, night eating)
- *Diabulimia:* deliberate omission or underuse of insulin to control weight
  - Insulin omission results in the purging of calories through urination (dx of bulimia or EDNOS)
  - Prevalence: 14-36% T1D report insulin misuse to control weight

Mild eating disturbances compromise metabolic control – tend to be persistent

- Screening is important (interview, BED7, EDO, SCOFF)

(Broadley et al 2020; Young-Hyman 2010, Elkins 2012, Goebel-Fabbri 2008)

Adherence

Most chronic diseases have adherence rates below 50%

- Poor adherence is the norm, not the exception

- Self-report of adherence has poor accuracy across conditions
  - We over-report success and under-report issues
  - *It's not lying, it's human nature*
  - The proof is in the data

- Top reasons:

- 1) Forgetting

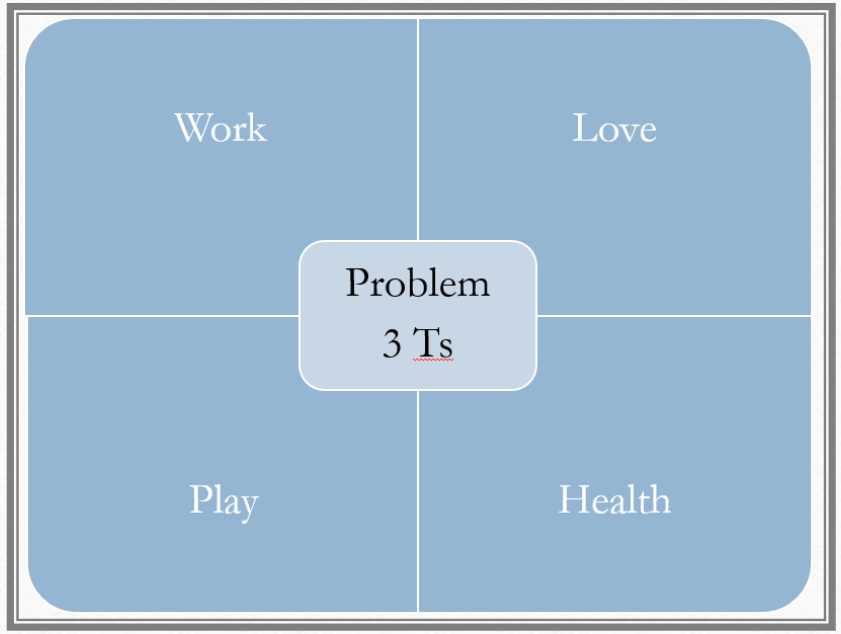
- 2) Varied dosing based upon symptoms

- 3) Schedule disruptions

Bodenheimer et al (2002); Dunbar and Stevens (2007)

Ways to Improve Adherence

- Work to understand the context of the situation (Work, love, play, health, 3Ts)
- Functional Assessment –
  - What is barrier – external or internal?
    - Financial, understanding of instructions, avoidance, negative reinforcement
- Problem solve external barriers
- Internal barriers: MI to connect to values, enhance motivation and build awareness



Sample Problem Solving: 4 square

What works	What doesn't
Ideas	Plan

Addressing Behavior Change

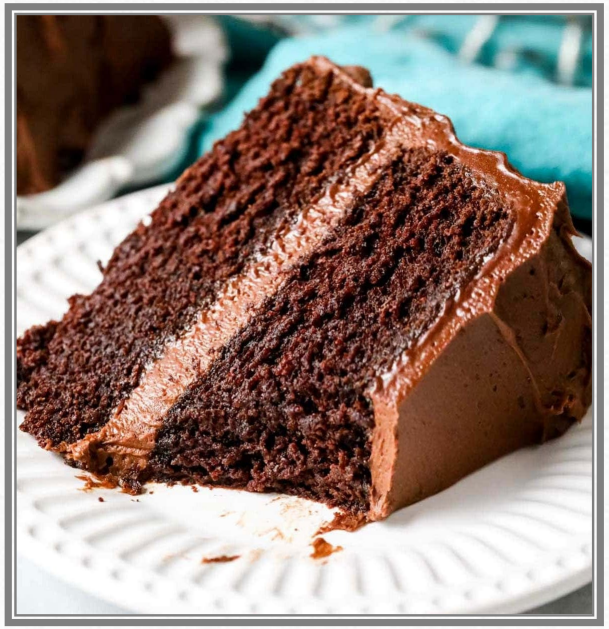
- Behavior change is required to meet all other treatment goals (diet, exercise, medical regimen, healthy lifestyle)
- Healthy coping is critical to adjustment and adherence

