

Diabetes is the 7th leading cause of death in the US and prevalence has more than doubled in 10 years.

People with serious behavioral health diagnoses are twice as likely to develop diabetes.

25.8 million people in the US have diabetes (of those, 7 million don't know they have it).

79 million people in the US have pre-diabetes.

Uncontrolled diabetes is a major cause of heart disease, adult blindness, kidney failure and amputations.

There appears to be an interaction between serious behavioral health issues and diabetes with each contributing to the development of the other. 30% of patients with diabetes have diagnosable behavioral health issues.

People with diabetes and co-morbid behavioral health issues die younger!

Diabetes is a disease marked by high levels of blood sugar resulting from defects in insulin production, insulin action, or both. Type 1 diabetes is an autoimmune condition resulting in no insulin production and requires insulin injections for treatment. Type 2 diabetes is multifaceted as is the treatment. This is the diabetes which is most common (90% of cases) and the focus of this document. Diabetes is a silent disease. Most people do not notice any symptoms of diabetes and are unaware of the disease until suffering the complications.

Common symptoms of diabetes may be:

- Increased thirst
- Increased urination
- Vision changes
- Unexplained weight loss
- Unusual fatigue
- Increased hunger

Diabetes is considered one of the most psychologically demanding of the chronic medical illnesses.

Risk Factors for Type 2 Diabetes

Risk for Type 2 diabetes increases as a patient:

- becomes overweight
- becomes inactive in their daily life
- gets older

OR if the patient

- has a family history of diabetes
- is Native American, Latino or African American
- has a diagnosis of schizophrenia or schizoaffective disorder, bipolar disorder, depression or anxiety disorder
- evidences acanthosis nigricans (has dark, thick, velvety skin around the neck or under arms)

Compared to non-Hispanic white adults, African Americans, Hispanic/Latino Americans, American Indians, Asian Americans and Pacific Islanders are almost two times more likely to have diabetes.

To provide optimal diabetes care, the health care team needs to learn how patients view and treat diabetes within their respective cultures.

Why is it Important?

- Some anti-psychotics and anti-depressants may increase risk of diabetes by promoting weight gain, glucose intolerance & insulin resistance.
- Type 2 diabetes appears to slow mental functioning early on, specifically reduction in executive functioning and processing speed.
- Certain prescribed anti-psychotics place some patients at much higher risk of developing diabetes

Medications and Weight Gain

Problematic Weight Gain:

Clozaril, Zyprexa and Lithium.

Moderate Weight Gain:

Seroquel, Risperdal, Abilify, Chlorpromazine, Remeron, and all the tri & tetra-cyclic anti-depressants.

If using any of these medications, best practices suggest to:

- 1) Weigh patient & get baseline BMI.
- 2) Test blood sugar for pre-diabetes or diabetes (normal fasting BS is 70-100mg/dl, A1c less than 5.7%).
- 3) Test cholesterol & liver function levels.
- 4) Monitor every 3 months for BMI, diabetes (include A1c) and cholesterol.

Because having and treating behavioral health issues increases the risk of diabetes in some patients it is vital to:

Coordinate care and communicate with the patient's care providers through formal documentation and by telephone.

When Discussing Diabetes With Your Patients:

Encourage Healthy Habits

Exercise:

- Reduces glucose intolerance
- Reduces insulin resistance
- Helps even out emotions
- Assists in weight and emotional control.

The NIH-funded Diabetes Prevention Program (DPP) trial showed that one of the most effective ways to lower the risk of Type 2 diabetes is through regular exercise and modest weight loss (7-15 lbs). Such efforts may lead to a lifetime of health benefits. A follow-up study found the protective effects of weight loss and exercise continue for at least 10 yrs.

Motivate Action

Effective tools are Motivational Interviewing and Patient Centered Therapy.

- Patient centered care is defined as "providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions."
- The reality is that it is the patient who is in control and experiences the consequences of his or her choices.

Important Components:

- Patient defines what is important to them (be healthier, looks, reduce stress, more energy, avoid major complications, etc.),
- Chooses the level of action to be taken and sets weekly/monthly goals.
- Feedback from the patient to the provider about progress towards his/her goals (this really helps the patient take ownership of the illness).

Five Steps to Motivational Interviewing and Patient Centered Therapy

- Step 1.** Explore the Problem or Issue. *What is hardest for you about having diabetes?*
- Step 2.** Clarify Feeling and Meaning. *What does it mean to you to be diagnosed with pre-diabetes, and what do you feel?*
- Step 3.** Develop a Goal and Start a Plan. *Where would you like to be regarding...*
- Step 4.** Commit to Action. *What are you going to do? When? How will you know when you have succeeded? How confident are you?*
- Step 5.** Ask for Feedback. *Does the plan need to be changed to move forward?*

Some Medications and Diagnoses May Cause:

Weight gain

Suggest: eat healthier food, cut down on fatty fast foods, and eat more vegetables, drink water, avoid sodas, cut out beer/alcohol.

Fatigue and loss of energy

Suggest: drink water and stabilize blood sugars, assess medication use.

Increased depression, isolation

Suggest: talk to others, focus on the positive, and get involved in projects (art, helping others, volunteering in shelters, etc.)

ONLINE TOOLS

www.ndep.nih.gov
National Diabetes Education Program
Excellent resource - all aspects & plans for prevention/care

www.diabetesatwork.org
Lesson plans for diabetes care & activity/eating

www.betterdiabetescare.nih.gov
Curriculum & strategies for helping patients

www.diabetes.org
Healthy eating & physical activity

www.nhchc.org
National Health Care for the Homeless Council

www.endhomelessness.org
National Alliance to End Homelessness

www.cdc.gov/diabetes
Center for Disease Control
National information on diabetes statistics and data