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Psychology and diabetes self-management

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Abstract
Globally, diabetes is being diagnosed in epidemic proportions. It is a chronic Illness that affects many domains of life and is controlled mainly by a complex regime of self-management behaviour. The management of diabetes includes following a daily routine of medication or insulin usage, self-testing blood glucose levels several times per day, as well as a specific diet and exercise. All of these tasks have to be performed many times per day in an extremely coordinated manner and it has been observed that psychological factors are very much influential in every aspect of self-management behaviour. The burden and demands of diabetes self -management are constant. In addition to behavioral demands of diabetes there are emotional & social problems that can arise while meeting the demands. Diabetes is often perceived as a burden. It can be hard to accept the disease and feelings of depression (feeling overwhelmed), anxiety (fear of complications or hypoglycemia) and frustration (with demands of self care or medical system) are common. Psychologists can play an important role in helping individuals living well with diabetes. They are very well trained in behavior change interventions. They identify and understand the problems in diabetes self-management and can assist the diabetic person and his/her family to overcome hindrances and tackle difficulties that come across in diabetes care. Counsellors and therapists can also be helpful in supporting the individual to develop and maintain the enthusiasm and motivation required to follow the daily practice of self-management. They encourage family therapy and strategies to deal with social pressures which are often beneficial to those with diabetes and their family. Thus we can conclude that the psychologist play a valuable role in diabetes management. However, this is not possible alone. A proper team is required to fulfill the above goals i.e. a systematic coordination is essential between the doctor, dietician, physiotherapist and of course a psychologist. Psychology is thus an essential part of diabetes management.

Keywords: diabetes, psychology, self-management

Introduction

Diabetes mellitus is a chronic medical illness presenting a potential risk for numerous acute medical complications, including stroke, limb amputation, kidney failure, blindness, and heart disease. Metabolic control attained through the adequate carrying out of self-management behaviours on part of diabetes patients can considerably reduce the risk of developing such complications.

Therefore, gaining a better understanding of factors that influence diabetes self-care practices is of vital importance. In addition, there has been a growing concern in recent years in factors that may determine the psychological adjustment status of diabetes mellitus patients.

Many people believe that diabetes treatment is very simple, once the right amount of medication or insulin has been determined. Unfortunately, management is much more intricate than this. The significance of the mental health professional in the management of medically ill persons has grown with the propagation of information linking health and behavior. Psychological problems (e.g., stress, anxiety, and depression) also have undesirable effects on many physical diseases through a variety of behavioural and physiological pathways (Cohen, Rodriguez, 1995) [7]. The mental health expert intervenes to develop healthy behaviours and eliminate unhealthy behaviors in all medically ill individuals (Rubin and Peyrot, 1992) [12].

Diabetes is an illness that is controlled mainly by a complex regime of self-management behaviour. The management of diabetes includes following a daily routine of medication or insulin usage, self-testing blood glucose levels several times per day, as well as a specific diet and exercise. All of these tasks have to be performed many times per day in an extremely coordinated manner (Chawla, Kalra, & Kalra, 2009) [6].

Diabetes self-management is difficult for a multiple reasons for instance; the demands of diabetes self-management can be overwhelming. Ideally, when individuals learn new and complicated routines, they try out new behaviours in a gradual way, ultimately making them part of a new habit. So far, with diabetes the individual must promptly learn a large number of new behaviours and they have to begin performing them all instantly and at once (Anderson, Rubin, 1996) [1].

Further, diabetes self-management is intricate, involving the manifold impacts of numerous factors that work in opposite directions. For example, food and stress elevate blood glucose, whereas activity and insulin lower blood glucose. In general, research demonstrates that behavior modifications occur best when simple changes are made first and change occurs progressively in due course. On the other hand, the diabetic individual has to try to manage all of the factors at the same time and in a right way (Anderson, Rubin, 1996) [1].

Another principle of successful behavior management is the

chance to take breaks from complicated tasks. However in diabetes management there are no breaks, no vacations and no withdrawal. The burden and demands of diabetes self - management are constant (Chawla, Kalra, Kalra, 2009) [6].
Finally, diabetes management can be annoying for the reason that effort does not constantly produce expected results.
In addition to the above mentioned behavioral demands of diabetes, social and emotional problems can also arise. Diabetes is frequently perceived as a burden. It can be hard for the diabetic patients to accept the disease and that is why the feelings of depression (feeling overwhelmed), anxiety (fear of complications or hypoglycemia) and frustration (with demands of self-care or medical system) are very common.
Social problems can result from diabetes as well. Those who do not have diabetes find it complicated to recognize the needs of someone with diabetes. Even if they mean well, they frequently act in ways that are not encouraging or supportive. For example, friends or relatives may encourage a person with diabetes to eat something they shouldn't. Family members may prepare calorie – rich foods for these diabetic individuals, not realizing the harm they are doing (Rubin and Peyrot, 1992) [12].

Fear and anxiety
Fear and anxiety are the cognitive and emotional responses to threat. In order to lessen emotional discomfort, individuals either "overdo" in an attempt to prevent the feared event or "under do" (avoid) the action in the misapprehension that by not addressing it, it will go away. The lack of exposure to the feared event (*e.g*., hypoglycaemia) means that the individual reinforces the avoidance behaviour and does not learn how to cope were the threat to occur.

Blame and shame
Blame and shame indicate perceived negative judgement. Both emotions result from and give rise to the initiation of thoughts of not being good enough or having done wrong and are consistent with the experience of distress. "Shame plays a key role in the eventual consequences of diabetes self-management" (Archer, 2014) [2]. Embarrassment and shame are also linked with specific diabetes symptoms which are both embarrassing to experience and for which to seek help (Hillson, 2014) [8].

