Monitoring the well-being of people with diabetes: how to translate guidelines into routine care?

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What is the evidence?

People with diabetes (PWD) are at high risk of impaired emotional well-being, including diabetes-related distress, depression and anxiety (Figure 1). This is an important health concern in its own right but also associated with sub-optimal self-care, including:
- medication-taking, healthy eating and physical activity
- self-monitoring of blood glucose
- attendance rates at healthcare appointments

Sub-optimal self-care is associated with higher rates of diabetes-related complications.

Why is emotional well-being not monitored routinely?

Despite existing evidence and guidelines, routine monitoring of emotional well-being in diabetes is not common practice. Indeed, evidence-based health guidelines are rarely implemented effectively. A number of barriers contribute to this problem (Figure 2).

What do guidelines recommend?

Global, international and national guidelines, including those from the International Diabetes Federation (2005, 2012), American Diabetes Association (2008, 2013), and Australian Diabetes Society and Australasian Paediatric Endocrine Group (2011) recommend:
- health professionals (HPs) be aware of the link between emotional well-being and diabetes
- HPs undertake routine screening of emotional well-being in PWD
- HPs need appropriate access to mental health specialists for support in assessing emotional well-being, and referrals for suspected mental health problems.

Research findings suggest that routine monitoring of emotional well-being in diabetes is possible1,2,5:
- Most HPs recognise the importance of emotional well-being for diabetes care
- HPs and PWD both recognise assessment of emotional well-being to be within the role of HPs as a part of diabetes care
- Many PWD want to talk to their HP about how their diabetes effects their emotional well-being
- Validated tools for assessing emotional well-being in diabetes (e.g. PAID) are widely and freely available
- Training has been shown to increase HPs’ confidence in assessing and discussing emotional well-being
- Discussing emotional well-being during consultations can improve HP-PWD relationships and satisfaction with care provided / received

Expected outcomes

1. development of a practical handbook for HPs, describing psychosocial problems associated with diabetes: what is the problem? how can it be assessed? how can it be addressed during consultations? when and how to refer to mental health specialists communicating about emotional well-being
2. establishment of a National Diabetes and Mental Health Professional Network: to support interdisciplinary collaborative practice across Australia’s primary mental health care and diabetes care sectors
3. targeted literature reviews: to inform the development of resources for HPs: needs of PWD and HPs with regards to emotional well-being, including diabetes-related distress, depression and anxiety (Figure 1).

Results and conclusions

A targeted literature review has identified key barriers and enablers to routine assessment of emotional well-being. The results are summarised in Figures 2 and 3. The evidence shows that HPs have a distinct need for practical, diabetes-specific emotional well-being resources and training for diabetes to:
- address skills and knowledge gaps
- change attitudes and beliefs
- place routine assessment of emotional well-being higher on their agenda

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References


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