



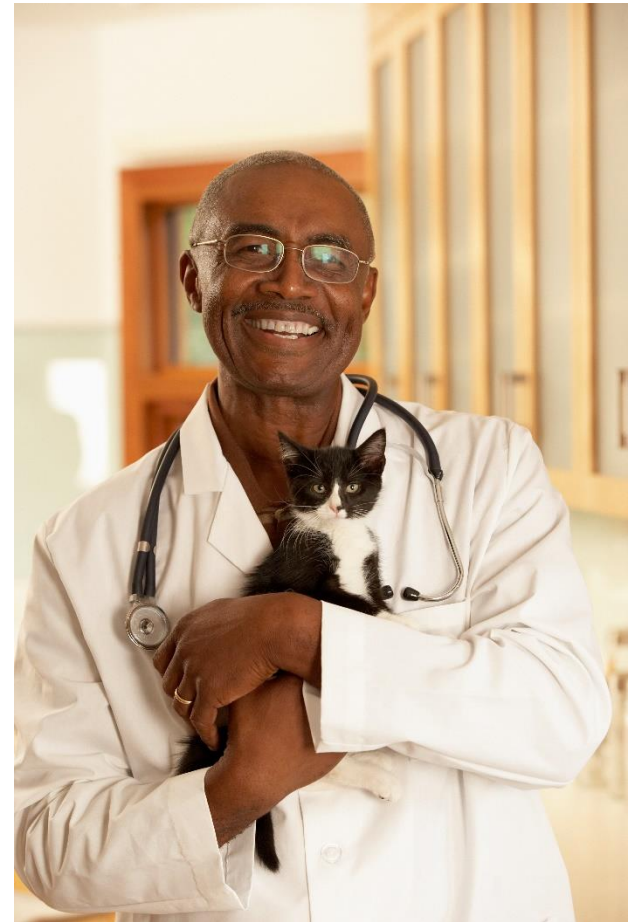
Fine Tuning the Diabetes Interview – Checking In with the Whole Person (and ourselves) From Head to Toe

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Objectives

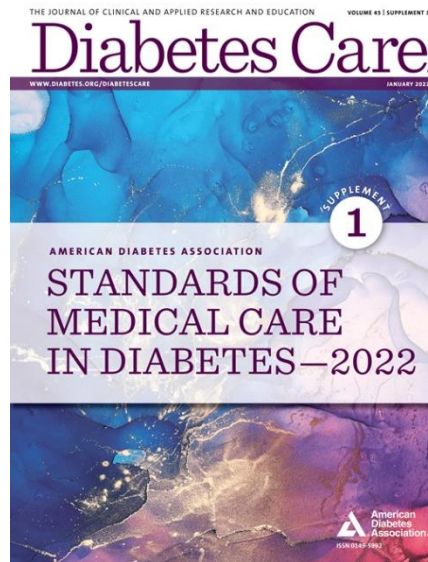
1. Describe critical elements of a person-centered, head-to-toe assessment.
2. State 3 interventions to improve health outcomes.
3. Discuss the impact of emotional health on diabetes self-care.
4. Consider the importance of self-care for health professionals.



Disclosures



Beverly Thomassian
has no conflict of
interest to disclose.



Main Reference:
*American Diabetes
Association Standards of
Medical Care in
Diabetes—2022.*

[https://doi.org/10.2337/
dc22-Sint](https://doi.org/10.2337/dc22-Sint)

Moving from Dis-ease to Well-Being



Our life experiences impact our health.

EV Arrives and Requests Help

- ▶ 53 yr old complains of 4 lb wt gain for past month. BMI 31, wt 90 kg. B/P 142/96.
- ▶ Meds include:
 - ▶ Sitagliptin, Metformin
 - ▶ Basaglar 58 units
 - ▶ Semaglutide 0.75mg weekly
 - ▶ Levothyroxine (ran out)
 - ▶ Lisinopril 10mg
 - ▶ Lovastatin 20mg
 - ▶ Gabapentin 100 mg TID

Labs

A1C 8.3%

TSH 10.6 (elevated)

LDL 98 mg/dl, Trig 158

What does this info tell us?



EV Arrives and Requests Help

- ▶ 53 yr old complains of 4 lb wt gain for past month. BMI 31, wt 90 kg. B/P 142/96. A1C 8.3%
- ▶ Meds include:
 - ▶ Sitagliptin (DPP-IV), Metformin
 - ▶ Basaglar 58 units (Basal)
 - ▶ Semaglutide 0.75mg wk (GLP-1)
 - ▶ Levothyroxine (ran out)
 - ▶ Lisinopril 10mg (ACE)
 - ▶ Lovastatin 20mg (Statin)
 - ▶ Gabapentin 100 mg TID (leg pain)

What does this tell us about EV?

- Struggling with weight
- B/P & A1C above target
- Overbasalized (max dose 0.5 units/kg a day)
- Why not taking thyroid med?
- Lower extremity pain contributing to distress?
- Elevated CV risk?

ABCs of Diabetes

▶ **A**1c less than 7% (3 month BG)

- ▶ Pre-meal BG 80-130
- ▶ Post meal BG <180

▶ **B**lood Pressure < 140/90

- ▶ BP target <130/80 if
- ▶ **ASCVD or If 10-year CVD Risk > 15%**

▶ **C**holesterol

- ▶ Statin therapy indicated
- ▶ over 40 or if 10-year CVD Risk > 20%



Breaking Through Clinical Inertia

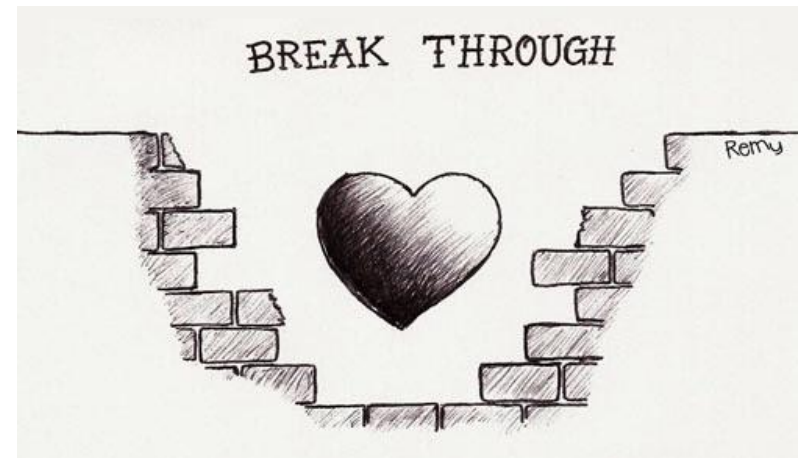


We have a lot to offer



Evidence Based Guidelines

- ADA Standards
- AACE Guidelines



- ▶ Person Centered Strength based approach
- ▶ Pharmacology
- ▶ Lifestyle
- ▶ Mental health

Diabetes and Beyond | Review

- ▶ Is EV on the optimal medication regimen for her health?
- ▶ What changes would benefit EV's diabetes care?
- ▶ What about lifestyle interventions?
- ▶ How is EV coping?



Collaborative Med Action Plan Ideas

Med Adjustment suggestions

- ▶ Increase Trulicity to 1.5mg
- ▶ Reduce basaglar by 10-20 units
- ▶ Stop sitagliptin (since DPP-IV)
- ▶ Restart Levothyroxine.
- ▶ ReCheck TSH in future
- ▶ Increase gabapentin for nerve pain or other pain relief measures (look at feet)
- ▶ Increase lisinopril for B/P



GLP-1 Receptor Agonists

GLP-1 Receptor Agonists & Injectables

Class/Main Action	Name	Dose Range	Considerations
GLP-1 Receptor Agonist (GLP-1 RA) "Incretin Mimetic" <ul style="list-style-type: none"> Increases insulin release with food Slows gastric emptying Promotes satiety Suppresses glucagon 	exenatide (Byetta)	5 and 10 mcg BID	Side effects for all: Nausea, vomiting, weight loss, injection site reaction. Report signs of acute pancreatitis (severe abdominal pain, vomiting), stop med. Renally excreted.
	exenatide XR [†] (Bydureon)	2 mg 1x a week Pen injector - Bydureon BCise	
	liraglutide (Victoza)* [†]	0.6, 1.2 and 1.8 mg daily	Black box warning: Thyroid C-cell tumor warning for exenatide XR, liraglutide, dulaglutide, and semaglutide (avoid if family history of medullary thyroid tumor). *Significantly reduces risk of CV death, heart attack, and stroke. [†] Approved for pediatrics 10-17 yrs Lowers A1c 0.5 – 1.6% Weight loss of 1.6 to 6.0kg
	dulaglutide* (Trulicity)	0.75, 1.5, 3.0 and 4.5 mg 1x a week pen injector	
	lixisenatide (Adlyxin)	10 mcg 1x a day for 14 days 20 mcg 1x day starting day 15	
	semaglutide* (Ozempic)	0.5 and 1.0 mg 1x a week pen injector	
	(Rybelsus) Oral tablet	3, 7, and 14 mg daily in a.m. Take on empty stomach w/H2O sip	

