

DIABETES

An overview
for Behavioral
Health
Consultation

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DIABETES

- **Type 1:** Body produces no (or very little) insulin
- **Type 2:** Body does not use insulin effectively

RISK FACTORS

- Genetics
- Obesity
- Sedentary Lifestyle
- Age >45 years
- Diabetes during a previous pregnancy
- Given birth to a baby weighing more than 9 pounds
- HDL cholesterol under 35 mg/dL
- High blood levels of triglycerides (250 mg/dL or more)
- High blood pressure (greater than or equal to 140/90 mmHg)
- Impaired glucose tolerance
- Metabolic syndrome
- Polycystic ovarian syndrome

HEALTH COMPLICATIONS

- Heart Problems
- Stroke
- Kidney damage
- Neuropathy
- Eye Problems
- Gum disease
- Wounds/Infections
- Sexual dysfunction
- At risk pregnancy

TESTING BLOOD GLUCOSE

Testing at the PCP office

- A1c
- Fasting Glucose

Testing At Home

- Pre-prandial/Postprandial
- Random
- Fasting
- Tools
 - Glucometer
 - Test strips

WHAT CAUSES CHANGES IN BLOOD SUGAR

- Food
- Exercise
- Illness
- Stress
- Medications

SYMPTOMS OF HYPERGLYCEMIA

- Excessive thirst
- Blurry Vision
- Frequent urination
- Weak/Tired
- Hungry
- Dry Skin

SYMPTOMS OF HYPOGLYCEMIA

- Shaky
- Dizzy
- Weak/Tired
- Upset/Nervous
- Hunger
- Sweaty
- Headache

DIABETES AND DEPRESSION

- Persons with Diabetes have an increased risk of Depression
- Persons with Diabetes and Depression have an increased risk of mortality
- Smoking and Obesity increase risk of depression in women with Diabetes

SELF MANAGEMENT

- Diet
- Exercise
- Medication management
- Checking blood sugar
- Sick day plans
- Foot care
- Stress management
- Smoking cessation
- Limiting Alcohol consumption
- Education/Family Issues

BHC INTERVENTIONS

- **Potential Interventions Include:**
 - Patient Education/Assess understanding
 - Depression screening and intervention
 - Motivational Interviewing for behavior change
 - Help patient establish goals for Dietary Changes
 - Medication Adherence Strategies
 - Help patient establish goals for Starting Exercise Plan
 - Smoking Cessation Counseling
 - Alcohol Moderation/Referral to Substance Abuse Treatment if appropriate
 - Teaching stress management techniques
 - Family Support/Issues
 - Checking blood sugar (adherence, needle/blood phobia)
 - Self-care (foot care, sick days) planning

CASE EXAMPLE

- You are meeting with Alan, a 45 y/o male, newly diagnosed with Diabetes. The PCP would like Alan to change his lifestyles that impacting his Diabetes treatment. Alan currently drinks between 6-12 sodas per day, and eats the majority of his food at night, frequently skipping breakfast and lunch. Alan would like to “eat better”

CASE EXAMPLE CONTINUED....

It sounds like you clearly see how _____ is affecting your health. In the past you did _____ but you currently _____. It sounds like it would be helpful to develop a way to manage _____ so that you will be able to _____. Would you be interested in developing a plan to improve your _____?

SMART GOAL

Feedback to medical provider

RESOURCES

- Diabetes.org
- Learningaboutdiabetes.org

Diabetes Care. 2004 Apr;27(4):914-20

Behavioral and clinical factors associated with depression among individuals with diabetes.

Katon W, von Korff M, Ciechanowski P, Russo J, Lin E, Simon G, Ludman E, Walker E, Bush T, Young B.

Diabetes Care. 2005 Nov;28(11):2668-72. The association of comorbid depression with mortality in patients with type 2 diabetes. Katon WJ, Rutter C, Simon G, Lin EH, Ludman E, Ciechanowski P, Kinder L, Young B, Von Korff M.