

Can identifying psychologically distressed patients with type 1 diabetes and providing them with psychotherapy lower HbA1c and reduce admissions?

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Aims: To explore whether identifying psychological distress or inpatient admissions in patients with type 1 diabetes, and providing those individuals with access to specialized psychotherapy, can help reduce HbA1c levels and reduce admission incidents.

Methods:

We identified individuals suffering psychological distress relating to their type 1 diabetes through consultant and DSN appointments, and through identifying and following up inpatient admissions in type 1s. Following a psychological assessment we then offered these individuals access to specialized diabetes psychotherapy. These amounted to a mean of twelve 50 minute sessions of psychotherapy with a psychotherapist, exploring belief systems and emotions that might contribute to a neglect of their diabetes self care and identifying ways of bettering self care.

This was carried out initially with a small tranche of patients, and this has been increased over time as results have demonstrated the potential to decrease admissions and reduce HbA1cs.

Results:

Where individuals were identified as suffering distress around their type 1 diabetes, or had had admissions as inpatients, and undertook a series of specialized psychotherapy sessions, results showed that 27 patients had a mean reduction in HbA1c of 29%. Admissions for some individuals stopped completely and in others fell by a significant amount.

Summary:

In patients who were assessed as suffering psychological distress relating to their diabetes and were willing to undertake psychotherapy relating to their diabetes, admissions were reduced or halted and HbA1cs were also reduced by a mean of 29%.