SGLT-2 Inhibitors and DPP-IVs

Common Oral Diabetes Meds

Class/Main Action	Name(s)	Daily Dose Range	Considerations
SGLT2 Inhibitors "Glucoretic" <ul style="list-style-type: none"> Decreases glucose reabsorption in kidneys 	Canagliflozin* (Invokana)	100 - 300 mg 1x daily	Side effects: hypotension, UTIs, genital infections, increased urination, weight loss, ketoacidosis. Heart Failure, CV & Kidney Protection: 1st line therapy for Heart Failure (HF), Kidney Disease (CKD), Cardiovascular Disease, before or with metformin. Considerations: See Package Insert (PI) for GFR cut-offs, dosing. Limited BG lowering effect if GFR < 45, still benefits kidneys & heart at lower GFR. For renal protection, use SGLT-2 therapy if eGFR ≥ 25 & UACR ≥ 300 (ADA). Benefits: SGLT-2s* reduce BG, CV death & HF, slow CKD. Lowers A1c 0.6% -1.5%.
	Dapagliflozin* (Farxiga)	5 - 10 mg 1x daily	
	Empagliflozin* (Jardiance)	10 - 25 mg 1x daily	
	Ertugliflozin (Steglatro)	5 – 15 mg 1x daily	
DPP – 4 Inhibitors "Incretin Enhancers" <ul style="list-style-type: none"> Prolongs action of gut hormones Increases insulin secretion Delays gastric emptying 	sitagliptin (Januvia)	25 - 100 mg daily – eliminated via kidney*	*If creat elevated, see med insert for dosing. Side effects: headache and flu-like symptoms. Can cause severe, disabling joint pain. Contact MD, stop med. Report signs of pancreatitis. †Saxagliptin and alogliptin can increase risk of heart failure. Notify MD for shortness of breath, edema, weakness, etc. No wt gain or hypoglycemia. Lowers A1c 0.6%-0.8%.
	saxagliptin (Onglyza)†	2.5 - 5 mg daily – eliminated via kidney*, feces	
	linagliptin (Tradjenta)	5 mg daily – eliminated via feces	
	alogliptin (Nesina)†	6.25 - 25 mg daily – eliminated via kidney*	

Med Changes and Kidney Function

- ▶ 53 yr old complains of 4 lb wt gain for past month. BMI 31, wt 90 kg. B/P 142/96.

Med adjustments:

- ▶ Metformin 1000 BID
- ▶ Basaglar 45 units ⬇
- ▶ Semaglutide 1.5 mg wk ⬆
- ▶ Levothyroxine 80mcg (resume)
- ▶ Lisinopril 20mg ⬆
- ▶ Lovastatin 20mg
- ▶ Gabapentin 300 mg BID ⬆

Other Labs

A1C – 8.3%

Checks BG in morning;
150ish.

UACR 26 GFR >60

(what does this mean?)



Evaluating Kidney Function - Albumin

- ▶ Urinary Albumin Creatinine Ratio (UACR)
- ▶ UACR can be assessed with a urinary spot collection.

Results are viewed by lab short description

Collection Date & Time	01/13/2022 07:59
ALBUMIN, RANDOM...	
ALBUMIN, URINE	<u>2.9</u>
ALBUMIN/CREATININ...	<u>32</u>
CREATININE, RANDO...	91

$2.9 / 91 = 0.0318 \text{ mg/mg}$ or 31.8 (32) in mg/g

- ▶ Evaluates ratio of urine albumin /creatinine in mg/g
- ▶ Target range less than 30mg/g
- ▶ If elevated, repeat test to verify

Albuminuria Categories	Urinary Albumin Creatine Ratio (UACR)
Normal to mildly increased – A1	< 30 mg/g
Moderately increased – A2	30 – 299 mg/g
Severely increased – A3	300 mg/g +

Evaluating Kidney Function - GFR

- ▶ Glomerular Filtration Rate (GFR)– target is 60 or greater
- ▶ Stage 3 indicates progressive renal failure
- ▶ GFR 30 to 59
- ▶ Stage 4 and 5 indicates severe loss and failure
- ▶ GFR 29 or less

Kidney Disease Stage	GFR
Stage 1 – Normal	90+
Stage 2 – Mild loss	89 - 60
Stage 3a – Mild to Mod	59 - 45
Stage 3b – Mod to Severe	44 - 30
Stage 4 – Severe loss	29 - 15
Stage 5 – Kidney failure	14 - 0



Wait, What about EV Life Situation?

- ▶ 53 yr old complains of 4 lb wt gain for past month. BMI 31, wt 90 kg. B/P 142/96.

Med adjustments:

- ▶ Metformin 1000 BID
- ▶ Basaglar 45 units
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Life situation

- Gums inflamed
- No dentist for few years
- Both lower extremities hurt at night, trouble sleeping
- Takes care of dad with dementia, not able to work

Advocating for Best Health for people with Diabetes

- ▶ Modifiable
 - ▶ Glucose
 - ▶ Blood Pressure
 - ▶ Lipids
 - ▶ Sleep
 - ▶ Oral Care
 - ▶ Nutrition
 - ▶ Activity
 - ▶ Lower Extremities
 - ▶ Immunizations
 - ▶ Psychosocial care
 - ▶ Heart health



- ▶ Make **ridiculously** small, achievable goals. We are in this for the long run.

Diabetes is a long path – Goal is to Improve Health Span



Strive for 7 hours of sleep a night – Check for sleep apnea

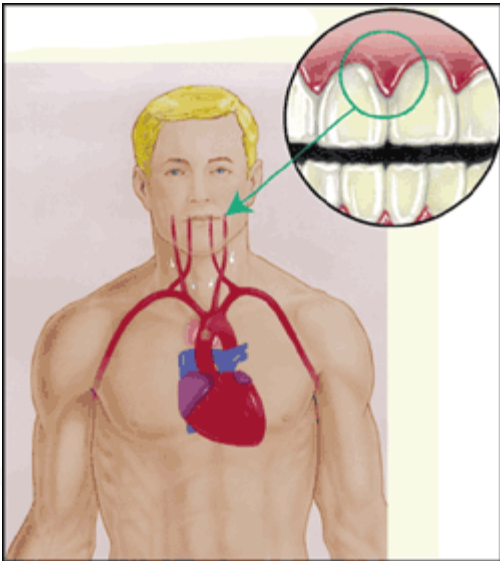
Obstructive Sleep Apnea - OSA

- ▶ OSA affects ~25% of people with type 2
 - ▶ Up to 60% of those with type 2 have disordered sleep
- ▶ Associated with increased CVD risk
- ▶ 4-10 increased risk if BMI 30+ with visceral adiposity
- ▶ Treatment:
 - ▶ Lifestyle modification
 - ▶ Continuous positive oral airway pressure and devices
 - ▶ Surgery

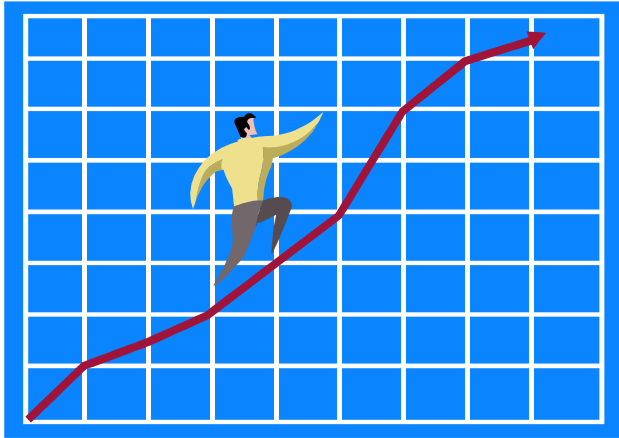


Periodontal disease and Heart Disease

- Heart disease link:
 - oral bacteria enter the blood stream, attach to fatty plaques in coronary arteries increasing clot formation
 - inflammation increases plaque build up, which may contribute to arterial inflammation
- Hyperglycemia = Gingivitis = Heart Disease



EV asks, “Why the weight gain?”

