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**Finding Balance:
The Importance of Evaluation and
Treatment for Distress and Depression in
Diabetes Management**

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Disclosures

Speakers have no disclosures



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Session Objectives

- **Distress versus Depression: How both can impact diabetes treatment compliance**
- **Ways to identify potential issues associated with distress or depression**
- **Intervention Strategies for the provider to help decrease distress and depression**



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DISTRESS (DD) VS. DEPRESSION (MDD)



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Depression (a.k.a. Clinical Depression; a.k.a. MDD)

- **Set of symptoms**
- **Specific criteria**
- **Not focused on cause but severity**
- **Possibly requiring psychiatric or intervention from behavioral health**



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Distress

- **The emotional response resulting from the struggles and challenges associated with a particular issue (Diabetes)**
- **If focuses on a particular source**
- **Implemented as part of the diabetes treatment team (i.e., PCP, dietician, nurse, diabetes educator, etc.)**



“Major depressive disorder is exclusively symptom based and it’s unanchored, that is it has no context with respect to diabetes. Okay, so let’s switch now and talk a little bit about diabetes distress which comes from a totally different background. This one comes from a, an area of research, and stress and coping and emotional regulation. Totally different from major depressive disorder, and it reflects a much broader range of emotional experience than just clinical depression. In addition—and here’s the crucial distinction. It focuses on specific situational context or sources of emotional distress. So if you look at the items in the scales that are used to assess diabetes distress, like [inaudible] or problem areas in diabetes or the diabetes distress scale, you’ll see items that say “I am distressed about managing my diabetes” “I’m really feeling hopeless about controlling my weight” “The numbers coming from my meter about blood glucose really scare me” or “I’m really worried and concerned about the possibility of complications.” These items suggest that diabetes distress has a situational context, and that context is diabetes.”





Symptoms of major depressive disorder

Five or more symptoms must be present over at least 2 weeks and represent significant change from baseline functioning

Patients *must* exhibit either anhedonia or depressed mood

Other symptoms may include

Diminished interest/pleasure in daily activities

Appetite changes (weight loss/gain)

Insomnia or hypersomnia

Psychomotor agitation or retardation

Fatigue

Feelings of worthlessness or guilt

Diminished concentration ability

Signs of diabetes distress

Emotional response varies across individuals and may include feeling

Unmotivated

Burned out

Overwhelmed

Frustrated

Defeated

Angry

Guilt

Denial

Fear (of hypoglycemia or complications)

Lonely

Actions may include

Poor self-care behaviors

Lack of adherence to diabetes regimen



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Both DD and MDD can impact diabetes self-care as they influence thoughts and behavior

MDD has been associated with sub optimal self care. However, the association with HbA1c has not been clear.

DD has been associated with sub optimal self care AND higher HbA1c

Fisher et al., (2009); Ismail et al., (2017); Nanayakkara et al., (2018); Xu et al., (2013); Zagarins, Allen, Garb & Welch, (2011).



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IDENTIFYING DISTRESS AND DEPRESSION



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How do patients recognize they are experiencing

It's pointed out to them

- Family/friends
- Doctor/nurse/nutritionist/pharmacist/other medical professional
- Work

They notice an impact in their life:

- Home
- Work
- Friends



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How can we help patients identify their symptoms?

- **Noticing changes (behavior, speech, dress, etc.)**
- **Compassionate conversations**
 - Empathy
 - 60/40
 - Avoiding the word “depression” at first
- **Self-administered assessments**
- **Using peer interactions**



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How can we discuss these symptoms with our patients?

- **Normalize the experience**
- **Discuss treatment options**
- **Provide stats**
 - Approximately 18% of the US population meets criteria for a depressive disorder each year. (ADAA)
 - Approximately 300 million people struggle with depression each year. (ADAA)
 - 40-60% of people who utilize medication OR therapy to treat depression see a significant benefit, and this number increases when they are combined. (Healthline)



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How can we encourage our patients to seek treatment?

- **Begin by asking questions**
- **Give details and realistic expectations**
- **Emphasize the patient's autonomy**
- **Reinforce concern**



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PROVIDER INTERVENTION STRATEGIES

Building Hope and Trust



Listen to your patients

- **Take their concerns seriously**
 - Evaluate your patients' distress levels
 - Diabetes Distress Scale/Identify signs of distress
 - Patients want to know it is ok to ask questions
- **Take the journey with the patient**
 - Patients want reassurance that their concerns are normal
 - Explain why a test was ordered and what the lab results mean
 - Limit criticism of the patient
 - Patients want to be part of their medical decision-making



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Educate the Patient

- Review self-care routine
 - Medication regimen
 - Diet
 - Lifestyle
- Reinforce your patient's positive choices
- Help them limit self-criticism
 - Encourage the patient to engage in Self-Reflection
 - What is distressing me
 - Define the problem to explore solutions



