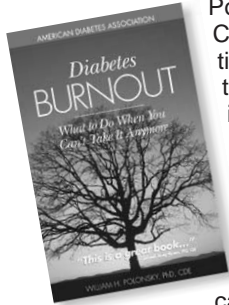
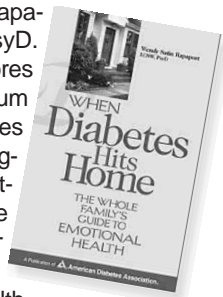


Diabetes Burnout: What To Do When You Can't Take it Anymore: William H. Polonsky, PhD, CDE. This interactive book addresses the emotional issues that contribute to poor diabetes control and provides guidance to overcoming the barriers to good self-care. Purchase online at www.store.diabetes.org



When Diabetes Hits Home: The Whole Family's Guide to Emotional Health: Wendy Satin Rapaport, LCSW, PsyD. This book explores the entire spectrum of emotional issues patients may struggle with and outlines effective strategies for keeping emotions in good health. Purchase online at www.store.diabetes.org



Staying in the loop...

The National Institute of Diabetes & Digestive & Kidney Disease has funded the *Look AHEAD* project. It is the first research to look at long-term health effects of weight loss in men and women who are overweight and have type 2 diabetes. About 5,000 volunteers who have type 2 diabetes will participate in 16 centers nation-wide. This project will help in understanding the long-term effects of weight loss on health, especially on heart attack and stroke. Paddock Labs has agreed to donate tubes of *glucose 15™* to the Intervention participants of this important NIH study. For more information on the study or how to participate, go to www.lookaheadstudy.org

Depression and Diabetes Burnout

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The role of the diabetes educator includes the assessment of both needs and limits. This assessment is fairly straightforward concerning dietary issues, exercise, glucose monitoring, and medications. But the psychosocial issues are not as easily quantified and patients are not always as forthright about their emotional struggles as they are about other management tasks. Yet emotionally-laden conditions, such as depression and management burnout, make effective self-management of diabetes seem out of reach for many. This condition reinforces the idea that educators must actively assess patients for depression and management burnout and provide appropriate interventions when encountering these common issues.

Depression

People with diabetes are twice as likely to experience depression as those who do not have diabetes. One out of every five people with diabetes will struggle with a major depressive episode at some time in their life. This depression occurs more often in women than in men. Both type 1 and 2 experience similar rates of depression. In some cases depression has preceded the diagnosis of diabetes. In others, it follows closely behind or occurs concurrently with increasing feelings of management fatigue, or burnout. These patients are often chronically overwhelmed by their management shortcomings yet feel depleted in both energy and motivation to continue trying. The presenting problem may be management burnout, but in many cases the underlying issue is depression.

To distinguish management burnout from depression, it is necessary to apply specific criteria for the diagnosis of depression. The diagnostic criteria for a major depressive disorder from the Diagnostic and Statistical Manual (DSM IV) are:

- Depressed mood for most of the day
- Markedly diminished interest or pleasure in almost all activities
- Significant weight loss or gain
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue, loss of energy
- Feelings of worthlessness or guilt
- Impaired concentration or indecisiveness
- Recurrent thoughts of death or suicide

For an accurate diagnosis of major depressive disorder, one of the first two symptoms needs to be present and at least four of the last seven for a period of at least two weeks. In addition, these symptoms cannot result from significant distress or be attributable to medication or a medical condition.

Undiagnosed

While major advances in the treatment of depression have occurred in recent years, fewer than one-third of patients with diabetes and depression get treatment. There are several reasons for this. Some clinicians see depression as a natural byproduct of diabetes and not an independent condition needing attention. Others may not signal the need for treatment of depression because they lack understanding of the condition and criteria. Those who do recognize the symptoms often do not have the time or expertise to address the complex interplay between diabetes and the psychosocial issues at work.



Mark Your Calendar!

Upcoming Meetings

American Diabetes Association

Annual Meeting & Scientific Sessions

◆ June 14-18, 2002
San Francisco, CA

AADE 2002 Annual Meeting

◆ August 7-11, 2002
Philadelphia, PA

One of the general sessions at the 2002 meeting will feature Richard R. Rubin, PhD, CDE. He will give a presentation on *Depression and Diabetes: What Works? What's New?* Attendees may register for the annual meeting starting in April. For more information go to www.aadenet.org



The WebMaster

Website Options For Inquiring Minds

Find more Info on Diabetes and Emotional Health:

www.idcidiabetes.org

This site offers a section on self care with such topics as *Stress and Diabetes* and *Emotional Health*.



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Depression in patients with diabetes has been directly linked to an increase in neuropathy, cardiovascular disease and other diabetes-related complications due to poor glycemic control. In addition, those diagnosed with depression respond poorly to lifestyle interventions such as smoking cessation, weight loss, and exercise. Depression also diminishes interpersonal relationships and the overall quality of life.

The cornerstone of effective diabetes self-management is motivation. When a patient is said to be "motivated" we usually mean they are taking some degree of ownership for the desired behavioral changes. The term often used for this ownership is "compliance." Yet repeated surveys find that large numbers of patients, previously educated, do not comply long-term with even basic management practices like glucose testing or regular adherence to a meal plan. These findings raise the question of whether depression could be undermining the motivation and hopefulness of a significant portion of this non-compliant population.

Treatment

Recent studies have suggested that effective treatment of depression can improve glucose control. After a correct diagnosis of depression has been made, the recommended treatment is typically a combination of antidepressant medication and psychotherapy. The newer selective serotonin reuptake inhibitors, or SSRI antidepressants (Prozac, Zoloft, among others) available today offer fewer side effects and don't increase glucose levels like the older tricyclic antidepressants.

Cognitive psychotherapy has been shown to help depressed patients identify thought patterns that are responsible for wrong assumptions about themselves, their diabetes, and their overall hopeless outlook on life. The therapist aids the patient by prompting them to monitor such thoughts and replace them with more effective and empowering ways of thinking. Cognitive therapy can also help non-depressed individuals who are struggling with management burnout.

Burnout

When encountering management burnout that does not meet the criteria for depression, the primary task is to address the hopelessness the patient undoubtedly feels. Ways to do this include:

- Empathize with their emotion. Management burnout leaves a person feeling overwhelmed and helpless, as if their choices don't matter. They may also be burdened with guilt. Listen carefully for these and related emotions. In your own words, reflect back to them your understanding of their struggle before offering suggestions. This active listening validates and normalizes their emotion, which could in itself instill hope.
- Set attainable, concrete goals. Goals that are beyond the patient's physical or emotional abilities only enhance discouragement. Set attainable, measurable goals that reflect their emotional and physical capabilities and resources. Each small success builds motivation for the next step.
- Avoid using fear tactics to motivate. Fear as a motivator for behavioral change only works with some patients and only for a limited time. It is usually replaced with a defiant attitude in the long-term. Focus instead on the positive aspects of good self-management and improved quality of life.

When symptoms meet the criteria for depression, the same interventions that apply to burnout can be used to encourage the depressed person. In addition, referrals to a physician for medication and to a mental health counselor for therapy are recommended. When both diabetes and depression co-exist, treating both diseases is necessary for improved outcomes.

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