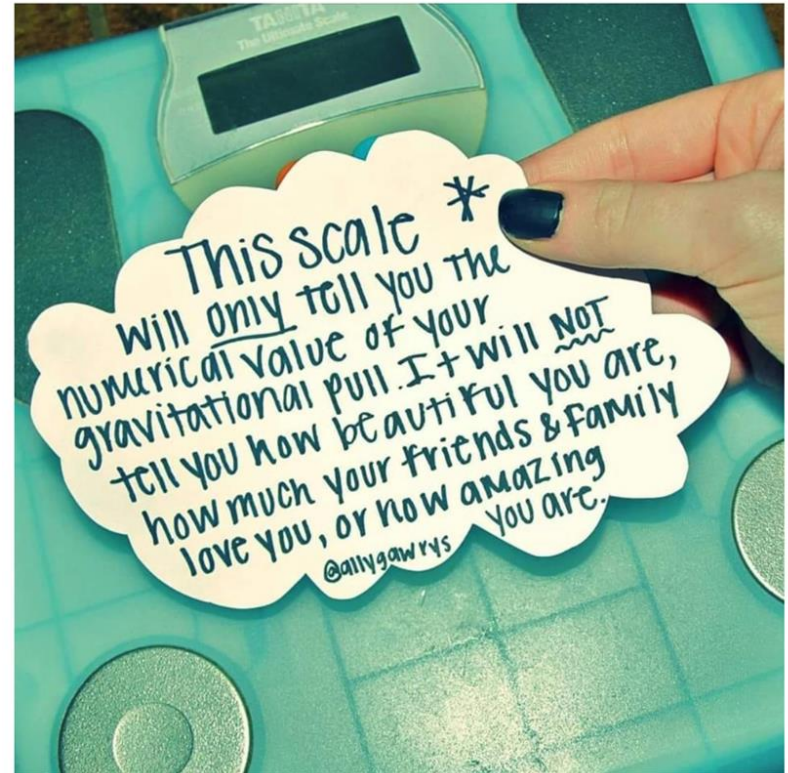


- ▶ Fluid retention - diabetes doubles risk for Congestive Heart Failure (CHF). Check lower extremities.
- ▶ Blood sugars improving
- ▶ Lack of nutrition knowledge?
- ▶ Change of activity
- ▶ Thyroid disease under treated
- ▶ Novel Antipsychotics
- ▶ Emotional distress

Weight is a Heavy Issue

Action to Help

- ▶ RD / RDN referral
- ▶ Increase semaglutide
- ▶ Restart levothyroxine
- ▶ Quick nutrition check in
- ▶ Movement and activity
- ▶ Emotional relationship with food
- ▶ Trauma?



Balancing Calories

- ▶ Enjoy your food, but eat less.
- ▶ Avoid oversized portions.

Foods to Increase

- ▶ Make half your plate fruits and vegetables.
- ▶ Make at least half your grains whole grains.
- ▶ Switch to fat-free or low-fat (1%) milk.

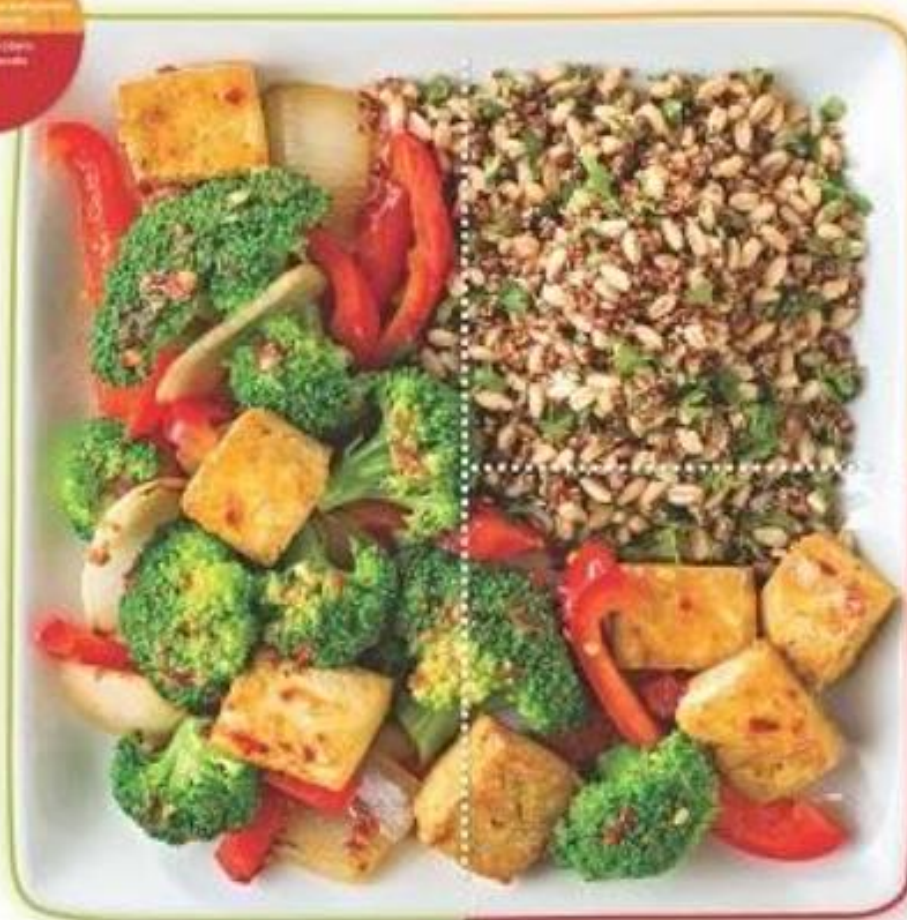
Foods to Reduce

- ▶ Compare sodium in foods like soup, bread, and frozen meals — and choose the foods with lower numbers.
- Drink water instead of sugary drinks.



Plan Your Portions

Plan Your Portions



Use a smaller plate. This is a 9-inch plate to help guide you.



Water or
no-calorie
drinks



Corn



One slice



Fruit



Berries



Whole grains



Whole grains



Nuts, seeds and oils



Nuts, seeds and oils



Cheese



Eggs



Meat



Meat



Tofu



Tofu



Asparagus



Broccoli



Brussels sprouts



Cabbage (cooked)



Cauliflower



Cucumbers



Dark leafy greens



Eggplant



Mushrooms



Onions



Pea pods



Peppers



Radishes



Salad greens

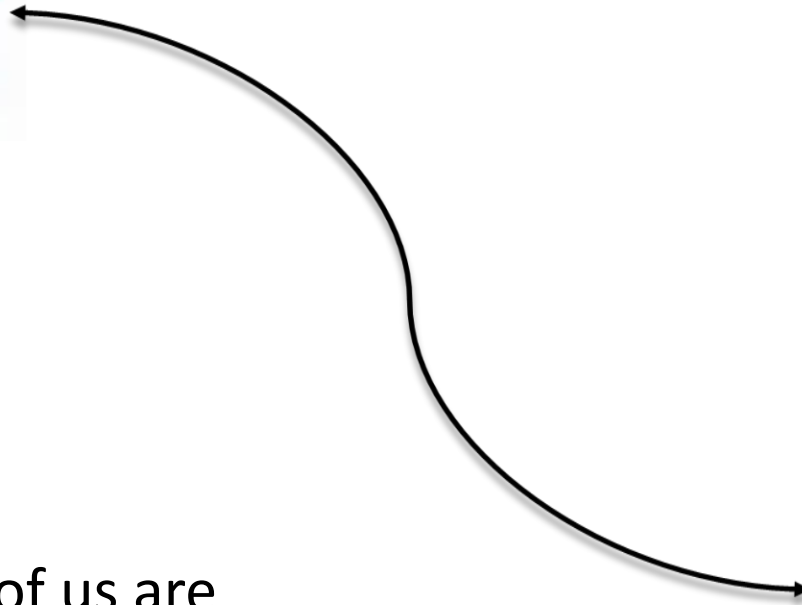


Tomatoes



Zucchini

Where are we on this continuum?



