No Woman Should Walk Her Diabetes Journey Alone

More than 15 million women in the U.S. and 181 million women worldwide currently live with diabetes. They face unique challenges every day such as fluctuating blood sugars due to pregnancy, menses, and menopause. For reasons not fully understood, women with diabetes also face increased health risks for heart disease, depression, eating disorders, osteoporosis, and ketoacidosis. They also report higher levels of loneliness and isolation.

Our Mission

To improve the health and quality of life of women with, and at risk for, diabetes and to advocate on their behalf.

Our Vision

A world where women are fully empowered to effectively manage their diabetes.
What is Diabetes?

Diabetes is a chronic condition characterized by hyperglycemia (high blood sugar), resulting in the body’s inability to properly use blood glucose or produce insulin. All living with diabetes are susceptible to diabetes distress.

**Type 1 diabetes** – The pancreas no longer makes insulin and therefore blood glucose cannot enter the cells to be used for energy. Individuals with type 1 diabetes require insulin for survival. The cause of type 1 diabetes is unknown but the occurrence is greater if one of the parents or siblings also has type 1 diabetes.

**Type 2 diabetes** – Either the pancreas does not make enough insulin or the body is unable to use insulin correctly. Individuals with type 2 diabetes can manage the disease with a variety of treatments, including medication, diet, and exercise. The cause of type 2 diabetes is a result of various factors, including family history of type 2 diabetes, age, physical inactivity, excess weight, gestational diabetes, and race/ethnicity.

What is Diabetes Distress?

Many people living with diabetes experience diabetes distress, also described as frustration, worry, or stress. An extraordinary amount of effort is required to manage all types of diabetes. Yet the amount of effort someone puts in does not always equate to the health outcomes they expect. We all have our own stories about how we experience diabetes distress. We may know people who have neglected their health for years and seem to be free of diabetes-related complications, while others weigh the pros and cons of health-related decisions such as exercise, smoking, alcohol intake, food choices, taking medication constantly, but have many diabetes-related conditions or problems.

Research tells us that making healthier choices leads to better outcomes, but it is not always that simple. Feelings like distress may lead us to question the purpose of putting time, effort, and money into managing diabetes. Relationships may also be strained if loved ones get angry and frustrated when they see us chose behaviors other than what medical providers recommend.

What is the difference between diabetes distress and clinical depression?

There can be a lot of confusion between diabetes distress and clinical depression. Diabetes distress comes from trying to balance all aspects of diabetes self-management and not always getting the intended or desired results. It can affect many aspects of life including family, finances, work, and hobbies. It can arise from unexplainable changes in blood sugar levels, constantly thinking about food and how it relates to blood sugar, frustrations in dealing with insurance companies, financial hardship, extra planning needed to attend events or even leave the house, and additional medical appointments. It can lead to a variety of emotions. Although clinical depression and diabetes distress are related, they show up differently. Clinical depression diagnosis is based on sadness or depressed mood for at least 14 consecutive days, and includes symptoms such as changes in sleep and appetite, thinking about death, loss of energy, feelings of guilt, difficulty concentrating, and low self-esteem. In either instance, seeking out a mental health professional can be very beneficial.

Five Ways to Manage Diabetes Distress

1. **Look for peer support** – Seeking out input from others who are experiencing similar emotions can help validate what we are feeling. Then we can realize that distress is temporary and we can be proactive in getting back on track.

2. **Speak to family and friends who are truly supportive** – We all have loved ones who think that they are being supportive when they question our food choices or ask us if we took our medication, but this is not the case. Seek out those who truly appreciate that we are trying to do our best across all situations, and that life with diabetes is not easy.

3. **Seek out support from your faith** – This can be another source of positive support and an outlet for stress management, as well as an opportunity to find peace within ourselves.

4. **Remember that feelings are temporary** – Like other emotional states, diabetes distress is not permanent. It may be difficult to think of distress as being temporary as we feel it, as it can be emotionally consuming. However, it will pass. We are unable to control everything in life all of the time, including our bodies. Always remember that doing our best to manage this condition is all that we can do.

5. **Make small goals** – Losing 50 pounds or exercising for 60 minutes per day on most days can feel like daunting tasks. Setting small, achievable goals is much more manageable. We need to set ourselves up for success. Goals like losing 1-2 pounds per week or exercising 20 minutes 3 days per week to start are more doable, and we are less likely to resist or simply give up.

References


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Contributor: Nicole M. Bereolos, PhD, MPH, CPH, CDE

Resources

American Diabetes Association: www.diabetes.org

Behavioral Diabetes Institute: www.behavioraldiabetes.org

Diabetes Self-Management: www.diabetesselfmanagement.com

info@diabetessisters.org • www.diabetessisters.org