. . . BUT it is an unsupported treatment recommendation for patients with diabetes

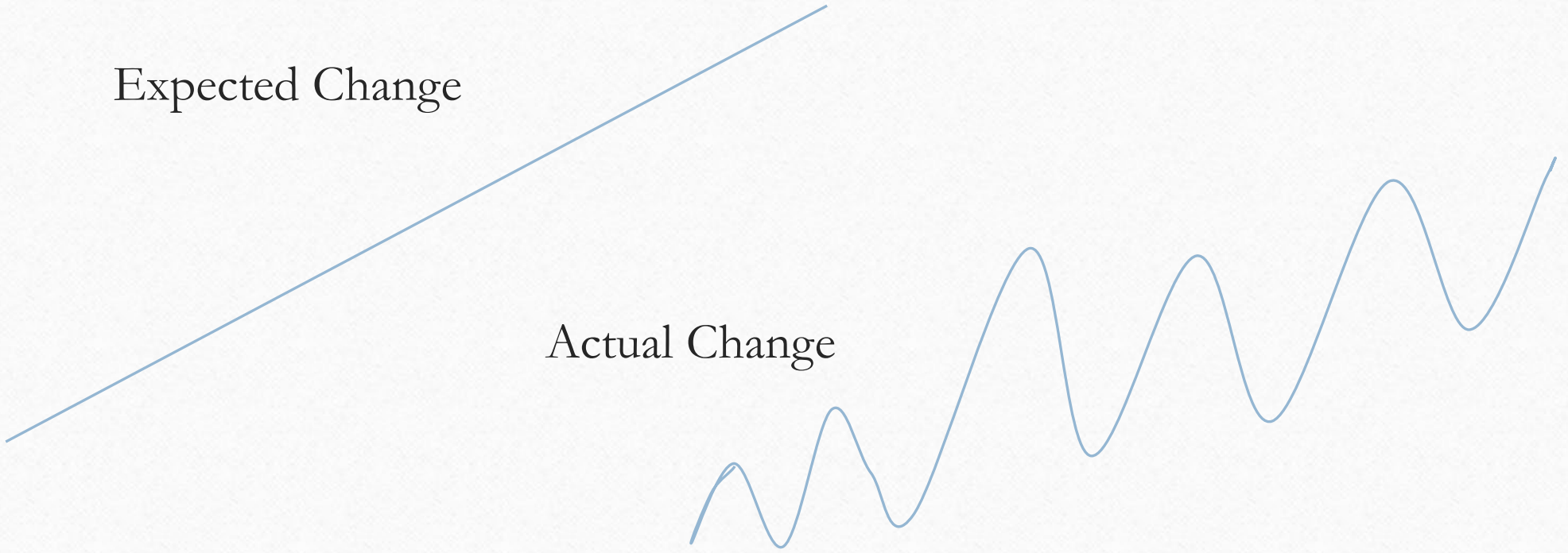
"I know what to do, I just can't do it!"

- I feel frustrated
- I feel like a failure
- I give up and . . . go for the chocolate, eat what I like, lay on the couch, watch TV, skip my meds