Only about 50% of us are meeting activity goals



Benefits of Exercise and Diabetes

- ▶ Increase muscle glucose uptake 5-fold
- ▶ Glucose uptake remains elevated for 24 - 48 hours (depending on exercise duration)
- ▶ Increases insulin sensitivity in muscle, fat, liver.
- ▶ Reduce CV Risk factors (BP, cholesterol, A1c)
- ▶ Maintain wt loss
- ▶ Contribute to well being
- ▶ Muscle strength
- ▶ Better physical mobility



Exercise decreases:

- ▶ Sleep apnea
- ▶ Diabetic kidney disease, retinopathy
- ▶ Depression
- ▶ Sexual dysfunction
- ▶ Urinary incontinence
- ▶ Knee pain
- ▶ Need for medications
- ▶ Health care costs



After dinner stroll “Passeggiata”

- ▶ Walk 10-15 minutes after dinner (and other meals if possible)
- ▶ Maximize the walking benefit
- ▶ Get the most BG lowering effect
- ▶ Especially after high carb meals



Diabetologia,
Oct 2016.

Good Exercise Info / Quotes



- ▶ **“Passegiata” – take an after meal stroll**
- ▶ Exercise decreases A1c 0.7%
- ▶ No change in body wt, but 48% loss in visceral fat
 - ▶ ADA PostGrad 2010

“Every minute of activity lowers blood sugar one point.”

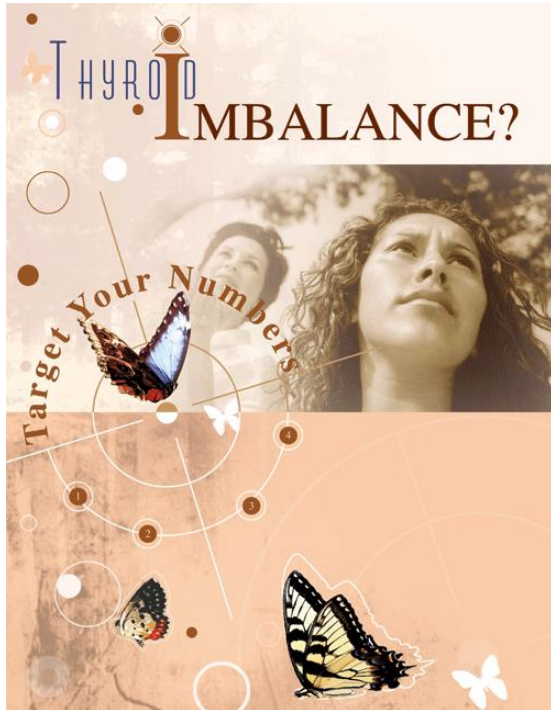
“I don’t have time to exercise, I MAKE time.” Mike Huckabee

Thyroid Disease and Diabetes

- ▶ 15 to 30% of people w/ diabetes & their siblings or parents are likely to develop thyroid disease
- ▶ Up to 60 percent of those with thyroid disease are unaware of their condition.
- ▶ Women are 5-8x's more likely than men to have thyroid problems.
- ▶ Check TSH on Type 1 & 2 annually or if indicated.
- ▶ Hashimoto's thyroiditis – autoimmune thyroid
 - ▶ most common cause of hypothyroidism w/ dm
 - ▶ Associated with:
 - ▶ Elevated cholesterol levels
 - ▶ Increased risk of CV disease
 - ▶ Weight gain



Thyroid & TSH* Levels



**AACE
Guidelines**

- ▶ *Thyroid Stimulating Hormone - secreted by pituitary gland
 - ▶ controls thyroid hormone thyroxine production
 - ▶ first and best test
 - ▶ TSH Norm = up to 4.5 mIU/mL
 - ▶ Treatment based on TSH plus symptoms.
 - ▶ 4.5 – 10 based on risk, s/s
 - ▶ 10 or more = treat
 - ▶ Lower = hyperthyroidism
 - ▶ Higher = hypothyroidism–

Thyroid Dysfunction

HYPO THYROIDISM

DRY, COARSE HAIR

LOSS OF EYEBROW
HAIR

PUFFY FACE

ENLARGED THYROID
(GOITER)

SLOW HEARTBEAT

ARTHRITIS

COLD
INTOLERANCE

DEPRESSION

DRY SKIN

FATIGUE

FORGETFULNESS

HEAVY
MENSTRUAL
PERIODS

INFERTILITY

MUSCLE ACHES

WEIGHT GAIN

CONSTIPATION

BRITTLE NAILS

HYPER THYROIDISM

HAIR LOSS

BULGING EYES

SWEATING

ENLARGED THYROID
(GOITER)

RAPID HEARTBEAT

DIFFICULTY
SLEEPING

HEAT
INTOLERANCE

INFERTILITY

IRRITABILITY

MUSCLE
WEAKNESS

NERVOUSNESS

SCANT
MENSTRUAL
PERIODS

WEIGHT LOSS

FREQUENT
BOWEL
MOVEMENTS

WARM, MOIST
PALMS

TREMOR OF
FINGERS

SOFT NAILS

A TSH above 10 mIU/L, in combination with a subnormal free T4 characterizes **overt** hypothyroidism.

If TSH in range, but person is symptomatic, Check for thyroid peroxidase atb or TPO antibodies.

A low TSH indicates hyperthyroidism (0.1 ish)

Novel / Atypical Antipsychotics Linked to Hyperglycemia

- ▶ Severe cases of hyperglycemia – even death reported
- ▶ Monitor BG regularly for DM individuals started on this class of med
- ▶ If at risk for DM, determine fasting glucose before initiating therapy and monitor closely during treatment
- ▶ Weight gain may require increased dosing of diabetes therapies.



Summary of FDA warning statement for atypical antipsychotics

Novel/ Atypical Antipsychotics Linked to Hyperglycemia

- ▶ Zyprexa – olanzapine
- ▶ Geodon - ziprasidone
- ▶ Seroquel – quetiapine
- ▶ Risperdal - risperadone
- ▶ Clozaril - clozapine
- ▶ Abilify – aripiprazole
- ▶ Latuda - lurasidone



Consensus Development Conference on Antipsychotic Drugs and

Diabetes Toolkit

Meter

- Strips that aren't expired?

List of Meds


Plan for Lows

Emergency Plan

Power back-up

- ▶ BG Checks and logging results
- ▶ Diabetes ID
 - ▶ Phone, medic alert, on person
- ▶ Carbohydrate source
 - ▶ Granola bar, glucose tabs, GU, gummy bears
- ▶ Rescue Meds

Vaccination Schedule for Diabetes 2022

Vaccine	Who by Age	Series and Frequency
Hepatitis B Vaccine	Less than 60 years*	2-3 dose series
Human papilloma virus (HPV)*	9-14 years 15 – 26 years	2 dose series 3 dose series
Influenza	All	Annually
Pneumonia (PPSV23) Pneumovax	19-64 – first dose 65 + - second dose	
*Pneumonia (PCV13) Prevnar	Only for adults 19+ who are immunocompromised	
Tetanus, diphtheria, pertussis (TDAP)	All adults; extra dose during pregnancy	Booster every 10 years.
Zoster	50+	2 dose Shingrix
COVID	All people with diabetes	Frequency /boosters TBD

Diabetes Care 2022;45(Supplement_1):S46–S59

<https://doi.org/10.2337/dc22-S004>

*See Standards pgs S48-53 for more info

Foot Care Standards - ADA

- ▶ Perform a comprehensive foot evaluation at least **annually** to identify risk factors for ulcers and amputations.
- ▶ Provide general preventive foot self-care education to **all people** living with diabetes.
- ▶ Sensory loss or prior ulceration or amputation?
 - ▶ inspect feet at **every visit**.
- ▶ **High-risk** may need specialized therapeutic footwear:
 - ▶ If severe neuropathy, foot deformities, ulcers, callous formation, poor peripheral circulation, or history of amputation.



