

Data on diabetes distress are needed to improve the quality of diabetes care

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We commend the *Lancet* Commission on diabetes¹ but the section on comorbidities and mental health is limited to psychiatric comorbidities. Mental well-being is not simply the absence of mental disorders.² Diabetes-specific distress is the negative emotional impact of living with and managing diabetes, a sign of coping difficulties. Diabetes-specific distress is very common, affecting around a third of people with diabetes.³ We suggest that ignoring diabetes-specific distress contributes to the sub-optimal outcomes highlighted by the Commission. One meta-analysis shows that interventions to reduce diabetes distress also reduce the concentration of glycated haemoglobin,⁴ and are therefore important for preventing complications. Despite 25 years of research into diabetes distress,³ this specific and central issue is unmentioned in *The Lancet's* Commission.

Given that diabetes-specific distress is “*anchored in the day-to-day experience of living with diabetes*”,³ it can be assessed and addressed within the diabetes care team, and this is what people with diabetes want.⁵ It is practical and inexpensive,⁶ with no need for advanced equipment or diagnostic tools. Nor, in most cases, is there need for referral to mental health professionals. Thus, data on diabetes-specific distress data are accessible, actionable and can facilitate better outcomes globally. There is international agreement on a standard set of person-centred outcomes for diabetes, which includes, alongside depressive symptoms (Patient Health Questionnaire-9), brief, valid measures of general emotional wellbeing (World Health Organisation- Five Well-being Index), and diabetes-specific distress (the Problem Areas in Diabetes scale).⁷ All three need to be assessed longitudinally in diabetes registers for risk stratification, clinical management and surveillance, quality monitoring and, above all, holistic care.

We declare no competing interests. The interpretations and opinions in this Correspondence are those of the named authors, who are all members of the PsychoSocial Aspects of Diabetes Study Group of the European Association for the Study of Diabetes. This Correspondent does not reflect an official position of the European Association for the Study of Diabetes.

Appendix

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