

Psykosocial sundhed og støtte til personer med diabetes – udfordringer under COVID-19 pandemien samt introduktion til en guide til støtte ved diabetes-stress

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Hvad vidste vi da pandemien startede?

- De **psykologiske konsekvenser af karantæne** kan være posttraumatisk stresssymptomer, forvirring, frustration, kedsomhed og vrede, frygt for utilstrækkeligt udstyr, utilstrækkelig information, økonomiske tab og stigma
- **SARS 2003**: Stigning i 'generel frygt'
- **Ebola virus 2014**: Psykologiske konsekvenser var særligt fremtrædende blandt højrisikopersoner
- Spørgeskemaundersøgelse under **COVID-19 pandemi i Kina** (1.210 respondenter) viste:
 - psykologiske konsekvenser af pandemi i generel befolkning (stress, angst, depression)
 - personer med kronisk sygdom oplevede mere stress, angst og depression end personer uden kroniske sygdomme
- **Personer med diabetes** har øget risiko ved smitte (sygelighed og dødelighed)

Formålet med undersøgelsen:

At kortlægge og følge COVID-19-specifikke bekymringer og psykosocial sundhed blandt personer med diabetes i Danmark.

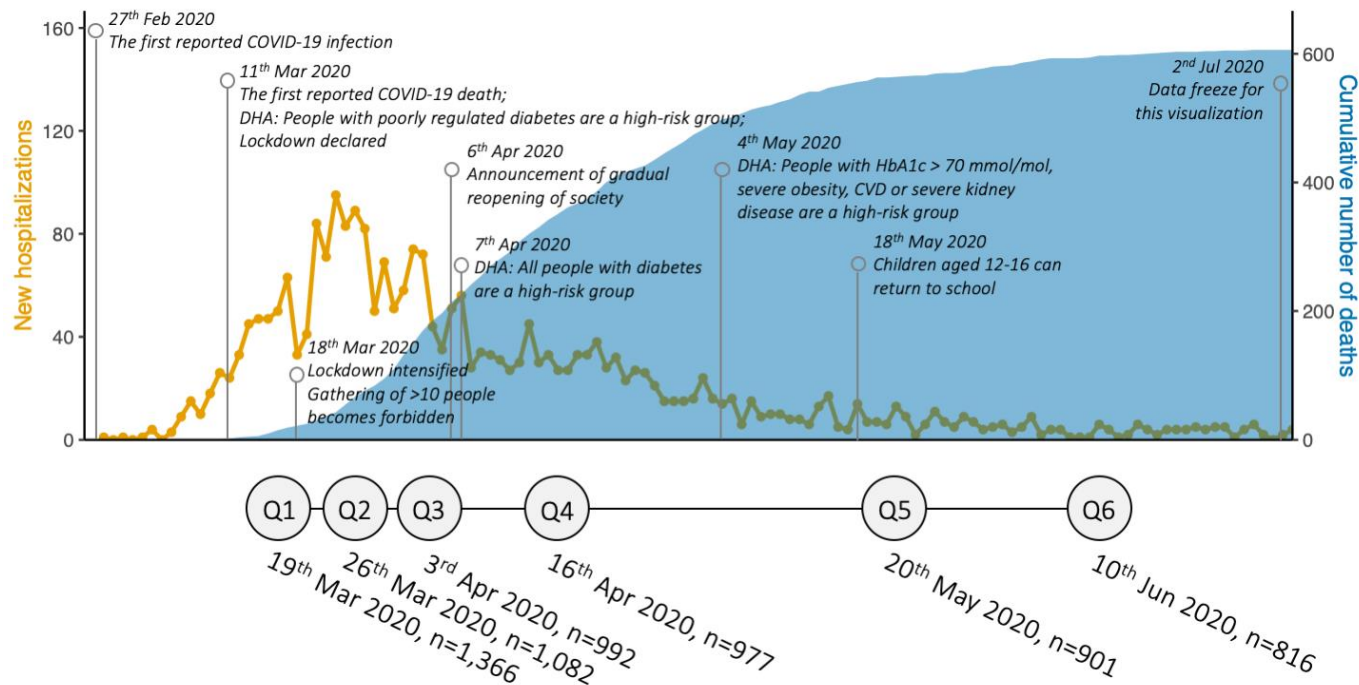
Metoder:

- Spørgeskemaer
- Interviews

Samarbejdspartnere

- Steno Diabetesråd (Lone Holm)
- Diabetesforeningen (Tanja Thybo)
- Københavns Universitet: "Standing together – at a distance"
(Naja Hulvej Rod, Amy Clotworthy, Tibor Varga m.fl.)
 - <https://coronaminds.ku.dk/resultater/>

En uge efter nedlukningen blev første skema sendt ud.....



