

## Resources

### Diabetes Distress: What Is It?

*A clinical brief from the MaineHealth Chronic Disease Program*

The bidirectional relationship between diabetes and depression is relatively well known. However, recently there has been more discussion about a “new kid on the block” when talking about diabetes and depression: diabetes distress. What is this diabetes distress and how does it impact your patients?

**WHAT:** Diabetes distress is a fairly new identified condition. Literature search on PubMed shows it first appearing in 2005. Diabetes distress was first recognized when researchers saw that patients with diabetes had high levels of stress and depressive symptoms but were not having clinical depression. This unique condition was then identified as involving emotional issues directly related to the burdens and worries of living with a chronic disease.<sup>1</sup> Another researcher from Walter Reed National Military Medical Center characterized the condition as “worry, frustration, concern and maybe a bit of burnout.”<sup>2</sup>

**WHO:** The prevalence of diabetes distress is high. It is estimated that between a third and one half of people with diabetes are experiencing diabetes distress in any 18 month period. Parents of children with Type 1 Diabetes are also prone to developing diabetes distress.

**CLINICAL SIGNIFICANCE:** Diabetes distress is linked to poor health outcomes. A study has shown that people with higher levels of diabetes distress were more likely to develop higher blood sugars.

**ACTION TO TAKE:** It is important to identify and discuss diabetes distress. Some experts suggest discussing expected diabetes distress proactively at time of diabetes diagnosis. Remind the person that occasional episodes of distress are normal for people with diabetes and that the person with diabetes should take things one step at a time and try to make changes slowly with appropriate health improvement goals. The ADA also suggests routinely monitoring people with diabetes for diabetes distress, especially when treatment targets are not met and/or at the onset of different complications. If distress is identified, refer to diabetes education to address areas of diabetes self-care that is important to the patient. If individualized diabetes education does not resolve the self-care issues, a referral to a behavioral health clinician might be appropriate.

For more information or any questions please feel free to contact me at [enalli@mmc.org](mailto:enalli@mmc.org).

<sup>1</sup> Gebel, E. (2013). Diabetes Distress. *Diabetes Forecast*.

<sup>2</sup> Gebel, E. (2013). Diabetes Distress. *Diabetes Forecast*.