Psychological assessment and management in diabetes
Bharti Kalra,1 Sanjay Kalra,2 Yatan Pal Singh Balhara3

Abstract
Though the importance of psychological factors in the natural history, and the management of diabetes, cannot be overstated, these factors are sometimes not discussed adequately in current literature. Lack of trained manpower, time, and other resources, tends to detract diabetes care professionals from paying attention to this field. This review discusses simple, practical ways of psychological assessment and psychological management, in a manner relevant not only to Pakistan, but to other resource challenged settings as well. The paper underscores the fact that improvements in our understanding of psychological aspects of diabetes should be considered worthy of inclusion in the column: recent advances in endocrinology.

Keywords: Psychosocial, Diabetes, South Asia, Cognitive behavioural therapy, Motivational interviewing.

Introduction
The IDF clinical guidelines task force clearly states that "psychosocial factors are relevant to nearly all aspects of diabetes management." Particularly important is the recognition that signs of cognitive, emotional, behavioural and social problems, which may be complicating self-care, be considered a part of minimal care required for diabetes patients, even in resource challenged settings.1 The ISPAD Consensus Guidelines, 2000, goes a step further, stating that "psychosocial factors are the most important influences affecting the care and management of diabetes."2

Despite the strong emphasis in international guidelines on psychological care for people with diabetes, the provision of psychological assessment and management is far from optimal in most countries. In one way, this is to be expected, as in general, the management of diabetes in clinical practice remains sub-par.3 On the other hand, it is surprising that though the availability of newer diagnostic modalities and drugs has not resulted in an improvement in average glycaemic control over the years, this has not led to an enhanced realization of the importance of psychological care at the policy making level in many developing nations.

As the South Asian, specifically the Pakistani, diabetes scenario is unique, this warrants a focus on relevant, practical aspects of psychological screening, diagnosis and management. This paper discusses these issues from a nation-specific view-point, based on the sociocultural strengths and resources of Pakistan, while keeping in mind the limitations and challenges of clinical diabetology practice in the country.

Psychological Assessment and Management
Psychological support is often under-resourced and inadequate in both adults and children with diabetes. This results in poor quality of life and reduced general well-being, and may impact glycaemic control.4 The diabetes care provider must try to target emotional well-being as part of routine diabetes management, and not think of it as an esoteric or complementary therapeutic modality. The provider should also ensure that psychological assessment, and treatment, are internalized into routine care, instead of waiting to identify and manage deterioration in psychological status after it has occurred. It is now proven that addressing psychological needs has a positive effect on diabetes outcomes including reduced glycosylated haemoglobin, co-morbid depression and systolic blood pressure.

To achieve this, improved training in psychosocial aspects of diabetes is essential. Improved access to health care professionals trained in identifying patients’ needs for providing counseling and psychosocial support is also required.5

Psychological Assessment
Several reliable instruments useful in assessing psychosocial adjustment to diabetes have been included in various evidence-based guidelines for psychosocial care. These have been collated recently in comprehensive guidelines on psychosocial management of diabetes.4 They include Well-being Questionnaire (WHO-5), Patient Health Questionnaire-9 (PHQ-9), and Problem Areas in Diabetes (PAID) Scale. Assessment of the patient’s
psychological and social situation must be part of routine diabetes management, and must use reliable, validated instruments and questionnaires. From a Pakistani perspective, where patient-physician interaction time is limited in busy outdoor clinics, and where trained paramedical or mental health staff may not be available, the tools which take shortest time to administer are the most appropriate.

These include WHO-5 (available as Urdu translation also), and the two-question Whooley case-finding instrument. The two Whooley questions\(^7\) are:

"During the last month, have you often been bothered by feeling down, depressed, or hopeless?"

"During the last month, have you often been bothered by little interest or pleasure in doing things?"