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Explore Self-Efficacy

- Listen for negative self-talk
 - Challenge thoughts of perfectionism
 - Identify real-life examples of success
- Promote reasonable expectations
 - Remember diabetes distress is normal
 - Try to maintain balance and increase optimism



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Construct a step-by-step plan

- Problem-solve together
- Provide clear directions
 - Take everything one step at a time
 - Set realistic goals
 - Small concrete goals
- Accept that you cannot control everything
- Make changes slowly



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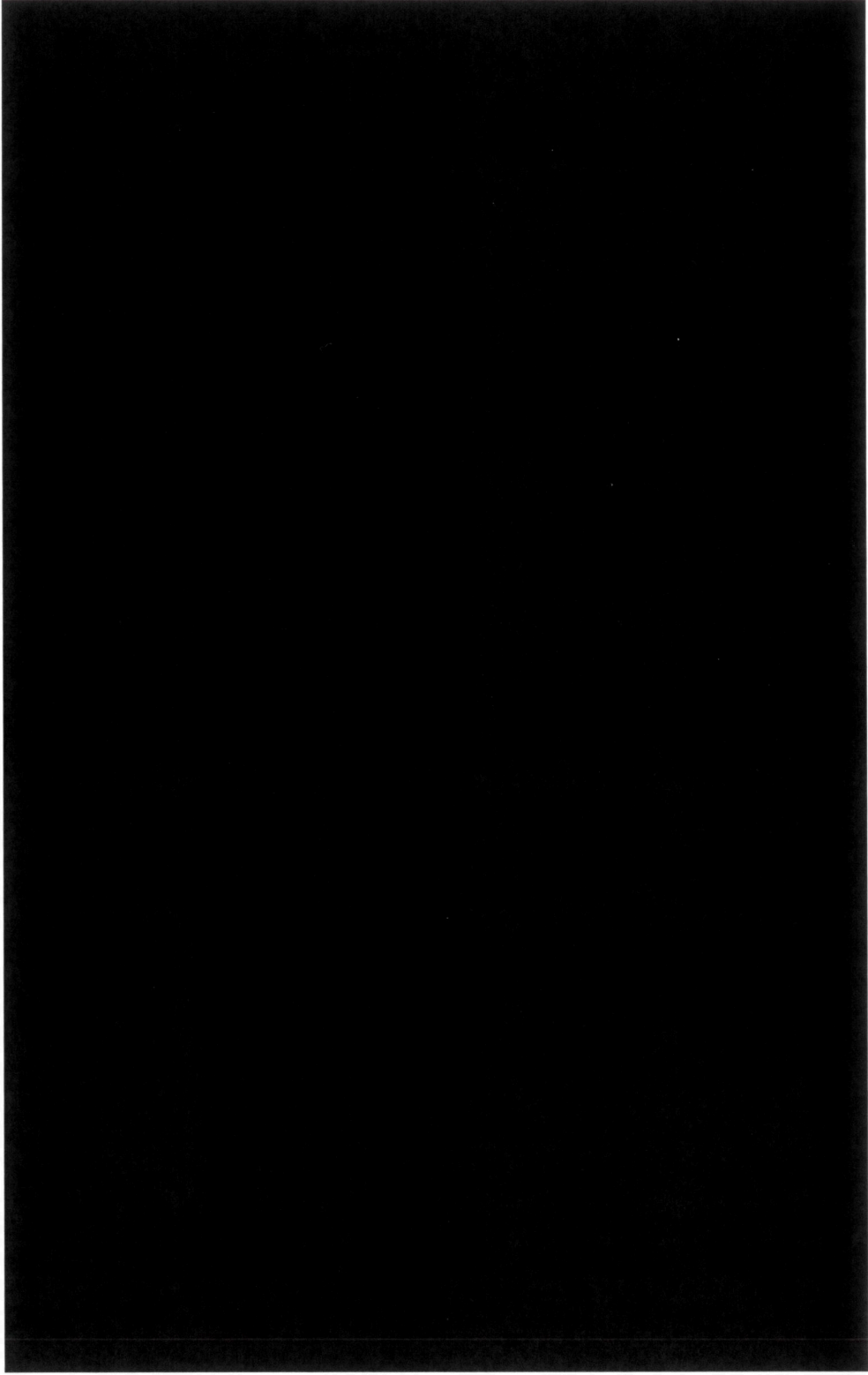
Experiential Activity

**5 Minute Quick Anxiety Reduction -
Guided Mindfulness Meditation**



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**5 Minute Quick Anxiety
Reduction - Guided
Mindfulness Meditation**





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