Lower Extremities

► Lift the Sheets and Look at the Feet



*By Alton Johnson Jr., DPM,
CWSP*

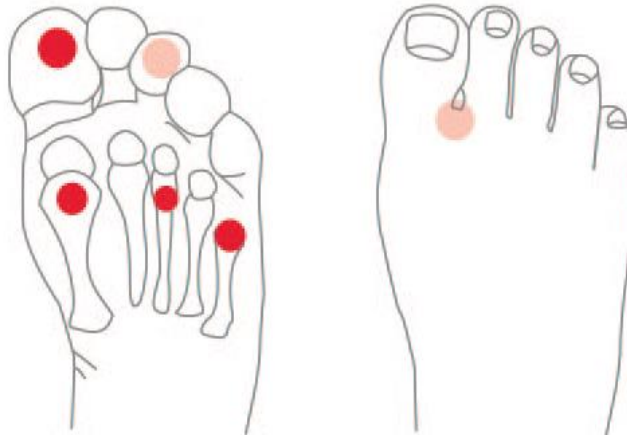
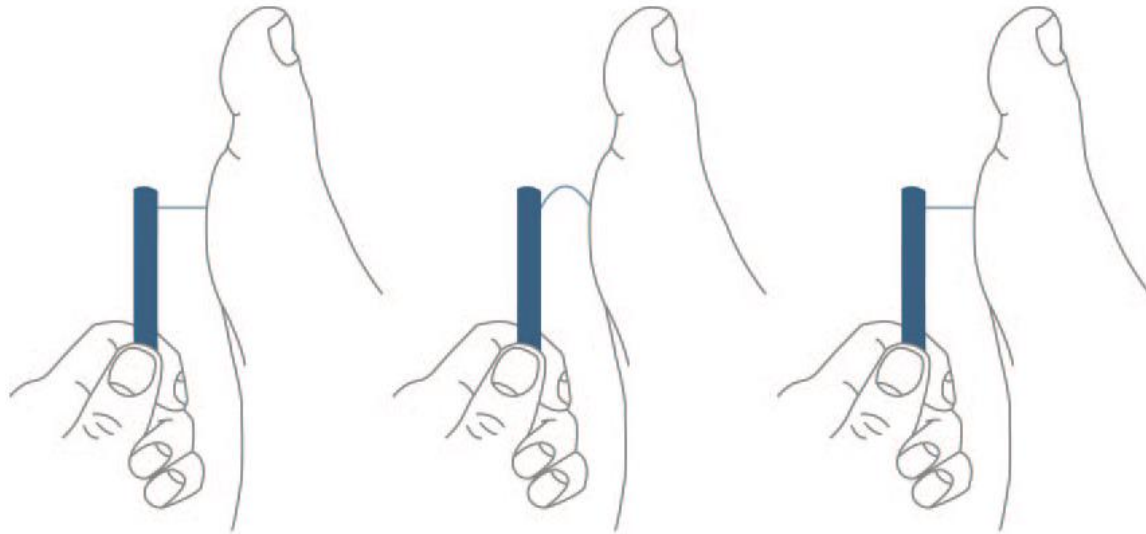
[https://www.woundsource.com/
blog/amputation-crisis-african-
american-patients](https://www.woundsource.com/blog/amputation-crisis-african-american-patients)

Loss of Protective Sensation

- ▶ Monofilament Testing
 - ▶ 5.07 touched to plantar surface and top of foot
 - ▶ C shape delivers 10 gms pressure
 - ▶ Test four sites
 - ▶ Plantar surfaces of
 - Each great toe
 - 1st, 3rd and 5th metatarsal head



5.07 monofilament delivers 10gms linear pressure



www.hrsa.gov/hansen-disease/leap

Meds for Neuropathy – Cheat Sheet

Class	Generic / Trade Name	Usual Daily Dose Range	Comments	Side Effects/ Caution
1st Line Agents Tricyclic Antidepressants TCA Improves neuropathy and depression	Amitriptyline / Elavil	25 – 100 mg* Avg dose 75mg	Usually 1 st choice	Take 1 hour before sleep. Side effects; dry mouth, tiredness, orthostatic hypotension. Caution: not for pts w/ unstable angina (<6 mo), MI, heart failure, conduction system disorder.
	Nortriptyline / Pamelor	25 - 150 mg* (for burning mouth)	Less sedating and anticholinergic	
	Desipramine / Norpramine	25 – 150 mg* *Increase by 25mg weekly till pain relieved		
Calcium Channel Modulators	Gabapentin/ Neurontin	100 - 1,200mg TID	Improves insomnia, fewer drug interactions	Sedation, dizziness, peripheral edema, wt gain Caution; CHF, suicide risk, seizure disorder.
	Pregabalin / Lyrica *FDA approved for neuropathy treatment	50 - 200mg TID		
Serotonin Norepinephrine Reuptake Inhibitor SNRI	Duloxetine / Cymbalta *FDA approved for neuropathy treatment	60 mg daily Start at 30 mg	Improves depression, insomnia	Nausea, sedation, HTN, constipation, dizziness, dry mouth, blurred vision. Caution: adjust dose for renal insufficiency, do not stop abruptly, taper dose.
	Venlafaxine/ Effexor	75 - 225 mg daily		
2nd Line Agents Opioids	Weak opioids Tramadol / Ultram	50 – 400 mg	Sedation, nausea, constipation (always prescribe stool softener) Caution: abuse, suicide risk, short acting opioids not recommended for long term tx, can develop tolerance	
	Strong opioids Oxycodone	10 – 100 mg		
Local Treatment	Capsaicin Cream (0.025%) Apply 2-4 x daily for up to 8 wks			
Other choices	If above medications not effective, contraindicated or intolerable consider: Bupropion/Wellbutrin Paroxetine / Paxil Citalopram / Celexa Topiramate / Topamax Topical Lidocaine (for localized pain).			

Can Try:
Alpha
lipoic acid
600-1,800
mg/day

Vitamin
B12
1-2 mg
per day



Other strategies to help ease the pain

- ▶ Music
- ▶ Podcasts
- ▶ Movies
- ▶ Pet's
- ▶ Massage
- ▶ Touch
- ▶ Topical creams
- ▶ Lidocaine patches
- ▶ Mineral salts baths
- ▶ Neurostimulators



- ▶ Tylenol / Ibuprofen
- ▶ Earthing
- ▶ Sleep
- ▶ Hobbies
- ▶ Aromatherapy
- ▶ Time with special people
- ▶ Work / volunteering

Lifestyle Collaborative Action Plan

- ▶ 10 minute walk after lunch during week
- ▶ Eat one serving of veggies a day.
- ▶ Check BG and feet a few times a week before bed.
- ▶ Meet with RD/RDN
- ▶ Dental appointment



Are these goals ridiculously realistic?

Wait – What about her mental and heart health?



- ▶ Primary caregiver for her aging father
- ▶ Can't leave him unattended
- ▶ EV had "difficult childhood"
- ▶ Hard to exercise
- ▶ Financial barriers
- ▶ Feelings of isolation
- ▶ Noticing some chest "tightness" lately

Diabetes Related Emotional Distress=DRED

- ▶ DRED - unique emotional issues directly related to the burdens and worries of living with a chronic disease.
(embarrassed, guilty)
- ▶ More than worry: can overlap with depression, anxiety and stress.
- ▶ Normal-to some extent
- ▶ Associated with stress of living with diabetes
- ▶ Express high levels stress and depressive symptoms; but not clinical depression
- ▶ Not rare: linked to poor health outcomes

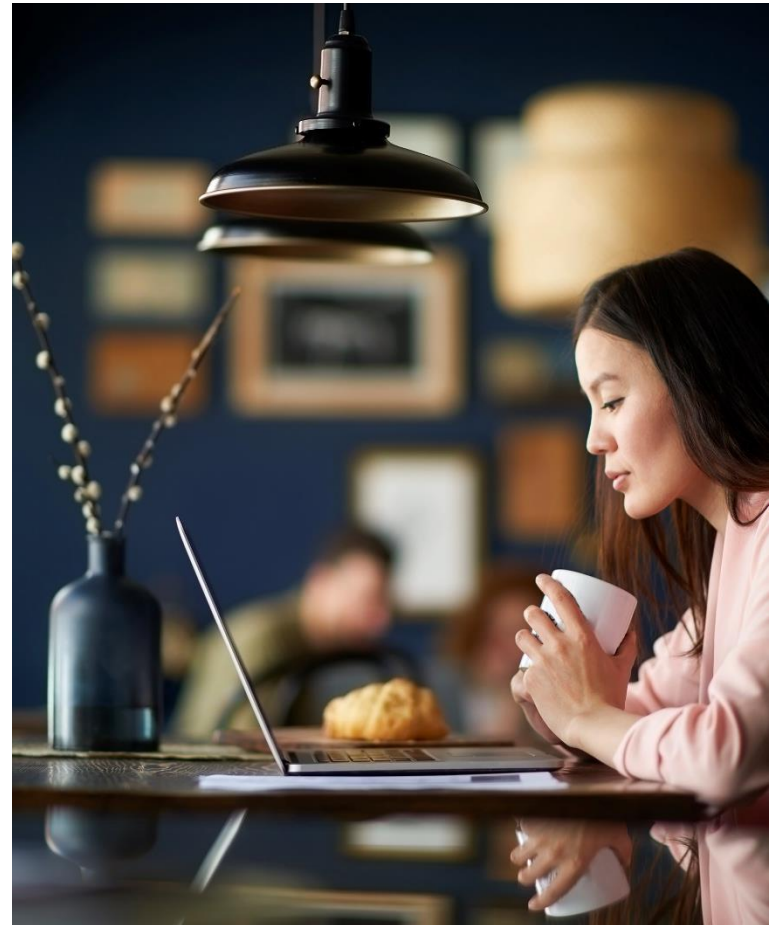


DDS 17: Diabetes Distress Scale

- ▶ Yields a total Diabetes Distress Scale score plus 4 sub scores:
 - ▶ Emotional burden
 - ▶ Physician related Distress
 - ▶ Regimen related Distress
 - ▶ Interpersonal Distress

