PSYCHOSOCIAL ASPECTS OF DIABETES

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INTRODUCTION

This article aims to raise awareness of psychosocial quality of life issues for patients with diabetes, in particular patients with diabetic foot ulcers. The patient takes on a decisive role in their diabetes management, since he/she must carry out the essential therapeutic measures in day-to-day life. This should be done in a responsible manner on a permanent basis. The prognosis of diabetes depends heavily on the compliance of the patient.

Patient compliance is very difficult to achieve if the person with diabetes does not know enough about his illness and its treatment, and also doesn’t have enough training to manage living with diabetes on a day-to-day basis. The patient must accept the diagnosis of diabetes on an emotional level, has a very negative attitude towards the therapy and illness, has problems dealing with the prescribed treatment and also the development of complications, does not change detrimental habits that inhibits successful self treatment, has personal problems of difficult living circumstances, has additional mental problems of illnesses such as depression, anxiety, eating disorders, addictions.

Patient education
Structured diabetes education programmes are essential when dealing with diabetics. This will provide the diabetic patient with information about the disease and also teach them the necessary skills to deal with the illness. The focus should be to empower the patient as part of the multidisciplinary team to integrate the diabetes into their lives, based on their own decisions.

Every person with diabetes has the right to a diabetes education program. Basic education should be given directly following the onset of the illness. The program must take into account the patient’s education level, type of diabetes, form of therapy, special problem situations, and the illness prognosis. The education should take place in consideration of the patient’s background knowledge. Care must be taken not to label patients as ‘non-compliant’ individuals. Accurate understanding of the experiences of each individual would help to inform both.

Education about foot care is extremely important. (See attached prevention guide for your patients).

Structured blood glucose awareness training is essential.

Stress and diabetes
Diabetes in itself can cause stress to your life, stress management is therefore essential and should be part of controlling your diabetes. Research has shown that stress appears to promote the manifestation of type 2 diabetes; this is often described as chronic stress associated with insulin resistance. However there is no conclusive evidence in the case of type 1 diabetes.

Stress definitely does have a proven effect on the metabolism of diabetic patients. Stress can however have different effects on the blood glucose values in different situations, in different people and also depending on the type and extent of the stress.

Stress can lead to problems in performing therapy and consequently to poorer therapeutic results.

Social Isolation
Most diabetics with foot ulceration report a negative effect on their social roles and activities. This negative effect can be due to:
- Reduced or restricted mobility
  - Wheelchair bound
  - House bound
- Pain

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EDUCATION - GUIDING PRINCIPLES

- Education must be tailored to the patients needs
- Ongoing process that needs reinforcement
- Should take form of a partnership
- Need to address the patients agenda
- Modifying behaviour is essential
- Overload of information is counterproductive
- Interactive computer programmes may be effective
- Group information sessions
- Ethnicity, social background, financial circumstances, lifestyle, health beliefs and educational background will influence the educational message.
- Information needs to be delivered in small digestible chunks
- Move from simple to complex
- Scare tactics only have a short term impact.

Learning is enhanced when the patient:
- Feels a need to know what is being taught
- Can relate to what they already know
- Feel the material is personally relevant
- Have confidence that they can do what they have been taught
- Is actively involved
- Has feedback on what they can do.

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- Lack of employment
  - Resulting in the loss of social networks
  - Former relationships with colleagues gradually erodes
- Lengthy sick leave
- Language barrier
- Lack of effective social support from:
  - Partner, family
  - Friends, work colleagues, and
  - The diabetes team
- Regular clinic attendance (keeping the person out of normal working hours or daily activities)
- Developing new complications.

Discredited definitions of self

Diabetic patients, especially those with diabetic foot ulcers often have to depend on others to help them with daily activities such as driving, cooking, shopping, or even the dressing of the ulcers. This ultimately causes the patient to feel like a burden to others, especially when visiting the clinic for health and wound care.

Many female patients perceive the inability to wear specific shoes as the undermining of their femininity.

Lack of employment – the loss of work due to foot ulceration (Ex. Truck driver) leads to a significant change in sense of self, accompanied by a deep loss.

Depression

Compared to the normal population, diabetes patients have a higher risk of developing or manifesting with depression. Women are at a greater risk than men.

Adjustment disorder is the predominant form of depression. These are symptoms that develop within the context of coping with the illness.

Diabetics with depression, often exhibit with poorer metabolic control. They comply with the therapeutic medical recommendations to a lesser extent. They also more frequently do not comply with weight loss/reduction programmes and smoke more than diabetics without depression. It has also been shown that they report a poorer health-related quality of life and incur considerably higher costs for medical care.

Other factors

The financial implications for the patient and the family causes more stress and often leads to non-compliant patients. It is therefore very important to build on a trusting relationship in order to identify problems such as this.

Individual tastes and situations – different cultural beliefs.

“Provider-hopping” – this often leads to poor control and healing of diabetic ulcers.

Conclusion

Psychosocial factors have a major impact on a diabetic patient’s life. This is even more so in the diabetic patient with foot ulceration. It is important to recognize the individual’s perspective regarding their illness. The introduction of a complete bio-psychosocial program is essential for beneficial patient satisfaction and also greater levels of compliance. This will also lead to cost-effectiveness in the prevention of long-term biological, psychosocial complications.

BIBLIOGRAPHY