

Introduction

Quality improvement project assessing the impact of personalized interventions and support on diabetes distress levels in adults living with Type 2 Diabetes (T2D).

Background & Significance

- ❖ Over 34 million Americans are living with diabetes; 90 to 95% of those are T2D
- ❖ Incidence of T2D on the rise due to American obesity epidemic
- ❖ Despite effective treatment modalities (*lifestyle modifications, self-management education and medications*), many patients are inadequately controlled → health implications and economic costs

Health Implications	In the US Diabetes is 7 th leading cause of death; #1 cause of kidney failure, loss of sight and limb amputations
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Economic Costs	Global health expenditures for individuals and health systems due to diabetes → \$760 billion in 2019; 50% from treatment of complications
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Diabetes distress (<i>burn out from self-management</i>) acts as a barrier to proper self-management →	High levels of distress have been linked to elevated hemoglobin A1C, lower self-efficacy, and decreased adherence to lifestyle modifications
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Methods

Design: quasi-experimental approach; Diabetes Distress Scale surveys administered before and after implementation of individualized support

Population: English/Spanish speaking adults with T2D for at least 6 months; are active clinic patients; A1Cs > 7%

Setting: Small primary care community clinic serving an urban city in Essex county, New Jersey.

Measures: Diabetes Distress, most recent A1C, number of years with T2D, number of diabetes-related medications, and demographic data (*Gender, Age, Race/Ethnicity, Insured/Uninsured*)

Intervention: 6 private meetings with patients over 3 months → Utilize motivational interviewing to assess needs → address with educational and supportive plans/resources based off of recommendations by American Diabetes Association and American Association of Diabetes Educators

Analysis: Descriptive statistics for demographic, chart data, and types of interventions used; Percent Decrease to compare pre and post diabetes distress levels

Results

Sample	Initial: 3 Insured Black/African American females - Age range 42 to 67 years old Final: sample size of 1
Primary Findings	Reduced overall levels of diabetes <u>distress</u> by <u>58%</u> → patient started with moderate to severe levels of distress → Now has <u>NO DISTRESS OVERALL</u>
Secondary Findings	Reduction in subscales of DDS: • Emotional & Regimen Distress ↓ by 60% • Interpersonal distress ↓ by 57%
Tertiary Findings	Participant <i>valued</i> the experience, felt <i>more confident</i> in self management and would consider doing the program in the future.

Conclusions

Providing individualized supplementary support for patients experiencing diabetes distress can reduce their overall distress levels. Lifestyle modifications strengthened by goal setting, social support and more education **can** improve patients' self management → thus improving outcomes.

Implications

- ❖ Increase screening and awareness of diabetes distress (*patient, provider, and community level*)
- ❖ Demonstrate clinical meaningfulness of reducing diabetes distress
- ❖ Reduce costs by decreasing risk of long-term complications
- ❖ Future projects should be conducted to better establish reduced distress levels' impact on A1C

Limitations

- ❖ The COVID-19 pandemic limited participant recruitment and participant availability to follow up
- ❖ Sustainability may be questioned due to preparation and time vs. patient retention

Scan for contact information and references

