

# ADULT TRACK

## DIABETES AND ADULT MENTAL/EMOTIONAL HEALTH

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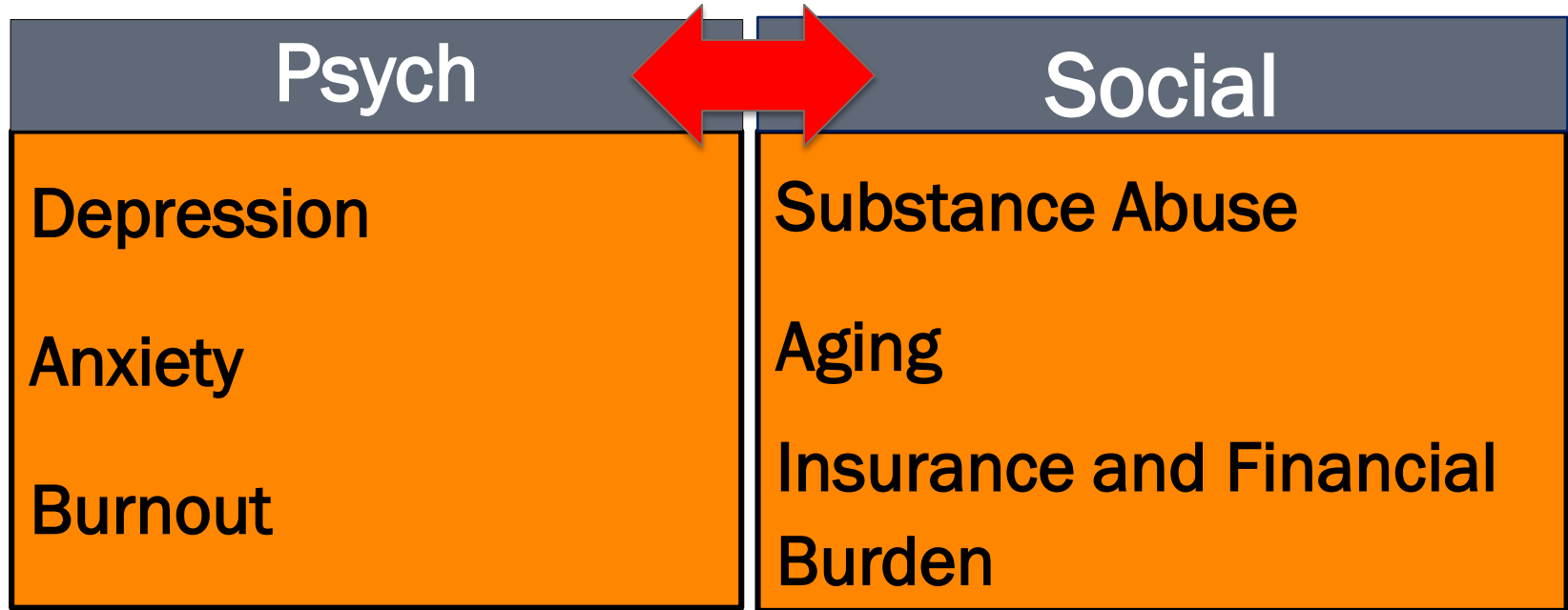
# EPIDIO DIABETES CONFERENCE

MAY 22, 2021 | WEBINAR

EMPOWERING PATIENTS  
FOR  
INDIVIDUALIZED CARE



# PEOPLE WITH DIABETES ARE MORE PRONE TO DEPRESSION AND OTHER MENTAL HEALTH SYMPTOMS



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# DIABETES AND DEPRESSION

- ❑ People with diabetes are 2 to 3 times more **likely** to have depression than people without diabetes.
- ❑ Only 25% to 50% of people with diabetes who have depression get **diagnosed** and **treated**.

<https://www.cdc.gov/diabetes/managing/mental-health.html#:~:text=People%20with%20diabetes%20are%20,often%20gets%20worse%2C%20not%20better.>



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# DIABETES AND ANXIETY

- ❑ Overall prevalence of anxiety disorders in patients with diabetes **14% \***
- ❑ **40%** of patients have heightened anxiety symptoms (**subclinical**)\*
- ❑ Comorbid **depression**

\* "Association of diabetes with anxiety: A systematic review and meta-analysis" (Kimberley Smith et al., 2013) Journal of Psychosomatic Research, v74, i2

