

The Emotional Side of Diabetes and how to offer support

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YOUR STORIES

Difficult thoughts and feelings that arise

- ... in crisis
- ...in daily management

- Fear of death
- Fear of complications
- Confusion
- Feeling helpless
- Feelings of burden
- Feelings of loss or disappointment
- Feelings of anger or frustration

Self-Assessment

- What do you do when these feelings “show up”?
- Helpful and less helpful responses

Behavioral Trajectory



Difficult thoughts, feelings, bodily states,
memories, urges

Our Values



A moment to consider your values

**AT THE END OF YOUR DAYS,
HOW WILL YOU HAVE WANTED
TO LIVE YOUR LIFE?**

- Notice thoughts (and stay present)
- Notice feelings (with openness, kindness and compassion)
- Don't let either of these things “drive the bus,” i.e., you decide your actions based on your values, e.g., the partner you want to be)
 - Urge when angry
 - Urge when scared
 - Urge when sad

Types of Support

- Emotional Support
 - Empathy, compassion, warmth, genuineness, presence
- Instrumental Support
 - Active participation in tasks, information gathering etc.
- ASK
- Always with respect and in collaboration
- Importance of timing

Types of Support

- Seek information (educate yourself)
- Meet your partner's treatment team

Illusion of control

- No matter how hard your partner tries, she will never have complete control over BG
- How you and your partner relate to this is important
 - “You can’t control the wind, but you can adjust the sails”

Language matters

- “good” and “bad”
- “correct” vs. “treat”
- Expressions that suggest that performance metrics, evaluation or judgment

Buffer

- Importance of (partner) self-care
- Importance of moments of connection and intimacy outside of diabetes; unconditional acceptance and positive regard

FROM THEIR EYES

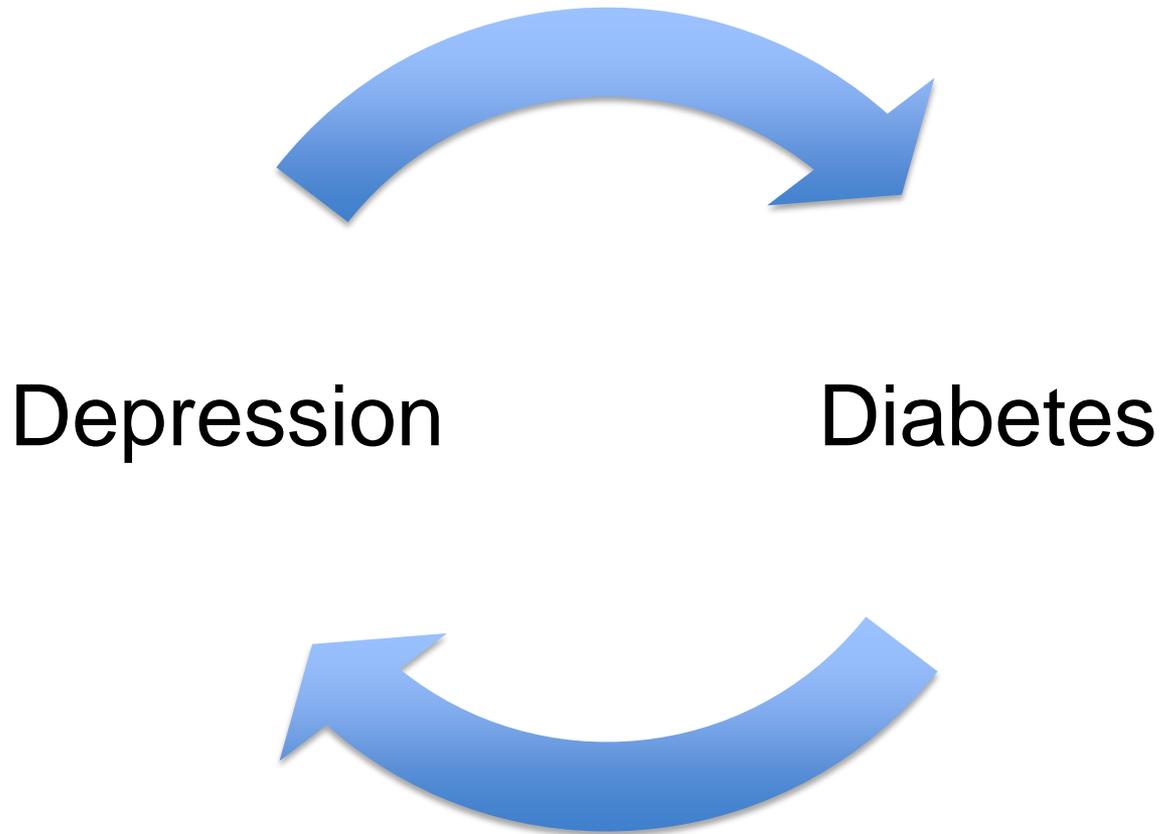
Increased risk

- Individuals with diabetes are at increased risk for depression, anxiety and eating disorders (Ducat, Philipson, & Anderson, JAMA, 2014)
- These mental health conditions are associated with difficulty managing diabetes, early and more severe diabetes-related medical complications and premature death

Depression

- Depression
 - Chronic low mood; feeling hopeless or helpless, unworthy, guilty or irritable
 - Impacts functioning or quality of life
 - Might include withdrawing from things that were meaningful or pleasurable, or disturbances in eating or sleeping
- Depression may be twice as prevalent among individuals with diabetes than the general population

Bi-directional Relationship



Diabetes distress

- Diabetes distress is recognized as separate from depression
- Some studies show that diabetes distress is more closely linked to poor metabolic control and is the central issue (as opposed to clinical depression) (Fisher et al., 2007; 2010)
- Individuals may feel:
 - Overwhelmed with the care regimen
 - Concerned about their future
 - Guilty regarding their management
 - Unsupported or alone

Anxiety

- Feeling worried, anxious, nervous, “on edge”
- Sometimes includes panic attacks
- Sometimes includes avoiding situations to avoid feeling anxious
- May emerge when first diagnosed or when complications emerge
- Fear of hypoglycemia is a common source of anxiety among individuals with diabetes and may lead some to keep BG high

Eating Disorders

- Like depression, EDs may have existed before or after onset of diabetes
- Affects a large portion of women with diabetes (est. 30-40%)
- Restraint (of amount or food types) -> can lead to abstinence-violation
- Binge eating -> can lead to insulin restriction or ignoring BG
- Body image concerns (sometimes emerging with the onset of insulin therapy)

How do you know?

- Unexplained changes or secrecy (e.g., not sharing meals together etc.)
- Expressions of guilt or shame about eating or weight
- Under-dosing insulin
- Unstable BG

Guidance

- How to ask
- When to help your loved one get help
- Service access:
 - Endocrinologist
 - Diabetes educator
 - Behavioral medicine or mental health professional (knowledgeable about diabetes)
- Continuum of care

Impact of BG on mood

- Talking about this issue can be difficult
- Use “I” statements, be compassionately curious, ask your partner how you can mention this if you are concerned and how you can help (instrumental vs. emotional support)
- The best thing that you can do is ease the burden of management to make it more likely that your loved one will have less variability in their BG