Begin a conversation with any item rated 3 or more

- ▶ 44.5% of reported diabetes distress
- ▶ Only 24% of providers asked pts how diabetes affected their life (DAWN Study)



Diabetes Distress Scale

1. Feeling that diabetes is taking up too much of my mental and physical energy every day.
2. Feeling that my doctor doesn't know enough about diabetes and diabetes care/ doesn't give me clear enough directions .
3. Feeling angry, scared, and/or depressed ... think about living with diabetes
4. Feeling that I am not testing my blood sugars frequently enough.

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6
2. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6

Diabetes Distress Reframes

12 Reframes to Help with Diabetes Burnout or Distress

- It's not your fault you have diabetes. It's not your fault your pancreas doesn't work right.
- You can't control your blood sugars all the time, but you can take actions to manage your diabetes to the best of your ability.
- Blood sugars are not good or bad, they are just numbers that inform us of what action is needed next.
- Listen to your self-talk. It is tempting to be overly self-critical and blame ourselves. Try to imagine you are coaching a friend with diabetes. What advice or coaching would you provide?
- Diabetes isn't about perfect or getting it right all the time. Its about taking baby steps to make small improvements and keep safe.
- Take short mental breaks from your diabetes – walk outside, enjoy a hobby, listen to music, volunteer, join a group.
- Talk about your feelings to friends and family. Let them know how to help you succeed and things that don't help.
- Keep active, nourish your body, try meditation, enjoy oxygen cocktails, get out in nature.
- Remind yourself of all the work you ARE doing to manage your diabetes
- Join diabetes camps, social media groups, find your people, your community.
- Consider connecting with a mental health professional.
- Remember, you are not alone. You are resilient. You are not your blood sugars. You got this. Baby Steps.



[Download PDF List of 12 Reframes to Share](#)

[Download List of 12 Reframes to Share](#)

<https://diabetesed.net/dealing-with-diabetes-burnout-or-distress-12-attitude-shifts-that-can-help/>

Look Beyond – What impacts DSM

- ▶ Improving diabetes treatment outcomes requires looking at multiple factors:
 - ▶ Living situation
 - ▶ Adequacy of medical management
 - ▶ Duration of diabetes
 - ▶ Weight gain / weight loss
 - ▶ Other health related problems
 - ▶ Social structural factors
 - ▶ Childhood trauma – Adverse Childhood Experiences



Question - What is ACE?

- ▶ ACE =
 - ▶ Adverse
 - ▶ Childhood
 - ▶ Experiences
 - ▶ (before 18 yrs)
- ▶ What is the relationship between childhood trauma, diabetes and health?



www.AcesAware.org

A Note to My Colleagues

- ▶ Many of us have experienced childhood trauma
- ▶ This information may evoke strong feelings or difficult memories
- ▶ You may want to share your story or maybe you're not ready.
- ▶ We will discuss coping and healing strategies.



10 Assessment Areas for ACE – Use 10 Question Screening Tool to Assess

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

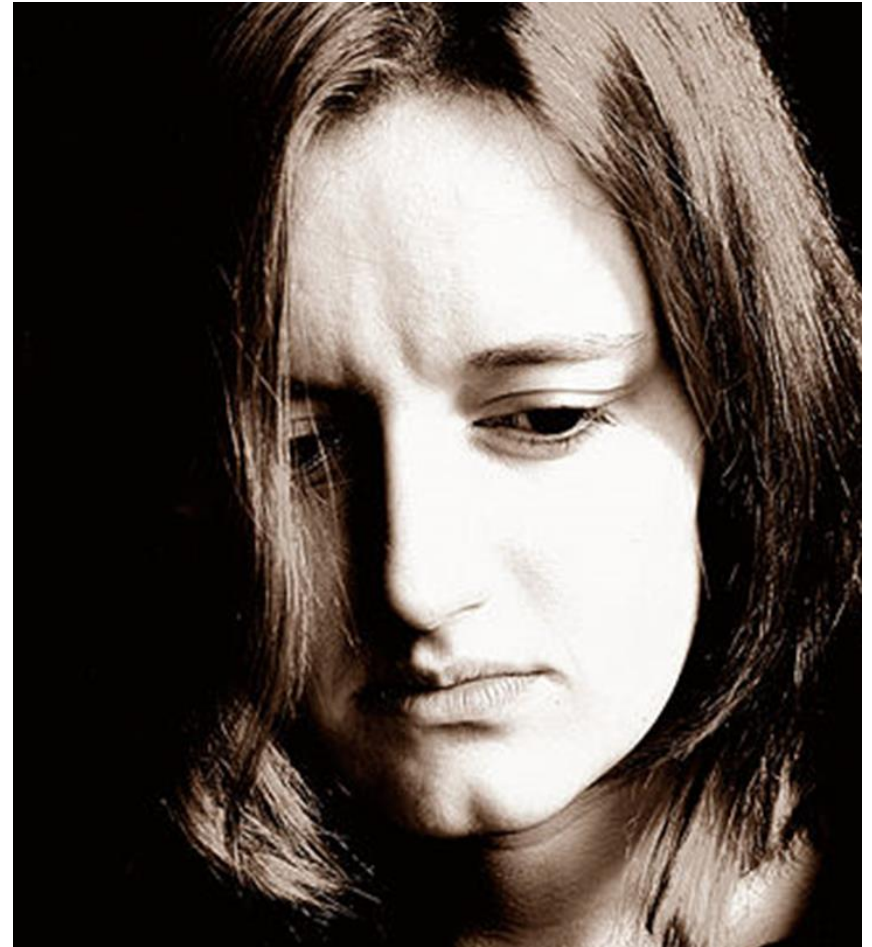


Divorce

<https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>

The impact of childhood trauma and Toxic Stress?

- ▶ Leads to:
 - ▶ Neuroendocrine dysregulation
 - ▶ Altered immune response
 - ▶ Disrupts DNA packaging
 - ▶ Epigenetic tags can alter genetic makeup



ACE increases risk for 9 out of 10 leading causes of death in US

Leading Cause of Death

Odds Ratio with ≥ 4 ACEs

▶ Heart Disease	▶ 2.1
▶ Stroke	▶ 2.0
▶ Diabetes	▶ 1.4
▶ Kidney Disease	▶ 1.7
▶ Cancer	▶ 2.3
▶ Alzheimer's	▶ 4.2
▶ Suicide(attempts)	▶ 37.5

Awareness >> to Healing

Yet many people, parents, health professionals, and educators don't know about ACEs. This lack of knowledge leads to significant illness and unimaginable expense – much of which could be averted through awareness, education, and action.



<https://aceresourcenetwork.com/>

You can heal from ACEs.

ACEs have affected all of us in one way or another. ACEs are what happened to us. They are not who we are. They are part of our story and they shape it. If our well-being has been affected, change is possible and there is hope.

The clinical response to identification of toxic stress should include:

1. Applying principles of trauma-informed care, including establishing trust, safety, and collaborative decision-making.
2. Supplementing usual care for ACE-Associated Health Conditions with patient education on toxic stress and discussing strategies that can help regulate the stress response, including:

- Supportive relationships, including with caregivers (for children), other family members, and peers
- High-quality, sufficient sleep
- Balanced nutrition
- Regular physical activity
- Mindfulness and meditation
- Experiencing nature
- Mental health care, including psychotherapy or psychiatric care, and substance use disorder treatment, when indicated



3. Validating existing strengths and protective factors.
4. Referrals to patient resources or interventions, such as educational materials, social workers, school agencies, care coordination or patient navigation, and community health workers.

