

# **Mental Well-being Pearls**

Presented by Dr Kevin Fernando, GP Partner & Medical Education & Scottish Lead, North Berwick Health Centre, GPwSI Diabetes, Primary Care Diabetes Society



#### Depression & Diabetes - Key Points:

- ✓ Depression is twice as common in those with diabetes
- ✓ Depression in T2DM is associated with poor metabolic control
- ✓ In those with T2DM, depression is associated with an increased risk of microvascular & macrovascular complications
- ✓ Depression significantly increases the risk of mortality in those with diabetes
- ✓ Pharmacological management
  - Sertraline may be most helpful for mood and glycaemic control
  - Avoid paroxetine and mirtazapine due to weight gain
  - All drugs have similar efficacy if used in adequate doses
    - Individualise choice according to patient preference, side-effect profile & any past response
  - Long-term treatment required at least 6-12 months
  - Involve local mental health services as appropriate

#### Some helpful resources for self-help material:

- ✓ www.moodjuice.scot.nhs.uk
- ✓ www.getselfhelp.co.uk
- ✓ www.overcoming.co.uk
- ✓ The book "Mindfulness for Health" is an excellent practical guide to relieving pain, reducing stress and restoring welling

# Use the Lester Positive Cardiometabolic Health Resource to reduce the risk of cardiometabolic disease in those with severe mental illness

- ✓ https://www.rcpsych.ac.uk/pdf/RCP\_11049\_Positive%20Cardiometabolic% 20Health%20chart-%20website.pdf
- ✓ Cardiometabolic disease prevention from point of diagnosis
- ✓ "Don't just screen, intervene"
- ✓ Strongly encourage lifestyle change & interventions
- ✓ It is a myth that people with severe mental illness are not motivated about lifestyle change
- ✓ Carefully monitor weight early
  - Quetiapine less likely to cause weight gain, aripiprazole even less so
- ✓ Lower threshold for metformin & statins



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#### **Diabetes Distress - Key Points:**

## "The concerns and worries about diabetes and its management". Includes:

- ✓ Factors related to demands of diabetes regimen
- ✓ Interpersonal issues
- ✓ Relationships with care-givers
- ✓ Emotional burden

### Possible signs of diabetes distress include:

- ✓ A sense of being overwhelmed and defeated by diabetes
- ✓ Anger, frustration and negative feelings about diabetes
- ✓ Feelings that diabetes is controlling their life
- ✓ Worrying about not taking care of their diabetes, yet unmotivated or unwilling to change
- ✓ Avoiding diabetes-related tasks that might give feedback about diabetes management e.g. blood glucose monitoring or weight
- ✓ Feeling that care-givers & HCPs are unable to truly understand
- ✓ Feeling alone and isolated with diabetes

# Assess using DDS-2 scale:

- ✓ Do you feel overwhelmed by the demands of living with diabetes?
- ✓ Do you feel that you are often failing with your diabetes regime?

## Support for diabetes distress:

- ✓ Normalise feelings. Emphasise that diabetes distress is not a mental health condition
- ✓ Show empathy
- ✓ Offer referral to structured education to improve self-management, confidence & peer support
- ✓ Offer referral to psychological services
- ✓ Diabetes UK careline 0345 1232399