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Was it worth it?

Psychological Support and Leeds Community Diabetes Service

Background

Diabetes is a complex, lifelong condition requiring skilful self-management to reduce the risks of physical illness and complications (Diabetes UK and Peyrot et al 2005).

- An estimated 41% of people with the condition have poor psychological wellbeing (Diabetes UK and Diabetes UK 2008).
- Recognising, assessing and treating psychological and mental health problems of an individual with diabetes is important and integral in improving their glycaemic control thereby reducing the risks to their health (Diabetes UK 2008).

In 2008, Leeds Community Diabetes Service was launched by NHS Leeds primarily for people with Type 2 Diabetes. An integral Psychological Support Service was established from the outset. The aim of the psychological arm is to provide support in the community setting to poorly controlled individual Type 2 diabetes patients, where a likely psychological problem has been highlighted using a screening questionnaire by the MDT. There is no direct GP access to this service.

The psychological support is provided by 2 mental health practitioners who:

- assess individual patient psychological needs and offer various interventions.
- provide professional training for the Community Diabetes Team.

Aim

To determine the impact of the Community Diabetes Psychological Support Service in facilitating individuals to improve outcomes regarding:

- global distress and wellbeing
- overall diabetes control.

Method

1005 patients referred to Community Diabetes Service:

Recorded outcome measures for 19 patients including:

- pre and post *CORE, **DDS, and HbA1c were reviewed for the 19 patients who had completed psychological treatment by the time of the study.
- * Clinical Outcomes in Routine Evaluation (CORE) measures global distress through 34 questions including well being, commonly experienced symptoms/problems and life/social functioning.
- **Diabetes Distress Scale (DDS) through 17 questions measures diabetes related emotional distress.

References:

Diabetes UK *Emotional and Psychological Support and care in Diabetes. Report from the emotional and psychological support working group of NHS Diabetes and Diabetes UK.* www.diabetes.nhs.uk

Diabetes UK (2008) *Diabetes UK 2008 A Report from Diabetes UK.*

Peyrot M.T., Rubin R.R., Lauritzen T., Snoeks F. J., Mathews D.R, and Skovlund S.E. On behalf of the International DAWN Advisory Panel. (2005) *Psychological Problems and Barriers to Improved Diabetes Management: Results of the Cross-National Diabetes Attitudes, wishes and Needs (DAWN) Study.* Diabetes UK. Diabetic Medicine.22 p1379-1385

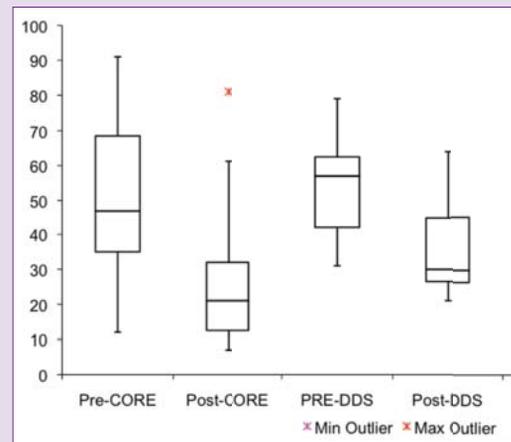
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Results

Number of Patients referred for Psychological Support: 153 (15%)
Number of Patients: 12 female 7 male (Age range: 27 – 70 yrs)

No. with Improved CORE score post intervention:	17
No. with Improved DDS Score post intervention:	18
Number with Improved CORE and DDS score:	16
Number with improved HbA1c:	6/8



Labels	Pre-CORE	Post-CORE	PRE-DDS	Post-DDS
Min	12	7	31	21
Q1	35	12.5	42	26.5
Median	47	21	57	30
Q3	68.5	32	62.5	45
Max	91	81	79	64
IQR	33.5	19.5	20.5	18.5
Upper Outliers	0	1	0	0
Lower Outliers	0	0	0	0

Conclusions

The availability of a Community Psychological Support Service does have evidence of benefit, in relation to:

- Improved psychological wellbeing
 - including a reduction in the overall range of psychological wellbeing
- Reduction in diabetes distress
 - the overall range remained the same but is skewed towards lower scores
- Only 15% of patients accessed the service in comparison to the 41% estimated to have poor psychological wellbeing.

But there is limited evidence of improvement in HbA1c as a consequence of improved psychological wellbeing. In cases with no improvement in HbA1c, patients can demonstrate beneficial improvement in wellbeing.

“Was it worth it?”

- Yes! The numbers are small but results positive for psychological and clinical outcomes.
- Conclusions are limited though worthy of discussion.