

# Fear of hypoglycaemia

## 7 A's model



### Be AWARE that people with diabetes may experience extreme fear of hypoglycaemia

- Fear of hypoglycaemia is specific and extreme fear evoked by the risk and/or experience of hypoglycaemia.
- Look for signs: 'over-compensatory behaviours' (e.g. insulin dose reduction or over-eating), 'avoidance behaviours' (e.g. limiting exercise or social activities), an excessive number of daily blood glucose checks, acceptance of persistent high blood glucose levels, or not implementing 'agreed' treatment changes to lower glucose levels.

### ASK about experience and fear of hypoglycaemia

- When to ask:
  - about experience of hypoglycaemia – at each consultation
  - about fear of hypoglycaemia – when you have noted signs (see **AWARE**).
- Use open-ended questions to talk about hypoglycaemia and related fears, such as:
  - 'What has been your worst experience with hypos?'
  - 'What concerns you the most about hypos?'
- Ask directly about compensatory behaviours:
  - 'Some people take less insulin because they are worried about having a hypo. Do you ever reduce your insulin to avoid hypos?'
- If the person indicates that they fear hypoglycaemia, continue to **ASSESS**.

### ASSESS for fear of hypoglycaemia using a validated questionnaire

- When to assess: if **AWARE** or **ASK** indicates possible fear of hypoglycaemia to further explore the specific concerns leading to fear.
- Use a validated questionnaire such as the Hypoglycaemia Fear Survey-II Worry scale (HFS-II W)
  - For item scores 3 or 4 invite the person to explore their concerns. For example, 'I note here that you are concerned about [issue]. Can you tell me more about that?' or, 'You seem to have a few worries about hypoglycaemia. Which of these would you find most helpful to talk about today?'

- Also assess whether the person purposefully keeps their blood glucose levels higher to reduce the risk of hypoglycaemia.
- If fear of hypoglycaemia is identified, continue to **ADVISE**.
- If fear of hypoglycaemia is not identified, but a problem remains, consider whether another psychological problem is present (e.g. diabetes distress or anxiety).

### ADVISE about fear of hypoglycaemia

- Acknowledge the specific worries the person has raised under **ASK** or **ASSESS**.
- Acknowledge that it is common for people with diabetes to be concerned about hypoglycaemia.
- Explain that a certain level of concern is adaptive and can motivate a person to act appropriately to treat or avoid hypoglycaemia – but extreme fear needs attention.
- Advise that there are several ways to reduce fear of hypoglycaemia. For example:
  - diabetes management strategies to reduce the frequency and severity of hypoglycaemia
  - psychological strategies that focus directly on extreme fear.
- If the person is persistently keeping their blood glucose levels in a higher range to avoid hypoglycaemia, explain that this may have consequences for their long-term health.
- 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

- Through hypoglycaemia/diabetes management:
  - review the person’s knowledge about hypoglycaemia, how to treat, and barriers to treatment
  - review current diabetes management and discuss technologies (e.g. pump, continuous glucose monitor)
  - provide additional hypoglycaemia training and/or diabetes education
  - agree on an action plan to reduce hypoglycaemia.
- Through fear management:
  - provide accurate information on their personal risk of hypoglycaemia
  - provide support to change behaviours and unhelpful beliefs about hypoglycaemia
  - develop a stepwise plan to restore confidence and regain a sense of personal control.
- Consider the need for a referral if fear persists, or it is part of an anxiety disorder or the result of a traumatic hypoglycaemia experience.

### ASSIGN to another health professional

- People with diabetes tend to prefer their diabetes health professional to help them with the emotional impact of diabetes.
- 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. HFS-II W) consider using it again to reassess their level of fear of hypoglycaemia. 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.