Population for spørgeskema, n = 2.430

- Besvarelser første spørgeskema = 1.396 (57 %)

| Karakteristika | |
|---------------------|----------------------|
| Alder i år, [range] | 61.6 (12.9), [18-99] |
| Køn, mænd | 685 (55,7) |
| Diabetestype | |
| Type 1 | 471 (34,6) |
| Type 2 | 839 (61,6) |
| Anden diabetes | 52 (3,8) |

Deskriptiv statistik er angivet i frekvens (procent) eller gennemsnit (standardafvigelse)

- Af disse svarede størstedelen på de følgende fem spørgeskemaer

Bekymringer omkring COVID-19 og diabetes (8. maj!)

DIABETICMedicine

DOI: 10.1111/dme.14319

Research: Educational and Psychological Aspects

Diabetes and COVID-19: psychosocial consequences of the COVID-19 pandemic in people with diabetes in Denmark—what characterizes people with high levels of COVID-19-related worries?

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Abstract

Aim To map COVID-19-specific worries and overall psychosocial health among people with diabetes in the initial phase of the COVID-19 pandemic in Denmark, and to explore characteristics of people with diabetes and high levels of worries related to the COVID-19 pandemic.

Methods A cross-sectional survey was conducted by distributing online questionnaires to 2430 adult members (> 18 years) of two user panels consisting of people with diabetes who have volunteered to share information about their life with diabetes. The questionnaire included items on COVID-19-specific worries as well as such worries related to diabetes, sociodemographic and health status, social relations, diabetes-specific social support, diabetes distress and changes in diabetes-specific behaviours. Responses were analysed with descriptive statistics and logistic regressions.

Results People with diabetes have COVID-19-specific worries related to their diabetes. More than half were worried about being overly affected due to diabetes if infected with COVID-19, about one-third about being characterized as a risk group due to diabetes and not being able to manage diabetes if infected. Logistic regressions showed that being female, having type 1 diabetes, diabetes complications and diabetes distress, feeling isolated and lonely, and having changed diabetes behaviours were associated with being more worried about COVID-19 and diabetes.

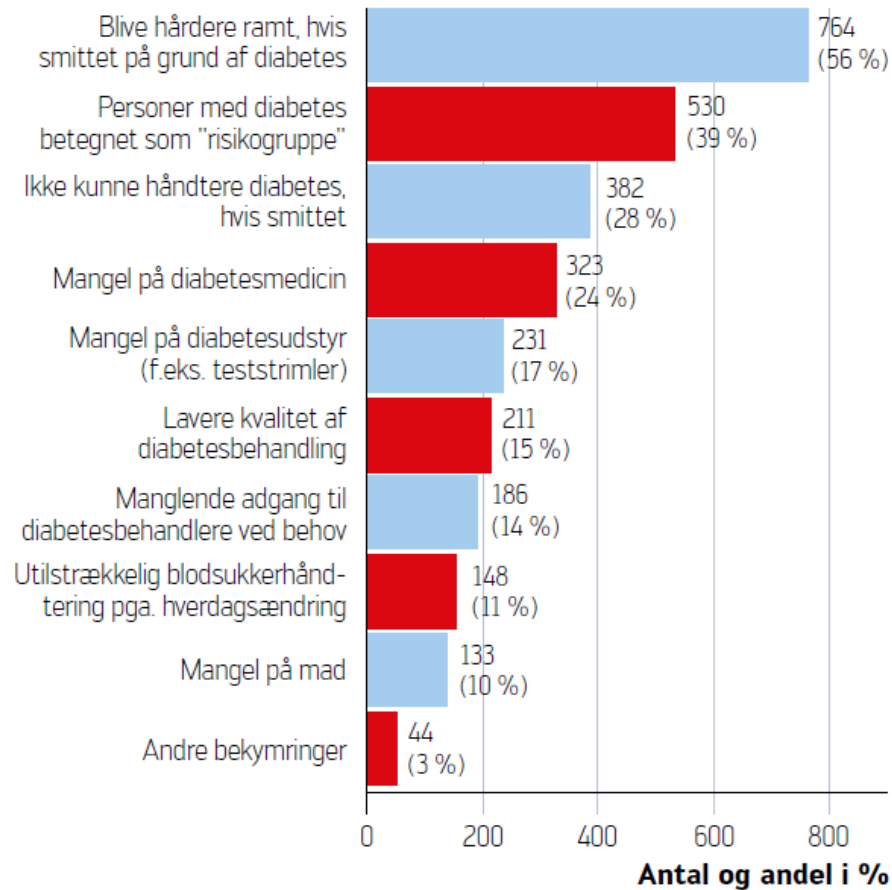
Conclusion People with diabetes have COVID-19-specific worries related to their diabetes which is associated with poorer psychosocial health. These worries should be addressed through support targeting specific questions and needs of individuals with diabetes as well as frequent updates on new knowledge regarding COVID-19 and diabetes.

