



Psychological impact of a diagnosis of diabetes

HELENA FARRELL RGN, MSC DIABETES, BLACKROCK HALL PRIMARY CARE CENTRE, CORK.

Diabetes is a chronic condition that requires an individual to commit to long term sustainable changes such as lifestyle measures and adherence to treatment regimes in order to normalize their glycaemic control and prevent long term complications associated with diabetes. There are numerous guidelines, checklists, algorithms and policies in which to guide and assist healthcare professionals in formulating and managing treatment plans and reaching clinical targets in their clients with diabetes. The focus from most national and international policy makers is one of a clinical standpoint but there is very little focus on helping and supporting an individual with the psychological impact of diagnosis and the burden of living day-to-day with diabetes. This may be due to lack of resources or a lack of knowledge and understanding that the impact of being diagnosed with a chronic condition

can have and also the psychological supports that need to be in place for people with diabetes, from diagnosis right through their lifetime living with the condition.

The intensity of education and information that needs to be addressed on diagnosis of diabetes can be overwhelming for many and may result in them exhibiting characteristics of denial or indifference so as to protect themselves from the reality of their diagnosis. Lack of continuity or clarity of information provided by healthcare professionals to people with diabetes, can lead to a lack of mistrust of the profession and may hinder adherence to treatment regimes, lifestyle changes and overall self management plans. Therefore it is vital at diagnosis to address all these issues and actively seek engagement from the person diagnosed with diabetes so as to lessen the psychological impact of being diagnosed and living with diabetes.

Coping with a diagnosis

The majority of people with diabetes will be diagnosed in primary care, so there is a greater responsibility on healthcare professionals working in primary care to reduce the psychological impact of being diagnosed with diabetes. Many people when diagnosed with diabetes, may not even have realised that they were at risk of developing the condition, and therefore may exhibit behaviours such as indifference and even denial.¹ This is especially true of people who are diagnosed with type 2 diabetes, as they may feel very well on diagnosis, be symptom free and therefore may not regard their diagnosis and condition as significant.

For many, they may have very negative associations and opinions of diabetes, either due to the experience of family members, neighbours or friends living with diabetes, or through the media. It is widely regarded that when individuals are diagnosed with a long term, chronic condition such as diabetes, and especially in the case of type 1 diabetes, the individual may experience an emotional response similar to the five stages of grieving/loss as outlined by Elizabeth Kubler Ross. These are denial, anger, bargaining, depression and acceptance.²

People may not experience them in order, or may experience only one or two stages. But it is vital that all healthcare professionals understand and recognize all of these stages and an individual's response to them. The healthcare professional possibly may have to adapt their approach/treatment regime until an individual comes to terms with their diagnosis of diabetes. An individual may see their diagnosis as a loss of health, and be overwhelmed at the changes adapting to new lifestyle habits and behaviours. Also while they may initially appear to cope with their diagnosis, a change to their treatment regime such as increasing medications or commencing on insulin therapy in type 2 diabetes may trigger any stage to emerge, as they may associate this change as a worsening of their condition and further loss to their health.

It is important as that we recognise and assist our clients through these stages, by reassuring them that these feelings are normal, encourage them to express them in relation to their diagnosis, identify coping mechanisms and sign post to the relevant healthcare professionals if poor coping skills are identified such as depression.³

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Psychological impact of self management

Health care professionals, especially those working in primary care, carry a huge responsibility in providing information, advice and support to a person diagnosed with a chronic condition such as diabetes. While we may be eager to impart this information at the very beginning, we have to ask ourselves the question, are our clients ready to hear it? We also have to ask is there such as thing as too little or too much information and how do we go about finding the balance?

The provision of information, support and advice to people with diabetes, is unique from many other health conditions and illnesses. The ultimate goal in diabetes care is to empower the client towards self management of their diabetes for optimal glycaemic control and this requires not just a shift in thinking for the client, but also for the healthcare professional involved. The role of the healthcare professional in diabetes care differs from the management of other long term conditions, as they are there to help clients make informed decisions through education, advice and support. It is not taking responsibility for the client; it is being responsible *to* the client.⁴ The relationship between the healthcare professional and client must change to one of collaboration, where the healthcare professional is seen more as a facilitator rather than an authority figure. The client has an equal role to play, bringing their life experiences to the table and organising their diabetes diagnosis around this. As the reality of the impact this may bring to their everyday life dawns, the client can become overwhelmed and may revert to the five stages of grieving. Therefore it is important to take time when educating and informing the client, possibly spreading the education process over several visits or referring to additional services such as a diabetes specialist nurse. Healthcare professionals may tend to underestimate the psychological burden the client is now facing and provide too much information too quickly, which may have a negative effect on the client.

Time constraints, limited access to services and resources are cited by healthcare professionals in primary care as

reasons why engaging with a patient empowerment model of care and addressing psychological needs are not routinely approached with their clients.⁵ There is evidence to suggest that the opposite is true, that addressing these issues actually reduces the amount of time spent on visits over the long term.⁶ As with trying to prepare our clients for living with a long term condition, we too as healthcare professionals, must look to providing long term education, advice and support to assist our clients rather than solely striving to achieve glycaemic targets in the short term.

Other psychological barriers that may need to be addressed can be influenced by a client's literacy and numeracy levels, which when lower than average can lead to poor outcomes in diabetes.⁷ As a modest level of understanding in numeracy is central to self management in diabetes, this must be considered as a possible barrier when trying to achieve glycaemic targets in clients. Understanding blood sugar levels, reading nutritional labels, calculating insulin doses and carbohydrate counting all require a basic level of literacy and numeracy. It is estimated that 40% of the adult population of Ireland has numeracy issues.⁸ Literacy and numeracy issues can be a frustration to the client but also the healthcare professional who is trying to educate them and motivate a client to change. Literacy issues must be handled in an appropriate and sensitive manner, as fear of being judged by the healthcare professional may isolate the client and lead to them not attending for appointments.

Conclusion

The psychological impact of being diagnosed with diabetes should not be underestimated by both the client and healthcare professional. The burden of having to make changes to habits and behaviours that are built up over a person's lifetime can be overwhelming to many and may possibly lead to non adherence to treatment plans. Seeking information on what the client's perception of diabetes and their understanding of the condition prior to diagnosis, can be useful in determining how they view the condition as a whole, whether they have a positive or negative connotation.

Healthcare professionals need to actively engage with their clients at diagnosis and right through the lifetime of their diabetes, reviewing and adapting treatments regimes, plans and goals to take into consideration how a person is coping or situations that may arise in a person's life that may challenge their ability to self manage their diabetes. Diabetes is a complex condition to manage long term, as it not only depends on the traditional medical approach but it is also reliant on a patient centred approach through implementation of multiple behavioural changes and psychological adjustments. This not only poses a challenge for the healthcare professional, but also for the person living day to day with diabetes.

Understanding blood sugar levels, reading nutritional labels, calculating insulin doses and carbohydrate counting all require a basic level of literacy and numeracy.

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