Please visit this site | Free Training

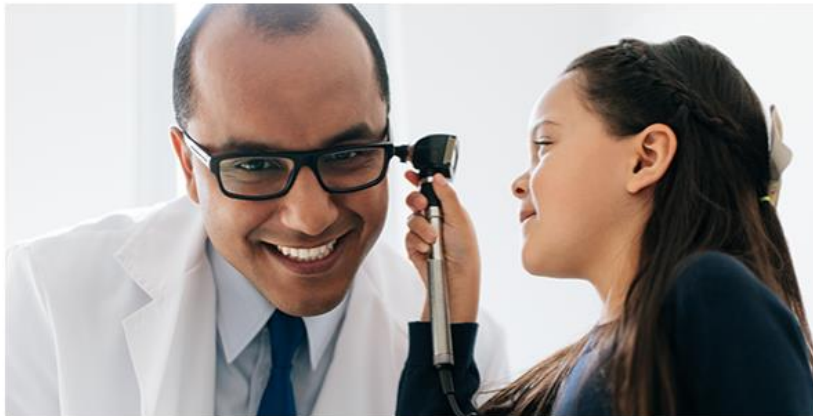


HOME

CATALOG

MY ACCOUNT ▾

CONTACT US



Becoming
aces aware
in California

LEARN MORE ABOUT THE ACES AWARE INITIATIVE

ACES Aware is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services. California is leading the way in training and reimbursing Medi-Cal providers for ACES screenings to significantly improve health and well-being across our communities. Learn more here: <http://www.ACESAware.org>.

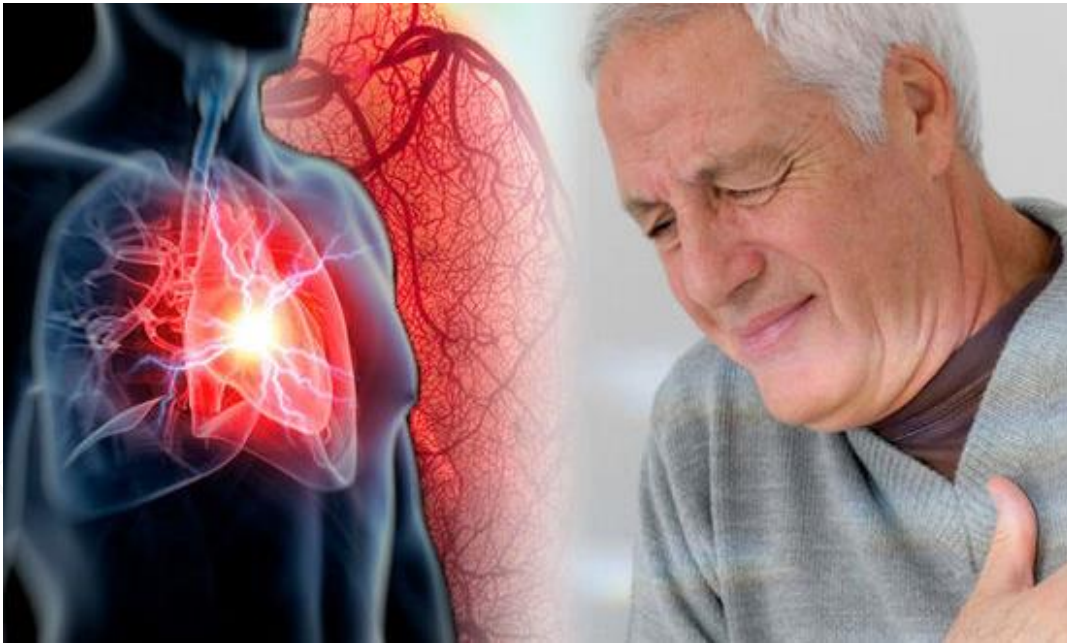
MY COURSES

You are not enrolled in any courses at this time.

www.ACESAware.org

www.acesaware.org/heal/provider-toolkit/

What About EV's Cardiovascular Health? Leading Cause of Death in Diabetes



Eval risk factors

Nutrition

Activity

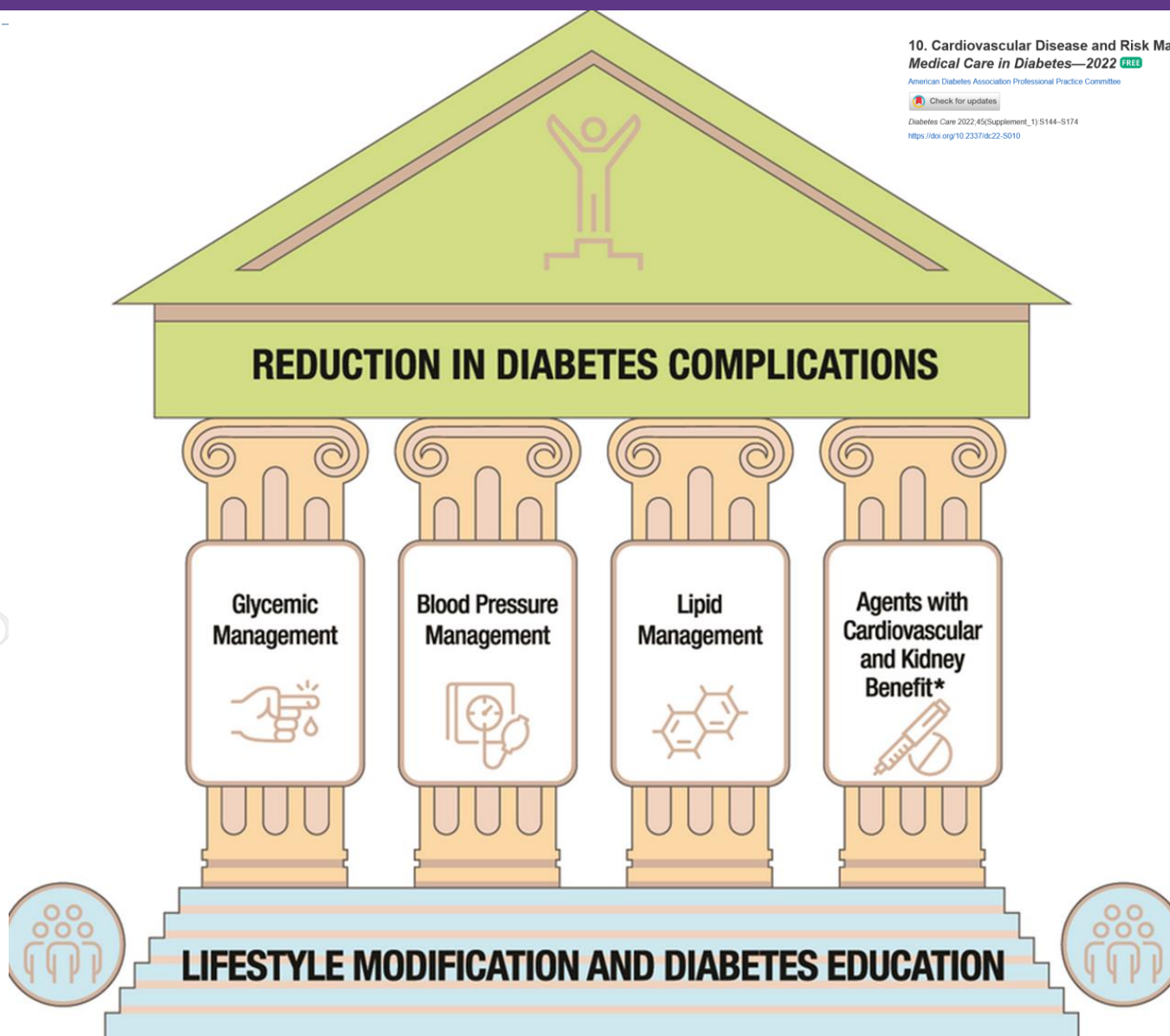
Emotional health

Meds that lower CV

Risk

- SGLT-2s and GLP-1 RA's
- Statins
- Antihypertensives
- Aspirin if indicated

10. Cardiovascular Disease and Risk Management



10. Cardiovascular Disease and Risk Management: *Standards of Medical Care in Diabetes—2022* **FREE**

American Diabetes Association Professional Practice Committee

Check for updates

Diabetes Care 2022;45(Supplement_1):S144–S174

<https://doi.org/10.2337/dc22-S010>

Stroke and Heart Attack

SPOT A STROKE™

F.A.S.T.