Diabet. Med. 37, 1146–1154 (2020)

Resultater fra første spørgeskema

Figur 2:

Bekymringer relateret til covid-19 blandt personer med diabetes



Faktorer forbundet med oplevelsen af de tre mest hyppige COVID-19-specifikke bekymringer relateret til diabetes



- Kvinder vs. mænd
- Type 1 diabetes vs. type 2 diabetes
- Komplikationer (fra 1 og opefter) vs. ingen komplikationer
- Isolation
- Ensomhed
- Diabetes-stress
- Adfærdsændringer vs. ingen ændringer

Interviewstudie omkring COVID-19 og diabetes

- 20 semi-strukturerede online interviews
 - 8 med T1D – gennemsnitsalder 29 år
 - 11 med T2D – gennemsnitsalder 67 år
 - 1 med type 1½ – alder 69
 - 50/50 mænd/kvinder
- Interviews udført mellem den 2. og 15. april, 2020

Interviewundersøgelse



Article

Altered Self-Observations, Unclear Risk Perceptions and Changes in Relational Everyday Life: A Qualitative Study of Psychosocial Life with Diabetes during the COVID-19 Lockdown

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Abstract: When the Danish society went into COVID-19 lockdown, it dramatically changed the conditions for living with a chronic disease like diabetes. The present article highlights the psychosocial effects of this change. The dataset consists of 20 semi-structured online interviews with people with diabetes. The data were analyzed using radical hermeneutics and interpreted using Luhmann's operative constructivist systems theory. The analysis produced three main themes: (1) people with diabetes experience altered self-observations—mainly due to society labelling them as vulnerable, (2) people with diabetes have unclear risk perceptions due to lack of concrete knowledge about the association between COVID-19 and diabetes, and (3) changes in conditions for maintaining and creating meaningful relations have a significant impact on everyday life with diabetes. These findings have important implications for risk communication. People respond in a multitude of ways to communications issued by health authorities and with close relations, and their meaning-making is shaped by, and shapes, their self-observations, risk perceptions and relational environments. This calls for more targeted communication strategies as well as increased use of peer support; the goal being to help people create meaning in their own environments.

Keywords: COVID-19; diabetes; psychosocial effects; self-observations; risk perceptions; social relations; systems theory; qualitative research

Article

Disrupted Self-Management and Adaption to New Diabetes Routines: A Qualitative Study of How People with Diabetes Managed Their Illness during the COVID-19 Lockdown

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Abstract: When societies went into the COVID-19 lockdown, the conditions under which people with diabetes managed their illness dramatically changed. The present study explores experiences of everyday life during the COVID-19 lockdown among people with diabetes, and how diabetes self-management routines were affected. The data consist of 20 interviews with adults with diabetes, focusing on experiences during the COVID-19 lockdown. The analysis showed that experiences of self-management during lockdown were diverse and that participants handled daily life changes in very different ways. The main changes in self-management related to physical activity and food intake, which decreased and increased, respectively, for many participants during lockdown. We found two main and significantly different overall experiences of everyday life while on lockdown: (1) A daily life significantly changed by the lockdown, causing disruption of diabetes self-management routines, and (2) a largely unaffected everyday life, enabling continuance of diabetes routines. Our findings showed that people with diabetes lacked information about strategies to self-manage diabetes during lockdown and would have benefited from guidance and support throughout the pandemic, or any other crisis, to maintain their diabetes self-management routines.