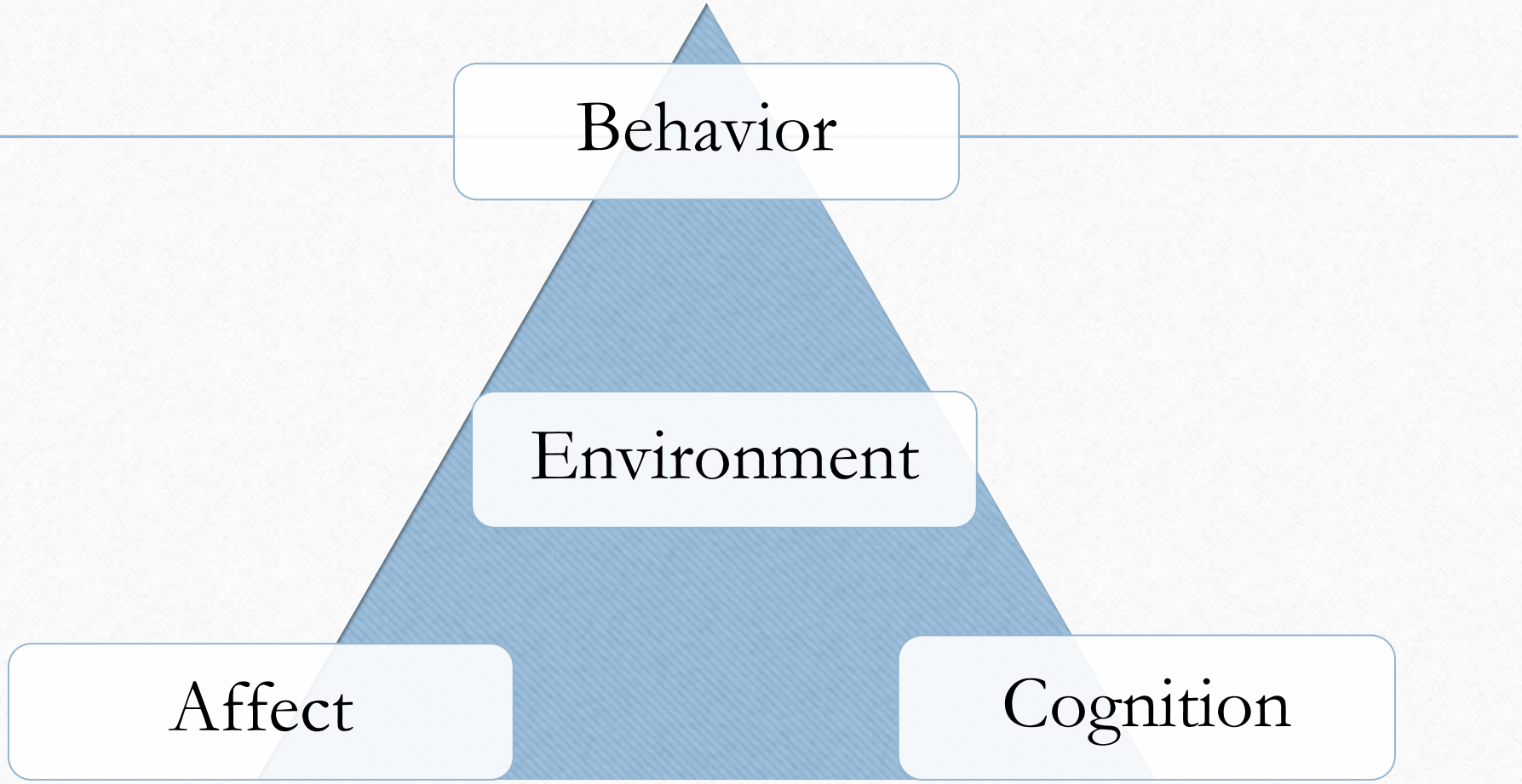
Adding behavioral health to the team can help address this challenge