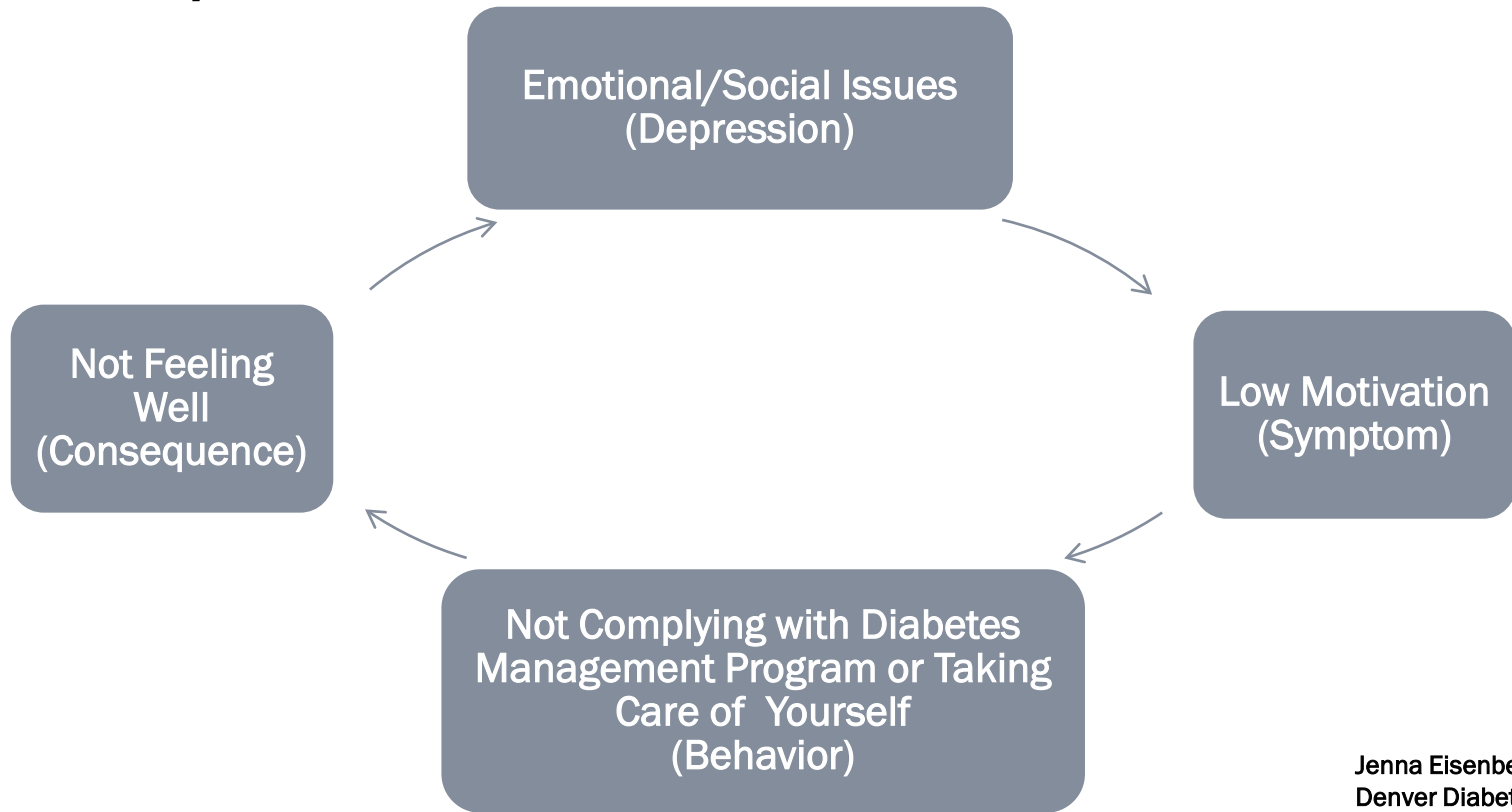


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# DUAL MANIFESTATION OF DEPRESSION AND OTHER EMOTIONAL/SOCIAL ISSUES IN DIABETES



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# COMMON EMOTIONAL ISSUES

## Depression

Feeling apathetic, unmotivated or in denial in regards to diabetes. Sadness and hopelessness.

## Guilt

An inner conflict about hurting ourselves or others (not checking blood sugars, feeling guilty that others are withholding sugary or carb laden foods to avoid hurting you, anger outbursts at family members during low blood sugars).

## Shame

A feeling of humiliation/distress caused by consciousness of guilt (eating foods that will raise blood sugars, high A1c levels, gaining weight, feeling like you are letting your doctor/family down).

## Anger

Often related to a violation of personal values (feeling angry that you have to live with diabetes all day, every day and others don't, others being insensitive to your diabetes).

## Anxiety

Often a reaction to possible future events (fear of hypoglycemia and OR fear of complications). Insurance and financial.

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# TREATMENT

- ❑ *Cognitive Behavioral Therapy* to identify distorted/negative thinking patterns and related feelings and behaviors.
- ❑ *Exposure Therapy* to practice using coping skills to manage distressing diabetes situations.
- ❑ *Address your sense of worry and guilt by making **clear treatment goals** and **asking for support** (discussing your emotions should be part of every single doctor's appointment).*
- ❑ *Counseling and education* can improve the relationship between diabetes and life.

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# COPING SKILLS AND INTERVENTIONS

- ❑ *Stay motivated*, NOT PERFECT (progress not perfection)
- ❑ *Identify barriers* to good diabetes care (what keeps you from exercising? Is there another form of exercise you can do aside from going to the gym?)
- ❑ *Relaxation skills* to manage anxiety and other emotions (breathing exercises, physical activity, mindfulness)
- ❑ *Educate* your family and friends about your diabetes, *define* how you want family/friends to help (coach family members to have realistic expectations and avoid blame), *ask them directly for the help* and *teach them how to give it*.
- ❑ *Replacing* harmful thoughts with good ones, making changes to avoid stressful situations, Thought vs Fact
- ❑ *Breaking down goals* to achievable steps and slowly adding/increasing

***DIABETES MUST FIT INTO YOUR LIFE; YOU CAN'T REVOLVE YOUR LIFE AROUND IT!***

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