ECHO IDAHO

Diabetes and Metabolic Conditions

Diabetes Distress and Burnout: What it is and how to help

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Learning Objectives

Understand basic elements of diabetes burnout

Identify 2 factors contributing to diabetes burnout

Learn 3 strategies to help reduce diabetes burnout

What is Diabetes Burnout

- Diabetes burnout is a condition when a patient with diabetes feels tired from his/her disease and neglects it for a certain period or continuously.
- "*Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. The three key dimensions of this response are overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.*"
- Feeling overwhelmed, frustrated, or apathetic about diabetes and the demands of self-care
- Emotions may include overwhelmed, anger/frustration, worry, defeat, hopeless, helpless, guilt, isolation or apathy
- Also referred to as "diabetes distress" – stress from burden of chronic disease with subclinical levels of anxiety and depression symptoms

Kontonangelos, 2021; Polonsky 1991

Depression, Anxiety & Diabetes distress

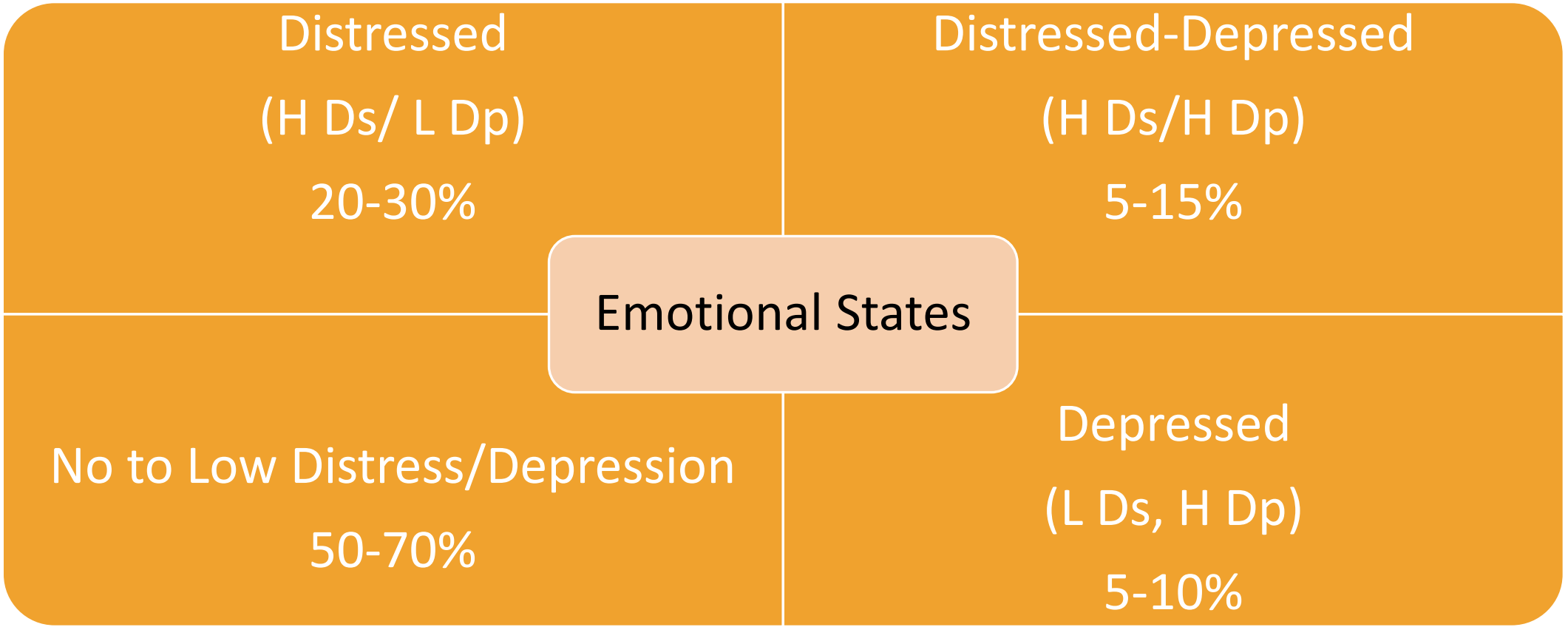
Term ‘diabetes distress’ first entered the psychosocial research in 1995 by Joslin Diabetes Center. It refers to ‘the negative emotional or affective experience resulting from the challenge of living with the demands of diabetes” – Skinner et al 2020

Systematic reviews suggest that diabetes distress occurs in both type 1 and type 2 diabetes, across ages and in all countries and cultures where it has been studied.