Keywords: COVID-19; diabetes; self-management; psychosocial effects; qualitative research



Citation: Grabowski, D.; Overgaard, M.; Meldgaard, J.; Johansen, L.B.; Willaing, I. Disrupted Self-Management and Adaption to New Diabetes Routines: A Qualitative Study of How People with Diabetes Managed Their Illness

Vidt forskellige reaktioner blandt personer med type 1 og type 2 diabetes

| | Type 1 | Type 2 |
|----------------------------|--|---|
| Selvopfattelse (identitet) | Identificerer sig i høj grad med diabetes og kronisk sygdom | Fravær af sygdomsidentitet og udviser mindre Corona-opmærksomhed |
| Stigma | Mangler opmærksomhed og føler sig overset | Opfatter sig ikke som en del af risikogruppen |
| Risikoopfattelse | Føler sig i høj grad i risiko, bekymret og bange | Føler sig ikke i særlig risiko |
| Informationsbehov | Forvirret omkring myndighedernes anbefalinger og mangler information omkring, hvorfor de er i risiko | Tilfreds med niveauet af information og vil selv søge yderligere information, hvis nødvendigt |

Konklusion

- Mange personer med diabetes oplever diabetes-specifikke bekymringer relateret til COVID-19
- COVID-19-bekymringer er særligt udbredte blandt kvinder, personer m. type 1 diabetes, personer med diabeteskomplikationer og personer, som føler sig alene, er isolerede og/eller har høj diabetes-stress
- Vidt forskellige reaktioner blandt personer med type 1 og type 2 diabetes
- Der er brug for:
 - Støtte, som adresserer de specifikke bekymringer, spørgsmål og behov blandt personer med diabetes
 - Hyppige opdateringer omkring ny viden angående COVID-19 og diabetes

Udvikling i bekymringer og mentalt helbred i øvrigt over tid

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Psychosocial health in people with diabetes during the first three months of the COVID-19 pandemic in Denmark

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ABSTRACT

Aims: To analyze trajectories of psychosocial health among people with diabetes during the first three months of lockdowns and reopenings of the COVID-19 pandemic in Denmark.

Methods: An online longitudinal survey of 2430 people with diabetes consisting of six questionnaire waves (Q1-Q6) was conducted between March 19 and June 25, 2020. Psychosocial outcomes assessed were COVID-19 worries, quality of life, feelings of social isolation, psychological distress, diabetes distress, anxiety, and general and diabetes-specific loneliness. Trajectories in psychosocial health were analyzed with linear multilevel mixed-effects models. Subgroup analyses were conducted.

Results: In total, 1366 (56%) people with diabetes responded to the first questionnaire. COVID-19 worries, feelings of social isolation, psychological distress, anxiety and general loneliness had all improved at Q6 compared to Q1 ($p < 0.001$). In general, improvements in psychosocial health started after the first reopening phase (April 15); however, general loneliness increased up to the first reopening phase ($p \leq 0.001$) before decreasing, and quality of life decreased up to the first reopening phase ($p = 0.002$), with no improvements to follow. Subgroup analyses revealed that women had larger decreases in feelings of social isolation ($p < 0.001$) and in psychological distress ($p = 0.035$) and increases in quality of life ($p < 0.001$), between Q1 and Q6, compared to men.

Conclusions: Psychosocial health in people with diabetes improved following reopening of society. However, increases in loneliness and decreases in quality of life during lockdown indicates a potential need to mitigate the acute effects of such policies.

