Understanding the mental management of diabetes

Diana Naranjo, Ph.D.
Clinical Psychologist and Assistant Professor of Pediatrics
Madison Clinic for Pediatric Diabetes
University of California San Francisco
Take-home messages

Emotions effect the way we feel, and also diabetes management

Today, we focus on:

1) Distress and depression
2) Ways to improve well being
Emotions linked to:

- Effective coping, problem-solving, resilience
- Disease management and diabetes outcomes
- Tough to distinguish between diabetes-specific distress and true depression
  - Two types of emotional functioning:
    1. Diabetes Specific Distress
    2. Depression/General Distress
Diabetes Distress

• Diabetes distress: what is it to you?
  – Conflict around checking and giving insulin
  – Fearing complications
Diabetes Distress

Used to define a cluster of symptoms that do not meet diagnostic criteria for depression, but are negative feelings surrounding diabetes care
Diabetes Burnout

This term is often thought of as more severe than distress and given to the frustration of living with diabetes including:

• Feeling overwhelmed with management
• Feeling hopeless
• Thinking terrible unavoidable things will happen
• Feeling powerless
• Feeling isolated
• Feeling sad
Depression

• General distress: what is it to you?
  – Job stress, arguments at home, academics, etc.

• Depression: what is it to you?
  – Depression is used to define a diagnosis – major depressive disorder
Technical Definition of Depression

**World Health Organization** defines depression as a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration.
Other ideas about depression

• In many shamanic societies, if you came to a shaman or medicine person complaining of being disheartened, dispirited, or depressed, they would ask one of four questions.

• When did you stop **dancing**?
• When did you stop **singing**?
• When did you stop being **enchanted by stories**?
• When did you stop finding comfort in the sweet territory of **silence**?
• Where we have stopped dancing, singing, being enchanted by stories, or finding comfort in silence is where we have experienced the loss of soul.

*The Four-Fold Way: Walking the Paths of the Warrior, Healer, Teacher and Visionary*
Depression & Diabetes

• 15 – 25% of teens with diabetes have elevated depressive symptoms ¹
  – Slightly lower rates in younger children
  – Similar to rates in adults (25%) ²

• Equally large percentage of adolescents with subclinical levels (23%)

1. Kovacs et al, 1997; Grey et al, 2002; Hood et al, 2006; McGrady et al, 2009
2. Anderson et al, 2000
So What?

• How do these strong negative emotions impact diabetes?
  – Associated with poor adherence \(^1\)
  – Associated with suboptimal glycemic control \(^2\)
  – Maybe because of underlying beliefs, inability to engage, competing needs, and physical fatigue

2. Kovacs et al, 1997; Grey et al, 2002; Hood et al, 2006; McGrady et al, 2009
Intersection of behavior and emotion

- Bidirectional relationships
  - Emotions drive behaviors
  - Behaviors drive emotions
Contributors to depression

**BIOLOGY**
- Familial transmission
- Chronic stress

**ENVIRONMENT**
- Stressful family events
- No peer support

**DIABETES**
- Increased responsibility
- Burned out

**DEPRESSION**
- Sad mood, irritable
- Lack of interest
- Less social
- Poor self-care
Ways to improve well being

- Healthy coping
- Stay motivated, not “perfect”
- Stay involved in diabetes
- Decrease family conflict over diabetes
- Increase diabetes social supports
Healthy Coping

• Coping with and accepting diabetes is associated with better outcomes
  – “I have diabetes, but it does not define me.”
  – “It is hard work, but diabetes can be managed.”
  – “I will find ways to make diabetes work for me.”
Motivation

• Important to cut yourselves some slack
• Nobody has “perfect numbers”
• Forgive the occasional fluctuations and reward the motivation/behavior instead of numbers
• Focus on motivating short-term goals like:
  – Optimizing fun activities like sports, theater
  – Allows you to concentrate better in school
Stay involved

Supported by studies from Harris, Wysocki, Anderson, Laffel, and Weissberg-Benchell

**Strategies:**

1. Adapt involvement over time
2. Stay involved in different ways – words and actions
3. Don’t transfer responsibility until ready
Reduce family conflict

Supported by studies from Rubin, Wysocki, Hood, Laffel, Grey, Berg, and Jacobson

Strategies:

1. Use alternative ways of communicating other than words
2. Refrain from “blame and shame”
3. Use general parenting strategies
Social support

• In-person supports
  – Community groups; CARB DM events; clinic-sponsored events; JDRF; DYF and other camping options
  – Ask your diabetes care team for a referral
  – Seek therapy or social support groups
Social support

• Online supports
  – tuDiabetes
  – childrenwithdiabetes.com
  – carbdm.org,

• Feel supported by others who know what you are going through; share stories and strategies
HAPPY LIFE
Quality of life

“Although children and adolescents with T1DM have to live with a demanding treatment regime, overall results revealed that their generic QoL is not impaired compared to healthy peers.”

Nieuwesteeg et al, Current Diabetes Reviews, 2012
Factors associated with QOL

• Nurturing, supportive family environment
• Parental involvement
• Access to care and support
Summary

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type 1 diabetes carries significant psychosocial burden that creates fertile ground for difficulties managing diabetes, and sets the stage for potential biologic effects and increased risk for complications, but through teamwork and support, can be managed.
Take Home Message

• If you note some of these emotional struggles in your teens, don’t panic—seek support!
Thank you.
Questions? Comments?
NaranjoD@peds.ucsf.edu