The mental wellbeing of people with diabetes: underappreciated and under-treated

The psychosocial factors accompanying diabetes have been neglected in the past, but there is now an increasing awareness of the psychological side of the condition. Professor Richard Holt looks at some of the initiatives under way to provide more emotional care and support to people with diabetes.

Despite this progress, many people still struggle to achieve the recommended levels of glucose control needed to prevent the long-term complications of diabetes. The rates of hypoglycaemia remain unacceptably high and many people stop taking their medication. So why has it proven so difficult to translate the treatment developments into better outcomes? I would argue that the answer lies in a lack of recognition of and attention to the psychosocial sequelae of diabetes.

Most people with diabetes only spend a few hours a year in contact with healthcare professionals and for the remainder of the time, the responsibility for diabetes management falls on their shoulders. Although this is common to many chronic conditions, the effort required to manage diabetes is unique. It is a hard taskmaster; often despite an individual’s best efforts, glucose levels remain stubbornly outside the target range. Many of the benefits of normoglycaemia are only accrued after many years while the daily grind is there all the time. There is no time off and the relentless burden can take its toll. People with diabetes may experience frustration, guilt, fear or low mood as a result of their diabetes, symptoms now embraced in the concept of diabetes distress1. First recognised over 25 years ago, it has become apparent that diabetes distress not only worsens mental well-being but impedes the ability to self-manage diabetes effectively.

In the international second Diabetes Attitudes Wishes and Needs Study, 45% of people reported diabetes distress as did almost the same number of family members of an adult with diabetes2,3. The 2017 Diabetes UK Future of Diabetes report, which involved over 9,000 people with diabetes, highlighted how exhausting it is to live with diabetes and the need for additional support for emotional and psychological health4. This issue includes a synopsis of the Diabetic Medicine paper by Stahl-Pehe et al, which sheds further light on the long-lasting impact of developing diabetes in early life5.

Over the last decade, there has been an increasing awareness of the importance of addressing the psychosocial needs of diabetes. The National Institute of Health and Care Excellence (NICE) Type 1 diabetes guidelines recommend that healthcare professionals should be alert to the development of psychological symptoms, and have the skills to detect and manage non-severe psychological problems while understanding how and when to refer if more intensive treatment is needed6. Diabetes UK’s Clinical Studies Groups have identified a number of research gaps and priority areas relating to diabetes and mental wellbeing. These thoughts were echoed by the 4,000 people with Type 2 diabetes and healthcare professionals who contributed to the James Lind Alliance Priority Setting Partnership, with two of the top 10 research priorities concerning mental wellbeing7. The issue has even reached parliament where the Diabetes All Party Parliamentary Group report on diabetes and mental health highlighted the impact of poor emotional and psychological support on diabetes self-management and the need for psychological support to be embedded within routine diabetes care8. In response to the clear need for better research of the psychosocial consequences of diabetes, Diabetes UK recently convened a meeting of international experts and people with diabetes to identify the immediate research priorities, which should lead to targeted calls for research9.

Sadly, a gap still remains between our research understanding of diabetes distress and clinical practice. In this issue Dr Mark Davies, Consultant Clinical Psychologist from Belfast City Hospital, tackles the issue of diabetes distress and emphasises how management is within the reach of diabetes healthcare professionals; doing the simple things...
well can make all the difference. A further guide to identifying and managing diabetes distress is available in the July issue of Diabetic Medicine®.

Diabetes UK is playing an active role in driving service development in this area; in the article on the diabetes and emotional and psychological wellbeing campaign, the rationale is described together with a call for a set of national standards for diabetes emotional and mental health support. Diabetes UK has launched a number of ChangeLabs across the country to develop innovative solutions to diabetes care. One of these in the North West of England is devoted to improved psychosocial care and the deliberations are described.

There is a genuine desire to support people better and we are gaining momentum; it is important that we translate this enthusiasm and drive towards better well-being and quality of life for those living with diabetes.

REFERENCES