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Hovedresultater

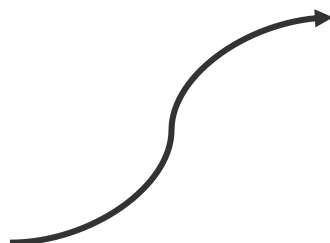
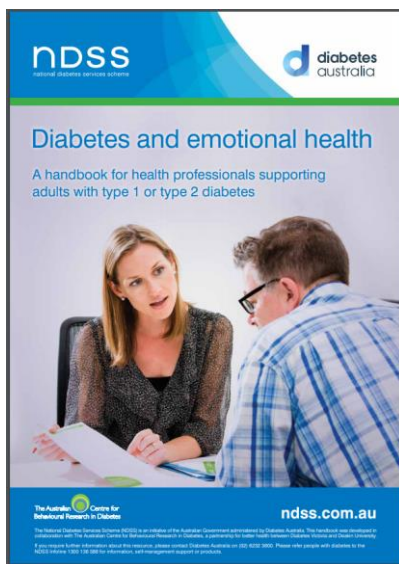
- Psykosocial sundhed forbedres fra marts til juni
 - Diabetes-relaterede COVID-19 bekymringer
 - Social isolation, distress, angst og ensomhed
- Forbedringer ses v. første genåbning (15. April)
- Større forbedringer blandt kvinder – men også lavere niveau fra start
- Flere personer med type 1 diabetes - end personer med type 2 diabetes - oplever bekymringer i hele perioden (håndtering af diabetes og adgang til behandling)

Opfølgning

- Spørgeskema marts-april 2021:
 - COVID-19-specifikke bekymringer relateret til diabetes
 - Køn, alder, jobstatus mm., samt sundhedstilstand
 - Ensomhed og isolation, inkl. diabetes-ensomhed
 - Diabetes-specifik social støtte
 - Diabetes-stress
 - Diabetes-relaterede adfærdsændringer
 - Oplevelse af video-konsultationer under pandemien
- Interviewundersøgelse 2021 (foretages pt)

Støtte til personer med diabetes-stress

Oversættelse og tilpasning af kapitel om diabetes-stress



Hvad er diabetes-stress?

- Følelsesmæssige reaktioner på at leve med diabetes
- Diabetes-stress er ikke en sygdom (som fx depression)
- Et kontinuum fra mild til svær diabetes-stress
- Diabetes-stress kan svinge over tid
- Uden støtte kan diabetes-stress forværres



Diabetes-stress – eksempler på bekymringer

Følelsesmæssig belastning:

Fx følelsen af, at være vred, bange og/eller nedtrykt, når man tænker på at leve med diabetes

Bekymringer relateret til at håndtere diabetes:

Fx følelsen af, at man ikke tester blodsukker ofte nok

Bekymringer relateret til behandlere:

Fx følelsen af, at lægen ikke tager ens bekymringer alvorligt

Stress relateret til sociale relationer:

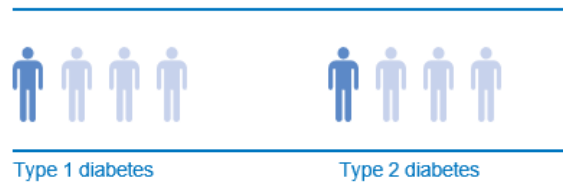
Fx følelsen af, at venner eller familie ikke forstår, hvor svært det kan være at leve med diabetes

Mange oplever diabetes-stress

Internationale tal



Danske tal



- Prævalencer er højere blandt kvinder, yngre, personer med kortere diabetesvarighed og personer med diabeteskomplikationer

Fysisk og psykisk velbefindende hænger sammen

- Høj grad af diabetes-stress er forbundet med negative fysiske og psykiske konsekvenser:
 - Udfordringer med at håndtere diabetes i hverdagen
fx mindre fysisk aktivitet, usunde spisevaner, afvigelser fra at tage medicin og mindre hyppig måling af blodsukker
 - Forhøjet HbA1c
 - Hyppigere forekomst af alvorlig hypoglykæmi
 - Forringet livskvalitet

Støtte til diabetes-stress

- Personer med diabetes vil gerne have støtte til diabetes-stress fra diabetesbehandlere
- Forebyggelse og behandling af diabetes-stress er ikke en systematisk del af diabetesbehandling i Danmark
- Vi mangler konkrete værktøjer og interventioner

