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TYPE 1
diabetes network

DIABETES BURNOUT: Adults with Type 1 Diabetes describe the specific symptoms and successful strategies for prevention and management.

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“Diabetes Burnout”

- The term was first used in an article published in The Diabetes Educator in 1983 titled “Patient Burnout, and Other Reasons for Noncompliance”
- Made popular by William Polonsky’s self help book published in 1999 “Diabetes Burnout: What to do when you cant take it anymore”
- Has become a popular term that resonates with people with diabetes
 - reaching out for information and supports to assist with prevention and management



What is Diabetes Burnout?

- The term has not been well defined.
 - Burnout is what happens when ...
 - Common experiences of burnout include ...
- No adequate articulation of what burnout is and how it relates to other well established psychological constructs
- Since the publication of Polonsky’s book in 1999, the term “diabetes burnout” is frequently mentioned in publications examining psychosocial aspects of living with diabetes, however:
 - No studies have focused on exploring diabetes burnout as a standalone construct.



Current Study

- Exploratory study
- Cross sectional survey design
- Participants were adults with type 1
- Aims: to explore what “diabetes burnout” is to those living with diabetes and the strategies people have used to overcome and prevent it.



Methodology

A self-report questionnaire was administered:

- web-based (n=187); and
- paper-based at seminars Melbourne & Brisbane (n=112)



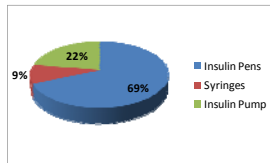
Demographics

	Web-based (n=187)	Paper-based (n=112)	Total (n=299)
Male gender	18%	26%	21%
Mean age (years)	45	34	38
Duration of diabetes	15.9	18.7	16.9
Diagnosed as adult	43%	66%	52%

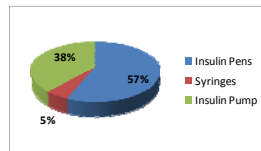


Insulin delivery method

Paper-based respondents (n=112)



Web-based respondents (n=187)



Note: 3.8% Australians registered to use insulin pumps

(NDSS, Data supplied, at 31 Dec 2007)



Engagement with HCPs

In the past 12 months have you ...	Diabetes Burnout study cohort	St Vincent's, Sydney ¹
Consulted Endocrinologist?	86%	-
Consulted Diabetes Educator?	47%	32% (2 years)

1. Bryant, W. et al, *Diabetes guidelines: easier to preach than to practise?* Med J Aust 2006; 185.6:305-309.



Symptoms of Diabetes Burnout

The symptoms most commonly associated with Diabetes Burnout were identified by the respondents as:

- Low motivation (68%),
- Physical fatigue (67%),
- Irritability (61%),
- Lack of interest (56%), and
- Feeling low or blue (56%).



Overcoming Diabetes Burnout

- 75% could identify strategies
- 6% - never found successful strategies
- 9% - no response

Strategies themed into 32 categories:

- Rest, relaxation, meditation (22% of all respondents)
- Positive thinking (13%)
- Personal support networks (12%);
- Exercise (11%);
- Professional help from diabetes specialists (8%); and
- Peer support from others with Type 1 diabetes (7%).



Preventing Diabetes Burnout

- 57% identified strategies
- 11% believed it was not preventable
- 32% no response

Strategies themed into 34 categories, similar to Overcoming:

- Rest and relaxation (11%)
- Positive thinking (7%),
- Personal support networks (7%);

With the addition of:

- lower expectations on self (8%); and
- minimise stress and balance lifestyle (6%).



Examples of strategies ...

- "treats-choc milk, donuts, time out, one problem at a time, decrease no. of finger pricks, look at risk/reward ratio"
- "going to these lectures"
- "visiting Endo-good wake up call"
- "talking with people who listen and not judge"
- "I have only just noticed when I get to it"
- "none really, no alternative but to keep going"



Professional help

- 35% had sought professional help
- Outcomes were described

Type of professional help sought	Proportion describing positive outcome
Psychologist (36%)	51%
Endocrinologist (31%)	75%
Counsellor (15%)	53%
Diabetes educator (14%)	100%



Limitations

- This study was limited by dependence on self-reported data
- Recall bias
- Sample size (n= 299)
- Gender bias: 21% male respondents



Discussion

- When a person with type 1 diabetes uses the term Diabetes Burnout, they are frequently referring to symptoms such as:
 - Physical fatigue, low motivation, irritability, lack of interest and low mood.
- **It is possible that some participants were using the term burnout to describe depressive experiences**
- Work-related burnout literature
 - Some argue that the constructs of depression and burnout are interchangeable (e.g. Hemingway & Marmot, 1999)
 - According to conservation of resources theory people may experience anxiety in early stages of burnout, and may experience depressive symptoms when efforts to cope prove ineffective (e.g., Hobfoll & Shirom, 2000)



Diagnosis

- However, a significant proportion of participants did not report low mood as part of their experience of burnout (44%)
 - Raises the question – what is it that these participants are experiencing?
- From a diagnostic perspective, possibilities include:
 - Adjustment disorder??
 - Psychological Factors Affecting Type 1 Diabetes??
 - Nonpathological reactions to stress??
- Controversial diagnosis of “work related neurasthenia” (ICD 10) is used in some of the work-related burnout literature to explain the concept in psychiatric terms.
- Work-related literature consistently highlight exhaustion (physical, emotional, cognitive) as the key component of burnout
 - Do we have adequate diagnostic options for stress related presentations?



Responding to burnout

- The strategies described by participants as helpful in managing burnout appear to be those used more often in the management of stress (e.g., rest, relaxation, meditation) than in the treatment of depression (e.g., behavioural activation).
- Of those that sought support from psychologists and counsellors, only about half of these found this support helpful
 - We clearly need to do better!



Future Directions

- Testing how well learnings from research examining work-related burnout transfer to the experience of “diabetes burnout”:
- Burnout as:
 - An affective response to stress,
 - A multidimensional construct consisting of “emotional exhaustion, physical fatigue, and cognitive weariness” (Hobfoll & Shirom, 2000)
 - Conceptually distinct from depression, anxiety, withdrawal, self efficacy, temporary states of fatigue (that respond to rest), and transient and chronic stress
- Burnout results from:
 - Continuous and prolonged exposure to stress coupled with the progressive depletion of resources
- Burnout results in:
 - Negative consequences for mental and physical health via biopsychosocial mechanism



Future Research & Developments

- Identification of risk factors and early warning signs
- Development of screening tools and measures
- Development of educational resources
- Adaptation of clinical and self-management supports to minimise exposure to risk factors
- Testing of various treatment approaches



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