Stigma
"Health related stigma is a negative social judgement based on a feature of a condition or its management that may lead to perceived or experienced exclusion, rejection and blame" (Browne, Ventura, Mosely, & Speight, 2014) [5]. Consequences of stigma span emotional, behavioural and social domains with specific repercussions of a reluctance to reveal the condition which may compromise care, and fear of being blamed for suboptimal diabetes management.

Guilt
Guilt is a personal emotion experienced when there is recognition that something has not been done as believed it should have been, or something has been done that should not have been. It is like shame in its negative impact on self-esteem but tends to relate to a particular action whereas shame is more to do with the perception of self. It evokes efforts to correct or make reparation, however this can be responsible for the negative feelings as an outcome of negative thoughts about self-worth.
Each of these emotional aspects are self-managed either through avoidance, striving to maintain invisibility, with poor outcomes or by delayed disclosure which can build up the distress, at least in the short term, and often are also associated with poor outcomes.

Psychological issues and maladaptive coping
The psychological issues are inextricably interconnected and allied to specific aspects of diabetes related emotional distress and presenting problems such as hypoglycaemia, fear of complications and body-image concerns.
There is a requirement for the healthcare team to be sensitized to these issues and to develop styles of communication that are empathic, reflective and non judgemental.
Psychologists can play an important role in helping individuals living well with diabetes. Therapists are very well trained in behavior change interventions. They identify and understand the problems in diabetes self-management and can assist the diabetic person and his/her family to overcome hindrances and tackle difficulties that come across in diabetes care (Lorenz, *et al.,* 1996) [10].
Counselors work with diabetes in number of ways: They can help the newly diagnosed person to understand and realize the impact of their diagnosis, and their role in managing it. They can help these diabetic individuals to solve problems by making them learn daily behavior desired for successful management of this disease. They are experienced to identify and treat psychological distress including anxiety and depression that can develop while living with an unpredictable illness (Lorenz, *et al.,* 1996) [10].
Therapists can also be helpful in supporting the individual to develop and maintain the enthusiasm and motivation required to follow the daily practice of self-management. They encourage family therapy and strategies to deal with social pressures which are often beneficial to those with diabetes and their family (Lorenz, *et al.,* 1996) [10].
One more significant aspect of diabetes management in which the psychologist can play a precious role is enhancing the motivation spirit to attain treatment targets such as dietary control and insulin acceptance.
Therapists can assist in attaining these targets with the help of various therapies, like:-

a. Behavior therapy.
b. Cognitive Behavior Therapy.
c. Realistic Therapy.
d. Eclectic approach.

These therapies help in analyzing the inappropriate behavior as well as altering it to appropriate behavior necessary for better diabetes management.
Research has further revealed that health-care experts have difficulty recognizing the emotional problems experienced by these diabetic individuals. A structured and systematic approach to monitoring well-being in health-care settings will help psychologists, doctors, educators and other health-care experts recognize when it is impaired so that appropriate support and assistance can be offered.

Essentials of diabetes Self-management: The self-care programme

Team-based care and patient education

Diabetes is best managed by a team, which includes not only healthcare professionals, but also the patient. Evidence for extending the team beyond the physician comes from studies showing the benefits to patient outcomes of patient education and of interventions by nurses (Renders, 2001; Ismail, 2000; Brown, 1988; 1992). The team-based approach allows flexibility in delivery of care, and improves communication between healthcare professionals. This may be particularly appropriate in rural settings, where access to physicians may be limited.

The standard core team is shown below, but may need to be tailored to local settings:

- Medical practitioner (general practitioner and/or specialist physician)
- Diabetes educator
- Dietician
- Patient

Additional members of the team can be added when necessary and might include ophthalmologists, cardiologists, nephrologists, vascular surgeons, obstetricians, podiatrists and psychologists. Where facilities are available, the team-based approach should be complemented by a system of call and recall to ensure that all patients have regular assessments of metabolic control and complications. When such systems are computerized, they can also be used to provide evidence and guidelines on best practice, which can be available at the point of care to all healthcare professionals.

The patient with diabetes should know:

- The nature of the disorder.
- Symptoms of diabetes.
- Risk of complications and, in particular, the importance of foot care.
- Individual targets of treatment.
- Individual lifestyle requirements and meal planning.
- Importance of regular exercise in treatment.
- Interaction of food intake, physical activity and oral hypoglycaemic drugs, insulin (administration and adjustment of insulin, when appropriate) or other drugs.
- Self-monitoring of blood or urine glucose (only if blood glucose monitoring is not available or practical), and the meaning of blood glucose results, as well as what action needs to be taken.
- How to cope with emergencies such as illness, hypoglycaemia, stress and surgery.
- Women with existing diabetes require special attention during pregnancy.

Evidence that psychological and behavioral factors significantly affect the course and outcomes of diabetes continues to accumulate. As these data are appreciated, psychologists are increasingly being utilized to augment traditional diabetes care.

Effective diabetes management requires adherence to a chronic and complex regimen and, accordingly, nonadherence is the norm rather than the exception. Psychological treatments may be used to improve adherence to the diabetes regimen and, more generally, to develop sustained pro-diabetic lifestyles.

One in every four diabetic patients suffers from recurring problems with depression, anxiety, or eating disorders. These conditions respond well to psychological treatment, and in many cases, relief of distress is associated with improved glycemic control.

Children and adolescents with diabetes present with psychological problems in different ways than adults and require appropriate psychological care to intervene at their specific developmental level.

Thus we can conclude that the psychology is an indispensable part of diabetes management and psychologists play a important role in diabetes self-management. However, this is not possible alone. A suitable team is required to accomplish the above mentioned goals i.e. an efficient coordination is vital between the doctor, dietician, physiotherapist and of course a psychologist.

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