



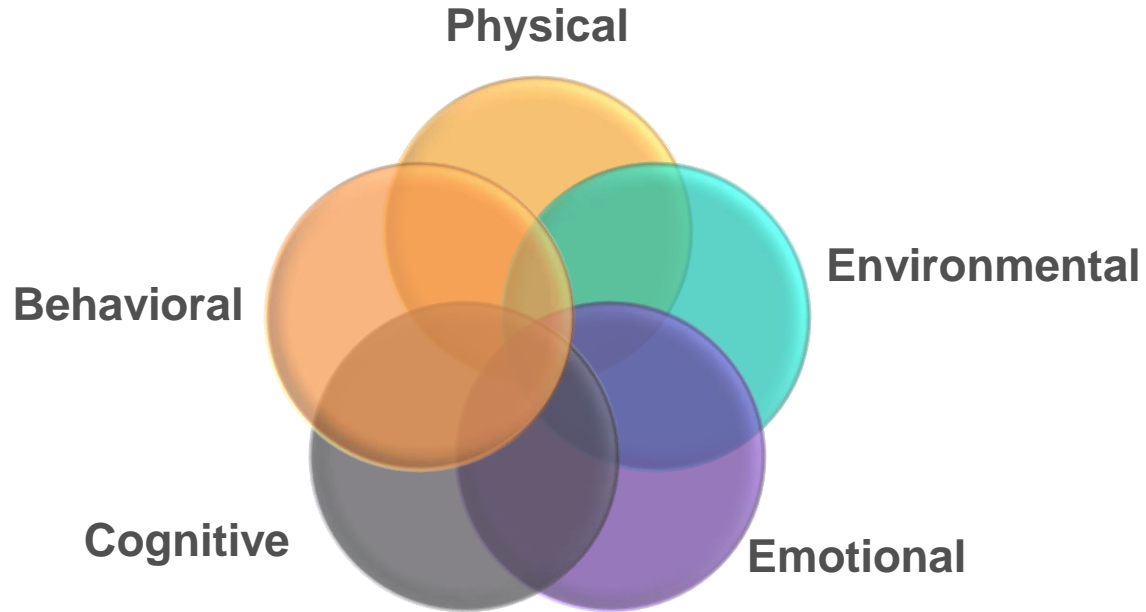
NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

Diabetes

Biopsychosocial Assessment and Treatment in Integrated Primary Care Settings

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Biopsychosocial Factors



Biopsychosocial Factors

- **Physical**

- Blood glucose levels

- **Hypoglycemic (blood glucose <60 mg/dl)**

- heart rate, headaches, hunger, shakiness, sweating, decreased concentration, mood changes, and confusion
 - Untreated—**can lead to coma or death**

- **Hyperglycemia (blood glucose >140 mg/dl)**

- Increase thirst, urination frequency
 - Symptoms may not be noticed
 - Can lead to other complications
 - **Heart disease, strokes, high blood pressure**
 - **Blindness, kidney failure, neuropathy**

Biopsychosocial Factors

- **Physical**
 - Overweight and obesity **increases risk**
 - **Overweight**
 - **1.6x more likely**
 - **Obesity with BMI > 40**
 - **7.4x more likely**
 - Treated with a range of medications

Biopsychosocial Factors

- **Emotional and Cognitive Factors**
 - **Bi-directional relationship** with depression
 - **Diabetes** increases risk of depression
 - **Depression** increases risk of diabetes
 - **Anxiety**
 - Those with diabetes are **more likely to demonstrate anxiety**
 - **Stress**
 - Associated with **less control over diabetes**

Biopsychosocial Factors

- **Behavioral**
 - Dietary habits
 - **Manage carbohydrates with available insulin**
 - **Limit alcohol**
 - Physical activity
 - Tobacco use
 - Glucose monitoring
 - **One to seven or more times per day**
 - Medication adherence
 - Monitoring
 - **Feet, eyes, renal function**

Biopsychosocial Factors

- **Social/Environmental Factors**
 - **Social support**
 - Food choices
 - Critical vs. supportive
 - **Financial**
 - **Life demands**

Using the 5 A's to Target Diabetes in **Integrated Primary Care Settings**

Assess

- **Determine how patient manages diabetes**
 - How often do you **measure blood glucose**?
 - In a typical week, **how often is your blood sugar too high, too low?**
 - **What patterns have you noticed?**
 - Impact of **low blood sugar**?
 - What **medication** are you taking? Difficulties?
 - **Complementary or alternative treatments?**

Assess

- **Emotional or cognitive factors**
 - Diabetes Distress Scale 2
 - **2-item screening measure**
 - Derived from DDS17
 - **Classifies those in high or low distress**
 - Focus on **depression, anxiety, general distress**
 - **Impact on health behaviors**
 - **Treatment adherence**
- **Social Support**
 - How do **family/work factors** support or interfere with diabetes management
- **Goals for change**

Advise/Agree

- **Summary of understanding**
- Reflect how overwhelming managing can be
- **Chronic condition**
- Patient has some **control**
- **Collaboratively set goals**

Assist

- **Close coordination** with primary care provider
- **Monitoring blood sugar**
 - Log **blood sugar levels** and related factors
 - Time of day, exercise, carbohydrate intake, medication
- **Responding to high and low blood sugars**
 - **Hypoglycemia**
 - Drinking something with high glucose
 - **Hyperglycemia**
 - Individualized
 - **Exercise**, delaying **food** intake, emergency medical care

Assist

- **Physical activity**

- 150 minutes/week, **moderate intensity**
- **Resistance training** 2x week
- Need to be sensitive to **signs of hypoglycemia**
 - **Shakiness, confusion, weakness, headache**
 - **Consider eating a snack** right before exercise
 - Check **levels** during exercise
 - **Wear medical alert**
 - Carry sources of **sugar**

Assist

- **Eating habits**
 - Develop an **individualized plan**
 - One dietary plan not recommended over another
 - **Monitoring carbohydrates** is important
 - **Reference nutritional guide**
- **Promote self-care**
 - Foot exams, eye exams

Assist

- **Emotional distress**
 - Target methods for **managing emotions**
 - Impact on **diabetes management** behaviors
 - Direct impact on **blood sugar**
- **Social Support**
 - Identify **supportive person** in life
 - Consider **community groups** and **online resources**

Arrange

- **Identify additional needs**
 - Dietary counseling
 - Diabetes education
 - Psychotropic medication evaluation
- **Develop referral plan**



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