Role of Psychology in diabetes Management
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Abstract

Sir,

Many people think that diabetes treatment is very straightforward, once the right amount of medication or insulin has been determined. Unfortunately, management is much more complicated than this.

Diabetes is a disease that is managed primarily by a complicated regime of self-care behavior. The treatment of diabetes includes following a daily routine of medication or insulin usage, self-testing blood glucose levels many times per day, as well as a specific diet and exercise. All of these tasks must be performed multiple times per day in a highly coordinated fashion.

Diabetes self-care is difficult for a number of reasons. For example, the demands of diabetes self-management can be overwhelming. Ideally, when people learn new and complicated routines, they try out new behaviors in a gradual way, eventually making them part of a new routine. Yet, with diabetes the individual must quickly learn a large number of new behaviors and they must begin performing them all immediately and at once.

Further, diabetes self-care is complex, involving the multiple impacts of several factors that work in opposite directions. For example, activity, insulin & the passage of time lower blood glucose, whereas food & stress elevate blood glucose. In general, research shows behavior changes occur best when simple changes are made first and change occurs gradually over time. However, the individual with diabetes has to try to manage all of factors simultaneously in a right way.

Another principle of successful behavior management is the opportunity to take breaks or time out from difficult tasks. However in diabetes there are no weekends off, no vacations & no retirement. The demands of diabetes self-care are constant.

Finally, diabetes management can be frustrating because effort does not always produce predictable results. There are times when individuals do all that they are asked & still their control is not what they expect. We cannot answer their genuine question, “Why is my sugar high?”

In addition to behavioral demands of diabetes there are emotional & social problems that can arise. Diabetes is often perceived as a burden. It can be hard to accept the disease and feelings of depression (feeling overwhelmed), anxiety (fear of complications or hypoglycemia) and frustration (with demands of self care or medical system) are common.

Young people, especially women with type 1 diabetes are at risk for developing eating disorders or weight loss through insulin omission.

Social problems can result from diabetes as well. Many individuals who do not have diabetes find it difficult to understand the needs of someone with diabetes. Even if they mean well, those without diabetes often act in ways that are not supportive. For example, friends or relatives may encourage a person with diabetes to eat something they shouldn’t because “once can’t hurt”. Well meaning mothers and aunts may prepare calorie-rich foods for their diabetic children, not realizing the harm they are doing.

Psychologists can play a valuable role in helping people living well with diabetes. Diabetes presents a significant challenge and stress for diabetics and those around them.

Therapists are well trained in behavior change interventions. They understand the problems in diabetes self-care and can help the client and her family to overcome obstacles and tackle difficulties encountered in diabetes care.

Counselors work with diabetes in number of ways: They can
help the newly diagnosed individual to understand the impact of their diagnosis, and their role in managing it. They can help them to solve problems by making them learn daily behavior needed for successful maintenance. They are trained to recognize & treat psychological distress including depression and anxiety that can develop when living with an unpredictable disease.

Therapists can be helpful in assisting the individual to develop and maintain the motivation needed to follow the daily routine of self care. They promote family therapy & strategies to deal with social pressures which are often beneficial to those with diabetes and their loved ones.

Another important aspect of diabetes management in which the psychologist can play a valuable role is enhancing the motivation spirit to achieve treatment targets such as insulin acceptance and dietary control.

Therapists can help in achieving these targets with the help of certain therapies, like:

a) Behavior therapy.

b) Cognitive Behavior Therapy.

c) Realistic Therapy.

d) Eclectic approach.

These therapies help in analyzing the inappropriate behavior as well as altering it to appropriate behavior required for better diabetes management.

Thus we can conclude that the psychologist play a valuable role in diabetes management. However, this is not possible alone. A proper team is required to fulfill the above goals i.e. a systematic coordination is essential between the doctor, dietician, physiotherapist and of course a psychologist.

Psychology is thus an essential part of diabetes management.

References
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