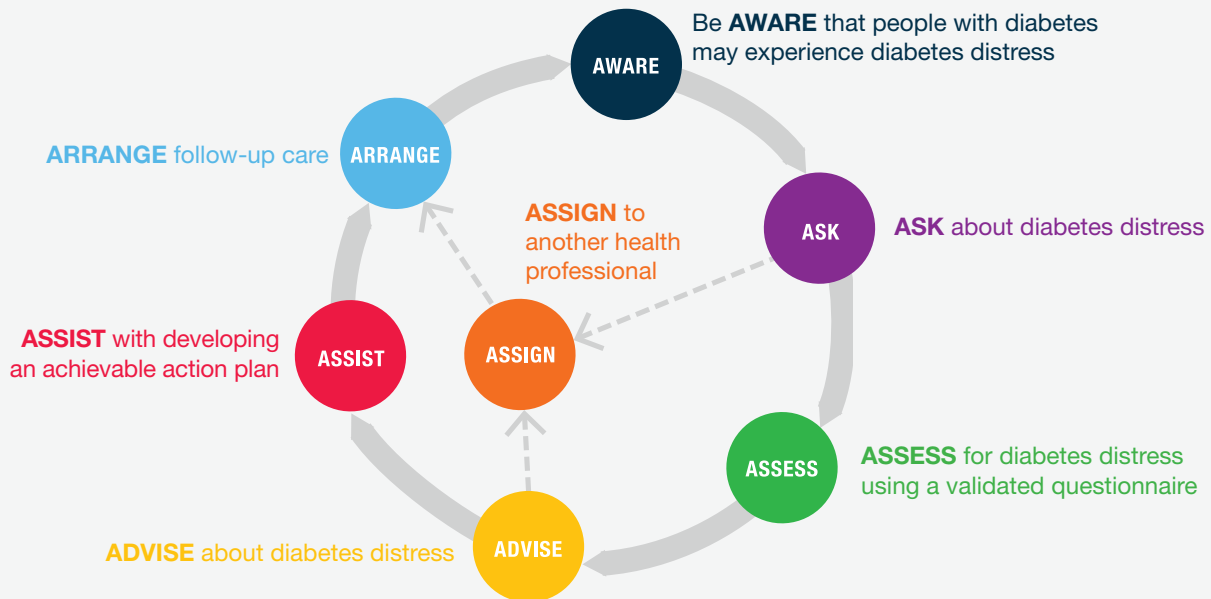


Diabetes distress

7 A's model



Be AWARE that people with diabetes may experience diabetes distress

- Diabetes distress is the emotional burden arising from living with and managing diabetes.
- Look for signs: sub-optimal HbA1c or unstable blood glucose levels, missed clinic appointments, reduced engagement in diabetes self-care tasks, ineffective coping strategies, multiple life stressors, chronic stress, impaired relationships (personal or with health professionals), appearing passive/aggressive during consultations.

ASK about diabetes distress

- When to ask: routinely ask all people with diabetes.
- Use open-ended questions to explore the impact of diabetes on daily life and well-being, such as:
 - ‘What is the most difficult part of living with diabetes for you?’
 - ‘How is your diabetes getting in the way of other things in your life right now?’
- If diabetes-related concerns are raised, continue to **ASSESS**.

ASSESS for diabetes distress using a validated questionnaire

- When to assess:
 - annually, and
 - if **AWARE** or **ASK** indicates possible diabetes distress.
- Use a validated questionnaire, such as the Problem Areas In Diabetes (PAID) scale
 - an individual item score of 3 or more indicates a ‘problem area’ or concern
 - a PAID total score of 40 or more out of 100 indicates severe diabetes distress.
- If diabetes distress is not identified but a problem remains, consider whether another psychological problem is present (e.g. depression or anxiety).

ADVISE about diabetes distress

- Explain diabetes distress.
- Acknowledge that living with diabetes can be challenging; it is normal to have negative feelings about it, and to feel frustrated, anxious, distressed or overwhelmed by diabetes.
- Explain that learning about the signs and consequences of diabetes distress will help them to recognise and respond promptly.
- Make a joint plan about the 'next steps' (e.g. what needs to be achieved and who can help).

ASSIST with developing an achievable action plan

- Explore the individual's source(s) of diabetes distress and the kind of support needed. For example, diabetes education, a review of their management plan, emotional/social/professional support, or a combination of these.
- Provide relevant information and support.
- Together, develop a plan for addressing their distress, prioritising their most important or burdensome issues.
- Consider the need for a referral if diabetes distress persists.

ASSIGN to another health professional

- People with diabetes tend to prefer their diabetes health professional to help them with the emotional impact of diabetes.
- As diabetes distress is common and intertwined with diabetes management, it is best addressed by the diabetes health professional.
- If you do not feel comfortable or equipped to do this, arrange referral to a relevant health professional to **ASSIST**.
- Maintain ongoing communication with the health professional to whom you made the referral.

ARRANGE follow-up care

- Arrange a follow-up appointment to:
 - ask about the person's progress
 - assess the potential need for revising the action plan.
- If you used a questionnaire to **ASSESS** (e.g. PAID) consider using it again to reassess their level of diabetes distress. Agree on how often the reassessment would be helpful.
- Be prepared to offer more support (e.g. through telephone reviews or more/extended consultations) during this time.