

Special Bulletin

For professional providers

November 1, 2022

Diabetes Distress: A Common, Under-Treated Emotional State

More than 37 million Americans¹ are living with diabetes. Not only is it a physically debilitating condition, but it also can take a devastating emotional and psychological toll on those suffering from this chronic disease.

During **Diabetes Awareness Month** in November, Highmark is putting a spotlight on diabetes distress, a condition that affects more than 20% of people with types 1 and 2 diabetes², which equates to more than 9 million Americans.

Defining Diabetes Distress

Diabetes distress is the emotional response to living with diabetes, the burden of daily self-management, the fear of long-term complications, the social impact (stigma, discrimination, public lack of understanding), and the financial burdens of the condition.

The result of these emotions should not be underestimated. Managing diabetes is a 24/7 activity. People with diabetes experience the need to constantly make decisions, even while knowing that the outcomes may be unexpected and unsatisfactory at times. Doing everything as directed is no guarantee of stable blood glucose levels, and doing the same things today as yesterday can result in different outcomes. That uncertainty often causes patients to disengage from managing their own care.

What to Look For

As a health care provider, how can you identify diabetes distress? Some common signs include:

- Suboptimal A1C test levels
- Missing clinical appointments
- Reduced engagement with diabetes self-care tasks (less frequent monitoring of blood glucose, skipping medication, poor dietary choices, etc.)
- Ineffective coping strategies for dealing with stress
- Impaired relationships with health professionals, partners, family, or friends
- Appearing passive or aggressive during medical appointments

The American Diabetes Association recommends routine screening for diabetes distress³. Screening should include having effective systems in place to ensure accurate diagnosis, customized treatment, and appropriate follow-up.

Two Key Questions

Primary care is an important entry point for diagnosis. Using the two-question [Diabetes Distress Scale](#) can help identify patients who are experiencing distress, along with their level of anxiety. Patients are asked to rate the level of distress on a six-point scale from (1) “not a problem” to (6) “a very significant problem” when responding to these two inquiries:

1. Feeling overwhelmed by the demands of living with diabetes
2. Feeling that I am often failing with my diabetes regimen

This screening methodology provides patients an opportunity to articulate the level of distress they are experiencing, which they may not have verbalized before. Using patient responses, PCPs can respond with an appropriate treatment regimen, including referrals to behavioral health providers, which will lead to better health outcomes for patients.

References

¹https://professional.diabetes.org/sites/professional.diabetes.org/files/media/ada_mental_health_workbook_chapter_3.pdf

²<https://www.cdc.gov/diabetes/library/spotlights/diabetes-facts-stats.html#:~:text=Key%20findings%20include%3A,t%20know%20they%20have%20it>

³https://www.cdc.gov/diabetes/pdfs/managing/Depression_Diabetes_Distress_Brief_508.pdf

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