Addressing Depression and Disease Distress among Primary Care Patients Receiving Self-Management Support

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Background

- The burden of diabetes
- An estimated 12-14% of the US population has diabetes
- As many as 49% of adults with diabetes do not meet targets for glycemic control
- Depression is a common comorbidity
- Patients with diabetes benefit from comprehensive diabetes self-management education (DSME) and self-management support (SMS) in primary care, such as 5As model of SMS (Figure 1)
- Depression and disease distress are known to interfere with diabetes self-management, and interventions are needed to help practices identify and address these concerns in the context of SMS. Opportunities exist to address depression and distress using team-based care, especially for practices with integrated behavioral health providers

Objectives

- Project Goals:
  1. To improve self-management, mental and physical health, and the experience of health care for patients with diabetes and depression and/or diabetes distress
  2. Link patients with diabetes and additional mental and behavioral health concerns to practice and community-based resources

- Objectives for current analysis
  1. Assess rates of positive screens for depression and disease distress among diabetes patients receiving SMS
  2. Evidence of clinical action on depression and distress by the care team (depression/distress selected as self-management goals, referral to behavioral health providers or health educators)

Methods

Design: Cluster randomized trial with mixed methods evaluation

Setting: Four federally qualified health centers (FQHCs) with integrated behavioral health care in metropolitan Denver

Population:

- Adult patients with diabetes or pre-diabetes receiving care in participating FQHCs

Intervention: Practice-level intervention including

- Training in self-management support (SMS) strategies using the Connection To Health (CTH) assessment and action plan tools, including a resource directory component
- Training in identifying and intervening upon depression and disease distress in the context of team-based care for patients with diabetes
- Two of four practices randomly assigned to received practice facilitation to support implementation
- Organizational leadership were engaged in implementation planning and decision making

Results

Quantitative Findings

- 168 patients (84 with diabetes) completed CTH assessments with depression and distress screens
- 114 patients (54 with diabetes) completed CTH action plans, working with patient navigators and behavioral health providers to set self-management goals and identify practice and/or community resources to support goal achievement

Data Collection:

- CTH assessment and action plan data downloaded from the CTH assessment and action plan tools by an integrating team for patients with depression and disease distress
- Baseline, mid, and end of 18-month implementation period

Outcome Measures:

- Identification of possible depression and/or disease distress using the Patient Health Questionnaire-8 (PHQ-8) and a 5-item measure of general disease distress, adapted from the Diabetes Distress Scale (DDS)?
- A score > 9 on the PHQ-8 and any distress item above the mid-point result in a positive screen on the depression and distress measures respectively
- Evidence of clinical action on depression and disease distress in CTH action plans (self-management goal setting, selection of resources)
- Qualitative themes related to practice capacity for addressing distress and depression in the context of SMS and team-based care

Conclusions

The concept of diabetes distress appears to be novel to patients, providers, and staff. Patients prioritized physical activity, diet, and weight loss goals over mood and stress. The generic disease distress measure has not been validated, and the cutoffs used to indicate a positive screen for distress may have been overly sensitive. Providers and staff were interested in learning about diabetes, and behavioral health providers saw distress screening as an opportunity to increase services to patients with diabetes. However, despite an intensive practice-level intervention utilizing web-based tools for SMS and practice facilitation, providing training on diabetes distress, and encouraging referrals to behavioral health providers for patients screening positive for depression or distress, it remains unclear that the project had any demonstrable effect on referrals to behavioral health or interventions for depression or distress. Additional analysis on actual utilization of behavioral health and health education services are planned.

References


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FIGURE 5. % Positive Screens

Figure 6. Self-management Goals

Figure 7. Resources selected in action plans