
Final accepted version (with author's formatting)

This version is available at: http://eprints.mdx.ac.uk/23846/

Copyright:

Middlesex University Research Repository makes the University's research available electronically. Copyright and moral rights to this work are retained by the author and/or other copyright owners unless otherwise stated. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge.

Works, including theses and research projects, may not be reproduced in any format or medium, or extensive quotations taken from them, or their content changed in any way, without first obtaining permission in writing from the copyright holder(s). They may not be sold or exploited commercially in any format or medium without the prior written permission of the copyright holder(s).

Full bibliographic details must be given when referring to, or quoting from full items including the author’s name, the title of the work, publication details where relevant (place, publisher, date), pagination, and for theses or dissertations the awarding institution, the degree type awarded, and the date of the award.

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:

eprints@mdx.ac.uk

The item will be removed from the repository while any claim is being investigated.

See also repository copyright: re-use policy: http://eprints.mdx.ac.uk/policies.html#copy

Frank J. Snoek¹, Norbert Hermanns², Maartje de Wit¹, Jörg Huber³, Jackie Sturt⁴, François Pouwer⁵, Cathy E. Lloyd⁶, Ingrid Willaing⁷, and Arie Nouwen⁸, on behalf of the Psychosocial Aspects of Diabetes Study group of the European Association for the Study of Diabetes (EASD).

¹ Department of Medical Psychology, VU University Medical Center, Amsterdam, the Netherlands
² Research Institute of the Diabetes Academy Mergentheim (FIDAM), Bad Mergentheim, Germany
³ Centre for Health Research, University of Brighton, Falmer, U.K.
⁴ Florence Nightingale Faculty of Nursing & Midwifery, King’s College, London, U.K.
⁵ Department of Psychology, University of Southern Denmark, Odense, Denmark
⁶ Faculty of Health & Social Care, The Open University, Milton Keynes, U.K.
⁷ Steno Diabetes Center Copenhagen, Denmark
⁸ Department of Psychology, Middlesex University, London, U.K.

Corresponding author: Prof. Arie Nouwen, Department of Psychology, Middlesex University, The Burroughs, Hendon, London, NW4 4BT, United Kingdom; tel: +44 2084112890; email: a.nouwen@mdx.ac.uk

Word count: 481
Tables: 0
Figures: 0
References: 5
Dear Editor,

We read with great interest the ADA position statement on psychosocial care for people with diabetes by Young-Hyman et al (1). This statement complements previous international guidelines, including those of the International Society of Pediatric and Adolescent Diabetes (ISPAD) and the International Diabetes Federation (IDF) (2,3), underscoring the importance of psychosocial care in the context of diabetes management. We commend the authors for their efforts to offer a comprehensive overview of psychosocial problems that warrant our attention along with a set of evidence-based recommendations. There are two issues that in our view deserve more attention.

First, while the authors acknowledge that psychological well-being is an important outcome of diabetes care, the recommendations are all focused on mental ill health. It is important to recognize that the absence of a (serious) mental health problem does not necessarily equate to well-being or good ‘quality of life’. This has repercussions for language and communication with the person with diabetes. We feel it is important to adopt a positive, affirmative approach to the psychosocial needs of the person with diabetes. If we want all diabetes care providers to deliver emotionally informed care, we should avoid over-pathologizing the experiences of individuals with diabetes into ill health states as opposed to wellbeing states. In essence, the first question (to all individuals with diabetes) should be “How well are you doing?”, rather than a screening question for eating disorder, depression or other psychopathology. We recommend including a positively framed measure of emotional well-being in routine assessment (e.g. WHO-5 Well-being Index) either as a first step or alongside a measure of emotional distress. There is ‘real-world’ evidence demonstrating the acceptability and effectiveness of such an approach (4).

Second, and related to the previous point, the practice of screening deserves more thought, particularly with respect to patient acceptance. We should be aware that from the perspective of the person with diabetes, screening for psychopathology is not always welcomed, for example because of fear of stigmatization or low confidence in mental health services (5), and more so when screening becomes routine procedure of simply ‘ticking the box’. Also, a questionnaire score indicative of a mental health problem is not to be confused with a felt need for psychological care. Too often people with diabetes report high distress but do not express a need for professional help. Asking the question: “Do you want support for these problems, professionally or otherwise?” is just as important as knowing whether a person is distressed. It is therefore imperative that if screening is applied as recommended by Young-Hyman et al, diabetes health care teams are trained to do so in a constructive, patient friendly manner and are able to make available culturally acceptable, affordable evidence-based treatment options in response to the identified psychosocial needs. We suggest putting more emphasis on these requirements when recommending screening for psychosocial problems as part of routine diabetes care.

References


Acknowledgements

Funding: None
Conflict of interest: JS undertakes consultancy for Eli Lilly and is a member of their Education Board. No other conflict of interest to declare for any of the authors.