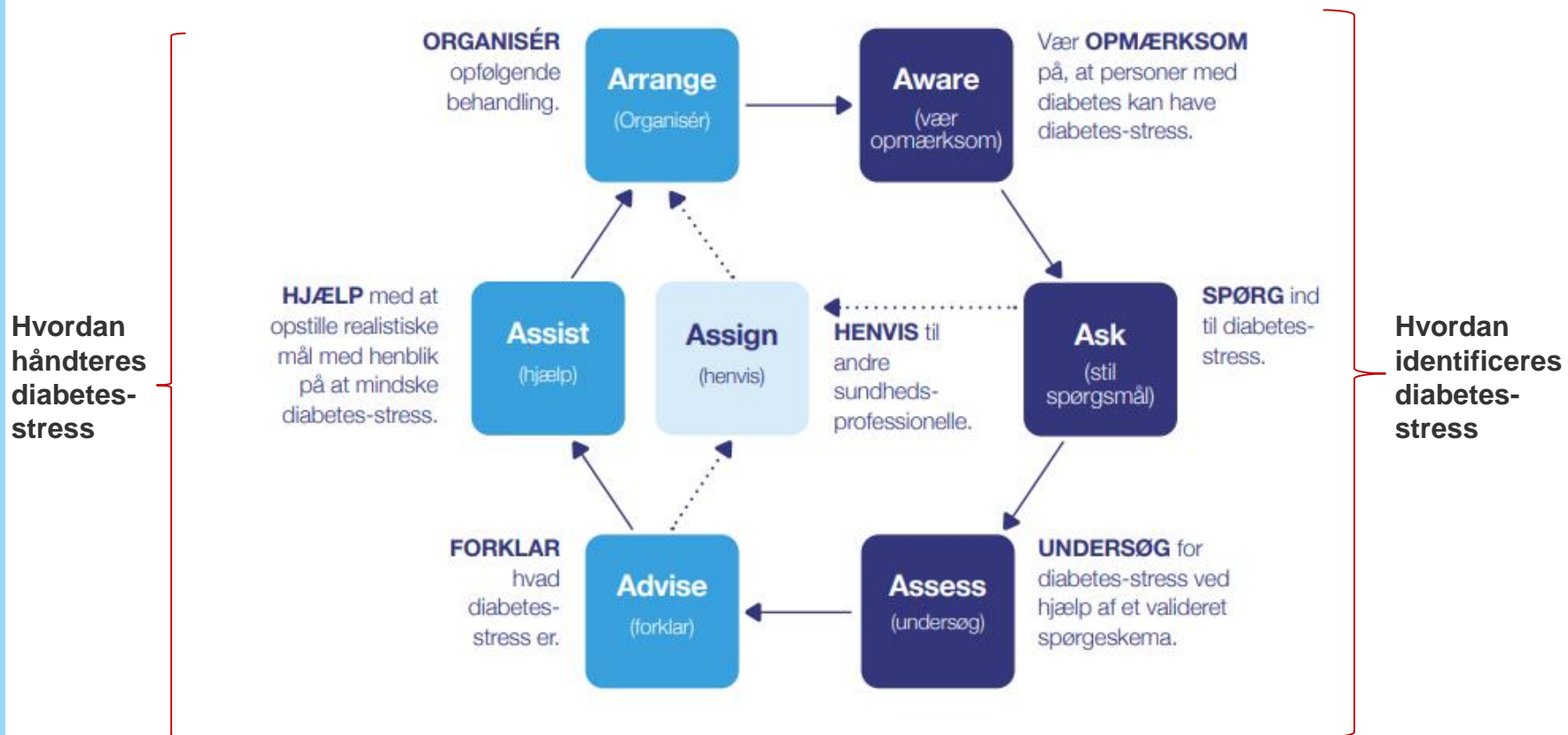
Guide til sundhedsprofessionelle

- Hvad er diabetes-stress
- 7 A-modellen - konkrete forslag til anvendelse i klinisk praksis
- Cases og eksempler på strategier
- Spørgeskemaer til at undersøge diabetes-stress



<https://www.sdcc.dk/fagfolk/dialogvaerktoejer/Documents>

7A - MODELLEN



SPØRGSMÅL?

