

OA-A-03

DIABETES DISTRESS – PREVALENCE, RISK FACTORS AND IMPACT ON SELF-MANAGEMENT AMONG PATIENTS IN SPECIALIST-LED DIABETES CLINICS

<https://doi.org/10.15605/jafes.037.S2.71>

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INTRODUCTION

Diabetes distress (DD) is emotional distress from living with diabetes mellitus (DM) accompanied by the burden of long-term self-management. If unaddressed, it can lead to depression.

METHODOLOGY

This is a cross-sectional study to evaluate the prevalence, risk factors and impact of DD among patients (non-pregnant, ≥ 18 years) in DM clinics at Sarawak General Hospital using the validated DD scale (DDS17), along with a review of medical notes. The DDS17 addresses 4 DD components – A (Emotional burden), B (Physician-related distress), C (Regimen distress) and D (Interpersonal distress). Mean item score ≥ 3 indicates the presence of high distress.

RESULTS

From a total of 139 patients (57.6% female, 67.9% with T2DM) with a mean age of 41.9 years (SD 15.49), 21.6% have DD. The highest prevalence were for components A (39.6%) and C (38.8%) compared to B (15.8%) and D (19.4%). High emotional burden was significantly associated with a history of DKA [OR=2.9 (95% CI=1.4-6.0), $p=0.006$] and insulin injections >3 daily [OR=2.2 (95% CI=1.0-4.50, $p=0.038$]. Patients ≤ 30 years were more likely to have regimen-related distress [OR=6.6 (95% CI=1.6-26.8), $p=0.026$]. Lack of own transport to the clinic was significantly associated with interpersonal distress ($p=0.012$). Indicators of DM self-management namely self-glucose-monitoring, dietary recall and number of missing insulin injections were not significantly different between those with and without high distress.

CONCLUSION

DD is prevalent. Risk factors include young adults, history of DKA, multiple daily injections, and reliance on others to travel to clinics. While DD does not seem to significantly impact DM self-management in our study, greater awareness and early detection and management of DD as part of comprehensive diabetes care are vital to support patients holistically to prevent psychological complications.