FACE Drooping



ARM Weakness



SPEECH Difficulty



TIME to Call 911

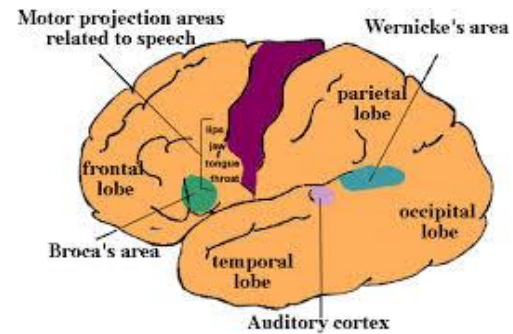
- Pain or discomfort in your arms, back, jaw, neck, or stomach
- Shortness of breathing
- Sweating
- Nausea
- Light-headedness



Make sure people with diabetes know the signs and seek immediate help.

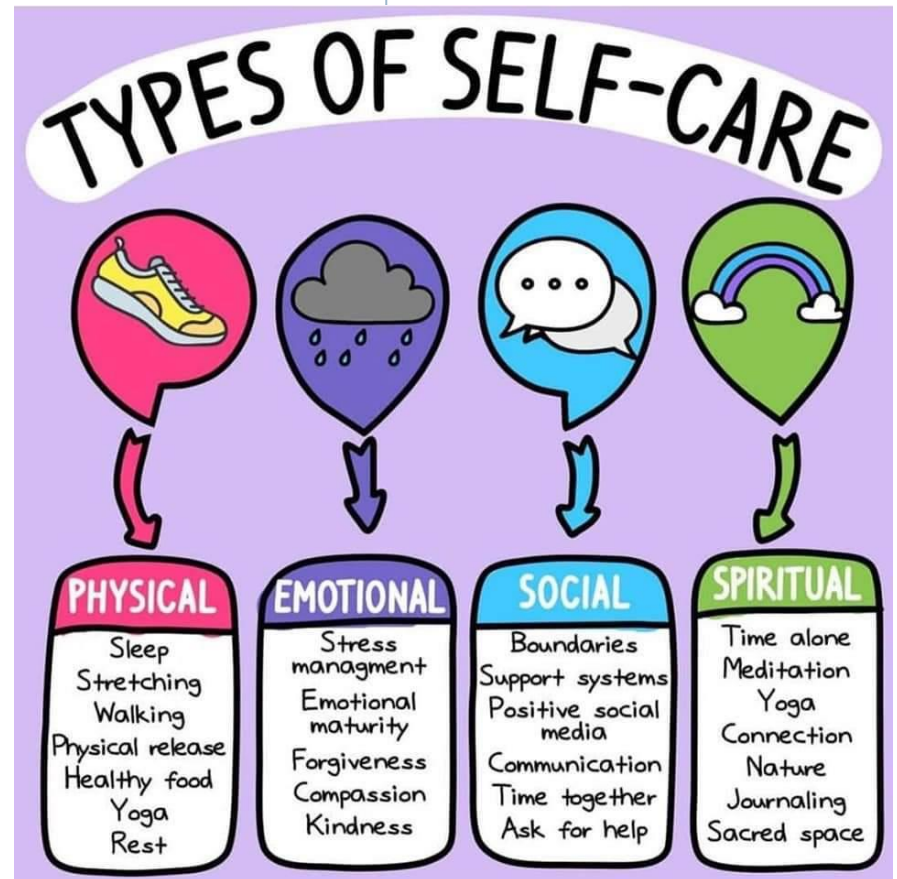
People with diabetes may *not* experience intense chest or jaw pain during heart attack due to neuropathy.

Stroke of Luck



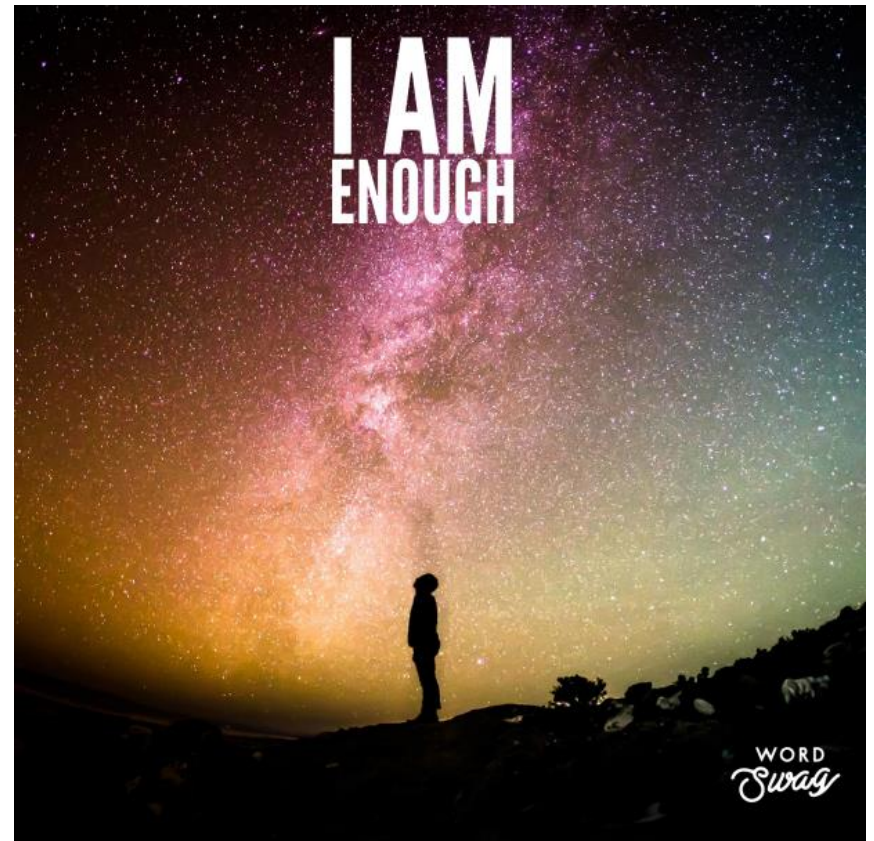
Take Time for You

- Get enough sleep
- Keep active
- Remind yourself that you are not responsible for the decisions of others. Love and release.
- Connect with friends and family
- Investigate unhealthy behaviors
- Nourish your body
- Consider a hobby
- Spiritual practice



Believe In You

- We may not always know the answer, it's okay.
- Allow room for self-grace.
- Sometimes listening and connecting is more important than having the right answer.
- Seek resources to fill in knowledge gaps.
- Don't forget the “wonder-person” pose on those hard days.

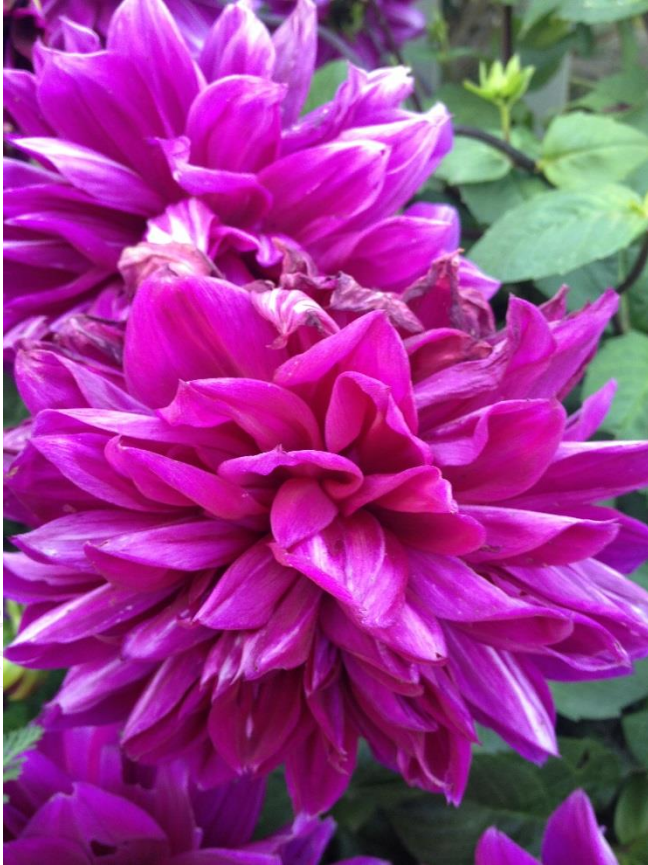


Summary

Thank you for
providing
compassionate and
informed diabetes
care, education and
advocacy.



Thank You



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