The Guidelines for ethno-centric psychosocial management of diabetes mellitus in India: The north east consensus group statement, crafted for a resource-challenged part of South Asia, also recommend these tools for psychological assessment.\(^8\)

**Psychological Management**

The need for effective, well-evaluated psychosocial interventions to help people to deal with "diabetes distress" has been commented upon earlier.\(^9\) Comprehensive behavioural or lifestyle changes are required in diabetes, which in essence is a behavioural or lifestyle disorder. Additional psychosocial support is called for to help people to make, and persist with, these changes. Support is also needed to achieve a balance between the (sometimes antipodal) goals of optimizing both glycemic control, and quality of life. Specific psychological management interventions are available for the same, and their utility should be understood by all diabetes care professionals.

**Cognitive Behavioural Therapy**

Cognitive behavioural therapy (CBT), is an approach that helps patients recognize the power of "self-talk" (what they say to themselves) and enhances emotion-focused coping skills in dealing with emotional distress. CBT requires a fair amount of experience and skill, which demand substantial clinical training with backgrounds in counselling, nursing, psychiatry, psychology, or social work. Discussing patient's behaviour, resistance, rituals and consequences aligned with interpersonal problems can further increase the healthcare professional's understanding of the patient's perspective.\(^10\)

CBT should be recommended either alone or in combination with other strategies to diabetes patients with co-morbid psychiatric disorders, or to improve glycemic control and emotional well-being. A simple method that can be followed in the Pakistani context is the Karnal Model for counselling.\(^11\) This model relies on the cognitive behavioural therapy approach, which follows the "antecedents lead to behaviour leads to consequences" (ABC) framework. The model represents an easy, simple and acceptable method of counselling applicable to various psychological disorders and can be used in all health care situations, including similar resource-challenged settings with social constraints.

**Motivational Therapy**

Motivational enhancement therapy is a brief counselling method for enhancing motivation to change problematic health behaviours by exploring and resolving ambivalence. This therapy involves a patient-centred counselling through motivational interviewing (MI), and has been shown to enhance glucose control in specific patient groups. A modified version of MI, known as "WATER," involves a checklist designed for healthcare professionals to change the patient's attitude toward problematic behaviors and improve diabetes care-related behaviours.\(^12\)

**Coping and Counselling Therapy**

The basic idea of a coping strategy is that it should ease stress, provide comfort or enhance one's mood in a difficult situation and have a constructive, lasting impact on the mind and body. Coping is a complex process that can be defined as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person."\(^13\)

Family physicians should encourage patients with diabetes to integrate positive coping skills and de-learn negative coping mechanisms such as rumination (excessive thinking about the disease), catastrophizing (assuming undue negative impact to the disease), self-blame (blaming oneself for the illness) and other-blame (blaming others for one's condition) in their daily life.\(^14\)

**Family Therapy**

Several studies have shown the link between high levels of non-diabetes-specific family factors, such as conflict, stress and family cohesion, with poorer glycaemia control and adherence. Family therapy helps to reduce diabetic-related conflict between family members and reduces the impact of stress and mental health disorders associated with diabetes, particularly in children and adolescents. Physicians should explore the role of family support and family functioning in implementing family-oriented
programmes for individuals with diabetes.\textsuperscript{15} Thus is especially important in a society like ours, which places great premium on family ties.

**Folk Dance Therapy**

Dance/movement therapy is a popular form of physical activity that deals with individual's physical, emotional, cognitive and social integration. A total body movement such as dance enhances the functions of other body systems, such as circulatory, respiratory, skeletal and muscular systems, and is known to increase neurotransmitter and endorphins in the brain, which create a state of well-being. Folk dance has been recommended earlier in our setting to improve not only glycaemic, but also other cardiovascular indices.\textsuperscript{16}

**Conclusion**

Psychological assessment, as well as psychological management, must be included in routine diabetes praxis. This paper has tried to highlight, in a humble manner, simple strategies for assessment and management of psychological status. These methods can be used to great advantage, not only in Pakistan, but in other developing countries as well.

**References**