Assessing Diabetes Distress in the Out-Patient Setting: A Quality Improvement Initiative

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Background

Diabetes management can be stressful due to the many required responsibilities; however, when compounded with social influencers of health like poverty, lack of education, geography, access to care and healthy food, and transportation it becomes an even bigger challenge. Diabetes distress is defined as an emotional state that causes significant emotional distress but does not meet the qualifications for Major Depressive Disorder. Diabetes distress has been shown to negatively affect health outcomes. Diabetes distress can look like depression or anxiety and it is very common.

Specific Aims

The purpose of this project is to identify individuals with diabetes distress and take steps to address them.

Design

To assess diabetes distress more consistently and provide solutions to potentially unmet needs, we administered a validated 2-question survey based on the 17-item Diabetes Distress Screening Tool (DDS-17); the DDS-2 is a shortened version which is also validated and available in both English and Spanish, which are the predominantly spoken languages in our community.

Methods and Results

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Not a problem</th>
<th>Slight problem</th>
<th>Moderate problem</th>
<th>Somewhat serious problem</th>
<th>Serious problem</th>
<th>Very serious problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling overwhelmed by the demands of living with diabetes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Feeling that I am often failing with my diabetes routine.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

If patients screen positive for the diabetes distress survey (an average response of 2-2.9 for moderate distress and >3.0 indicating high degree of distress) the following resources were available:

- Meet with Diabetes Educator 1:1
- Meet with Endocrinologist
- Focus on one or two small goals at a time
- Join a Support Group
- Refer patients to Behavioral Health or Social Service Specialist

Total screened were 708 and of which 195 (28%) patients admitted to Diabetes Distress. 94 of these patients (48%) was already getting help from Behavioral Health or Social Services and 17/101 (17%) were referred to Behavioral Health from our department.

Discussion

Diabetes distress has been shown to negatively affect health outcomes. Diabetes distress can look like depression or anxiety and it is very common. In any 18-month period, 33% to 50% of people with diabetes have diabetes distress.

Research shows that interventions that improve socio-environmental conditions can lead to better health and reduce health disparities. A 2016 randomized controlled trial suggested that “patient prioritized planning” that incorporated knowledge of the individual patient’s financial, social, and emotional needs is an important step to address diabetes distress and food insecurities.

Conclusion

We are aware of diabetes distress only when we ask questions on the initial diabetes education assessment and have found that 28% of the patients screened admitted to having diabetes distress. Healthcare providers should be aware and informed about the significant role that diabetes distress plays in the management of diabetes. We recommend screening for diabetes distress and providing patients with resources to address it.

References