

The mind of diabetes: a distressing tale

Angus Forbes and Magdalena Annersten-Gershater

We often see in people with diabetes that the disease causes psychological and emotional difficulties. These difficulties do not only cause disruption to the person's self-management behaviours, with detrimental effects on their physical health, they can also be very disruptive to the person's quality of life. Over the last few decades we have become increasingly aware that psychological morbidity is common in people with diabetes, with problems ranging from depression to eating disorders. We have also observed that these problems have a deleterious effect on patient outcomes, leading to further complications that compound the psychological problems experienced by the patient. However, despite this large body of understanding and a growing evidence that psychological interventions can be clinically beneficial, national and international reports consistently highlight that psychological support is lacking in most countries.¹

In this edition of the journal we have two papers from the same research group that address diabetes distress. Diabetes distress while related to anxiety and depression reflects some of the specific psychological disruptions that a life with diabetes can bring. In the first paper the group present a systematic review of psychological interventions that aim to reduce diabetes distress.² The review presents a comprehensive account of which interventions show some impact on diabetes distress. While they report that the interventions only show a modest effect, they do provide reference points for further developments in this field. Given the high prevalence of diabetes distress we must work with patients to refine, improve and create better interventions to tackle this problem.

In the second paper the authors present a more clinical example with an intervention that was designed to respond and address diabetes distress.³ While this report does not show a definitive approach to managing distress as it had somewhat mixed results, it does show the importance of recognising the problem and developing appropriate psychological care pathways. Screening for problems is not really an ethical activity if we have nothing to offer patients. While ideally we should be able to provide effective treatments to support them, as a minimum, we should provide empathy and understanding.

Elsewhere in this edition of the *International Diabetes Nursing* journal we find other tricks that diabetes can play on the mind. In this case those of a more organic nature, related to the physiological assault of the disease. In the paper by Butler *et al.* we see more data showing elevated risk of stroke in people with diabetes.⁴ This national study of stroke in Qatar not only shows diabetes to be an important risk factor but also significant variation between ethnic groups with a higher burden in Arabs. The report

emphasises the important role we must all play in preventing strokes. In the paper of Caruso *et al.* another important issue of the mind is highlighted, that of cognitive impairment. Both cognitive impairment and dementia are increased in patients with diabetes.⁵ Cognitive decline can be important in relation to a patient's capacity to self-manage and may also increase risks of medicines errors and patient safety. Again, assessing this problem where this may be suspected might be important in supporting clinical decisions with patients and in ensuring early referral to memory services. While their study was a pilot it was encouraging that perhaps exercise and diet may help protect people from cognitive impairment. Another pilot study by Keller-Senn indicates that nurses successfully accomplish educational interventions to enhance foot care related self-efficacy. Larger studies are needed following these pilot studies.⁶

If you are lucky enough to be coming to this year's FEND conference you will notice the programme includes some important speakers on psychological intervention in diabetes care. If you cannot attend the conference then we still encourage you to start conversations in your team and build or develop further your psychological support services. Please do evaluate these papers and share them with others via the journal. *All in all*, let's be much more mindful about diabetes.

Lastly, the journal would like to highlight the fantastic achievement of Debbie Jones, whose work in improving care for people with diabetes was recognised in the Queen's honours list with the award of an OBE. Debbie is a specialist diabetes nurse working in Bermuda where she has led a range of developments to enhance the clinical care of people with diabetes. We would like to extend warm congratulations to Debbie for her great work and this fantastic achievement.

References

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