It is common phenomenon and can be a barrier to optimal emotional well-being, self-care and management of diabetes

Patient may have subclinical levels of anxiety and depression

Prevalence of DD vs Depression: 4 scenarios



Measurement and Tracking

National guidelines recommend monitoring diabetes distress as part of routine clinical care.

When studies measure both depression and distress, it is common for these measures to be significantly correlated (20–30% shared variance)

Tools: PHQ 9, GAD 7, PAID, DDS (both reliable and valid and supported in literature)

Type 1 vs Type 2

2017 meta-analysis that ~36% of people with type 2 diabetes experience significant diabetes distress (Perrin et al 2017).

No published meta-analysis for T1D, it is estimated that ~20–40% of people with type 1diabetes experience elevated or severe diabetes distress (Sturt, 2015; Fischer et al 2015).

What they are most distressed about:

T1D: feeling powerless & burned out; fear of hypoglycemia

T2D: fear of complications and just managing diabetes

Risk Factors

Groups reporting the highest levels of distress:

- Females (T1 and T2)
- Younger ages
- Newly diagnosed
- Lack of social network and perceived help
- Non-white/minority groups
- Diabetes distress is associated with self-care behavior and predicts HbA 1c at 1 year follow-up

"Diabetes distress does have a consistent, clinically and statistically significant impact on diabetes outcomes"

(Sturt 2015, Polonski 1991)

What Contributes to Diabetes Burnout

- High demands of self-care. Few other conditions have the high self-care demands of diabetes
  - multiple daily tasks
  - multiple areas of behavior (eating, exercise, medical)
  - multiple areas of life affected (physical, social, emotional, financial)
  - continuous, long-term nature of treatment regimen
- Working hard and not seeing results – learned helplessness
- Outside demands compete with time and energy for self-care
- This is a normal response to an abnormal (meaning not typical) situation – you are asked to do things that are out of ordinary for most people

Tips to Overcome Burnout & Reduce Distress

- **Motivational interviewing/collaborative communication** – nonjudgemental, curious, validating, supportive, reflective listening, empathy
- **Find something to celebrate** – positive relationship with provider reduces distress
- **Identify and problem solve** factors that contribute burnout - When people do not feel able to follow advice, recommendations or instructions, it increases distress rather than motivating action – set small, realistic goals with accountability
- **Utilize technology** to reduce work burden
- **Education** – build knowledge, competence, confidence
- **Increase social supports –** recognize diabetes helpers vs diabetes police
- **Help patients with self-talk and expectations**
  - Thoughts impact feelings and behavior
  - 3Cs

Tips Continued

- **Help patients find their "Why"**
- **Mindset: *marathon and not a sprint*** – it's about striving for a healthy lifestyle not perfection. Each day is an opportunity to make a healthy choice – *toothbrush example*
- **Reward small successes**
- **Positive event planning**– diabetes is hard work and people need things to look forward (reduces vulnerability)
- **Connect with diabetes care team** (RD, educator, BH, pharmacy)
- Systematic reviews and meta-analyses demonstrated that diabetes-tailored psychological interventions are effective in reducing severe diabetes distress. Both group and individual formats are helpful.

Key Points

Diabetes distress is common among people with type 1 and type 2 diabetes

It's associated with lower levels of self-care, poorer emotional well-being and poorer metabolic outcomes of diabetes care.

Evidence suggests the way health care professionals communicate with people with diabetes may exacerbate their distress

Healthcare professionals are encouraged to assess for DD routinely and use MI to facilitate supportive, non-judgmental and collaborative communication.

Psychological interventions have been shown to be effective in reducing diabetes distress and burnout.

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