Typical Progression of Health Behavior Change



Functional Assessment: ABCEs of Behavior



Case Example: Intervention

- Problem: Mr. V has AIC of 11 and needs help with lifestyle change
- Context:
  - 60 yr male, lives with wife who is a great cook
  - High stress job, worried about retirement and $
  - Multiple health issues including hypertension, neuropathy, insomnia; obesity
  - Use to enjoy outdoor rec but neuropathy gets in way, go out to dinner for fun
- 3 Ts
  - Diabetes 15 years, neuropathy
  - Use to be active, but time, pain, stress get in way
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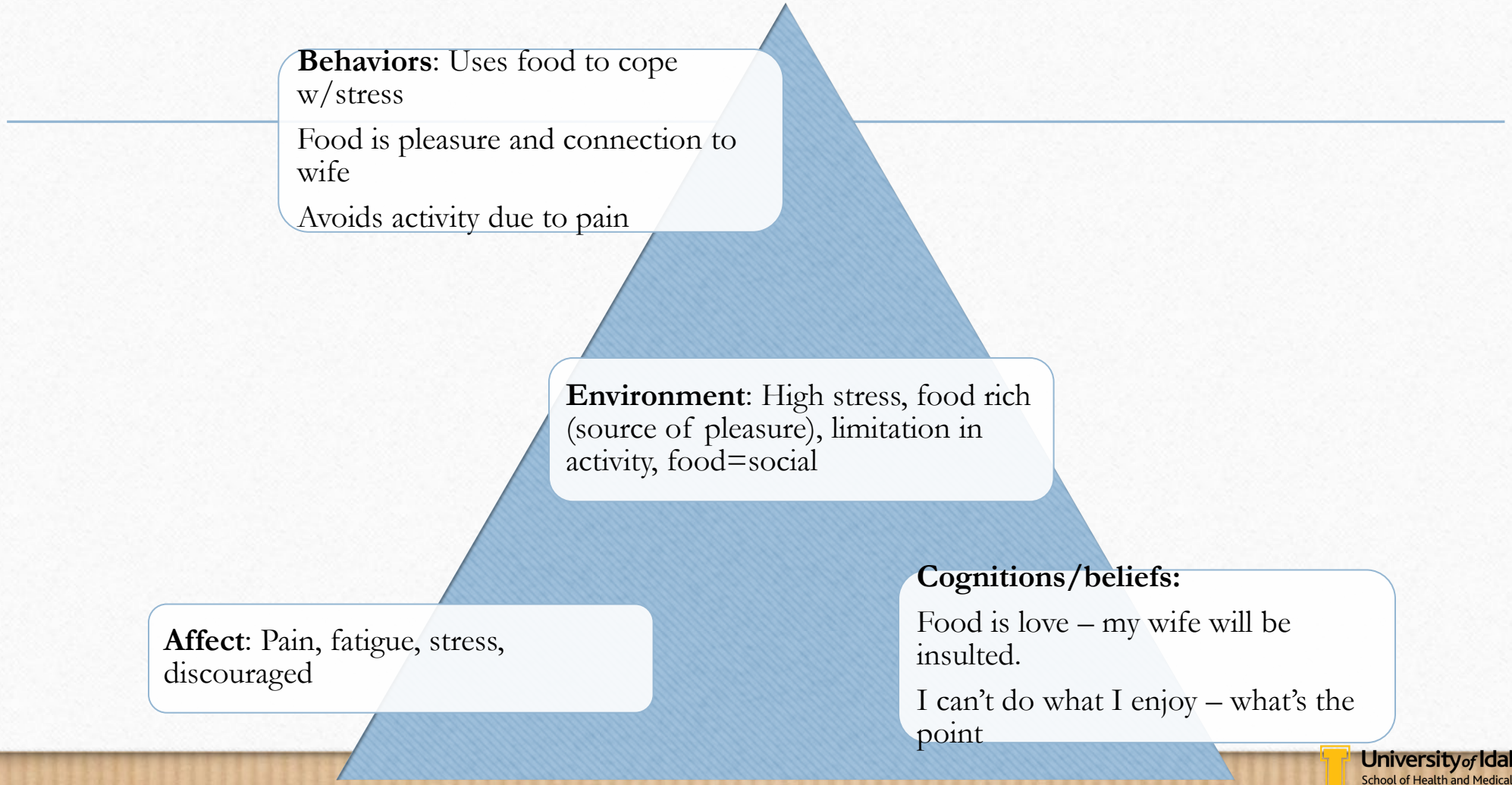
Functional Impact of Behavior



Intervention Ideas

- **Increase activity**
  - Biggest bang for buck – glucose, stress, sleep, obesity, fatigue
  - Other forms physical activity – start small to ensure success (5 minutes, low impact)
- **Recreation** – adapted form, non-food-based fun
- **Family meeting -** discuss healthy food choices, other types of entertainment, other ways show love
- **Changes to environment -** remove high temptation foods, make activity part of routine, prioritize health with time
- **Sleep hygiene –** referrals for sleep study or CBT-I
- **Stress management training**
  - 3 things to do when stressed before turn to food
  - Plan for relaxation: walk, outdoors, music, pets, meditation, deep breathing
- **CBT**: beliefs around food, behavioral engagement, value-based living, pain management

Key Take Away Points

- **Psychosocial issues are prevalent in patients with diabetes**
  - Negatively impact disease management and increase costs of care
  - Explore these factors each visit (screen for depression, anxiety, ED, SUD, SDOH)
- **Adherence issues are common (diabetes is hard!)**
  - Normalize, validate challenges, problem solve, identify strategies to try
- **Normalize the ups and downs of behavior change**
  - Choose one area at a time, set realistic goals, make a specific plan, check in on progress
- **Lifestyle behaviors take years to develop and take time to change. Many patients need behavioral support to make change**

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