"I'm absolutely thrilled to tell you that you meet criteria for a hybrid closed loop system. The evidence indicates that it should really improve your time in range and the psychological burden will be so much less for you and it will really improve your quality of life."

I'm not really very interested in my time in range. I keep myself alive with my insulin and I'm so not OK with handing that responsibility over to an algorithm. It feels scary. I wonder if I could just use the HCL Monday to Friday to get a bit of a break at the weekend and also, my friends won't see all the equipment when I go out with them.

Psychology and diabetes technology

Amy Jolley – Diabetes specialist dietitian

Salford Care Organisation

Vicky McKechnie – Diabetes specialist clinical psychologist

Imperial College London and Royal Berkshire NHS Foundation Trust

Disclosures

Amy Jolley, DTN committee

- Consultancy panel for Medtronic and Ypsomed; received honoraria for speaking from Medtronic, SBK, and Diabetes MyWay. Delivered industry supported continuing medical education activities for Dexcom.
- Faculty for Lead Academy for Nurses (Medtronic); Diabetes Educator Leader network (Medtronic)

None of these activities are considered to be a conflict for this presentation.

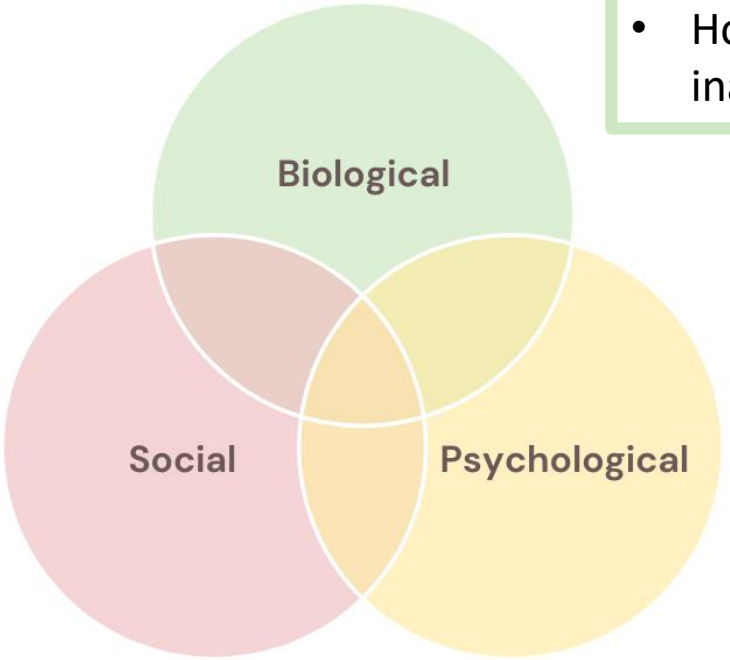
Vicky McKechnie - none

Plan for session

The biopsychosocial model
Psychological safety and consultation skills
Case study – Kelly
HCL Case study - Louise
Questions and discussion

The Biopsychosocial model

- What are the person's expectations around level of input required on HCL?
- What are the person's expectations around, and level of interest in, their time in range on HCL?
- How might the person manage any possible inaccuracies?



- Is there any perceived or experienced stigma around type 1 diabetes?
- How does the person feel about devices being visible (social implications, intimacy considerations)?
- How might HCL help or hinder their valued life activities?
- How does the person feel about data sharing?

- How does the person feel about HCL making some of their diabetes decisions?
- Are there psychological issues that might impact / be impacted by HCL – e.g. anxiety, low mood, eating problems, problematic perfectionism, fear of hypo, hyperglycaemia aversion?
- Does the person have any cognitive (e.g. dementia, brain injury) or neurodiversity (e.g. autism, ADHD) differences?

Creating psychological safety in clinic appointments

Addressing the power imbalance:

- Ethos of equality - we are working together
- Ask permission - “is it OK if we talk about…?”
- Seek the person’s input

Non-verbal communication:

What are you communicating with what you don’t say?

- Room setup
- Sharing screen and reviewing together
- Open body language
- Active listening skills

Language matters… all the time!:

- Clinic consultations
- Clinic letters
- MDT meetings
- Liaising with tech companies

Ask for information (not assuming)

Elicit

- I notice from your CGM that sometimes you have hypos at night. I wonder if you're able to tell me more about that?
- I'm curious about what is going through your mind when that happens?

Ask for permission to provide information

Provide

- May I tell you a bit about what we know from research?
- Is it OK if I share some information about this which I think you might find helpful?

Check understanding (with open questions)

Elicit

- What sense do you make of this?
- What do you think this might mean for you?

Case example - Kelly

Recorded on EPR:

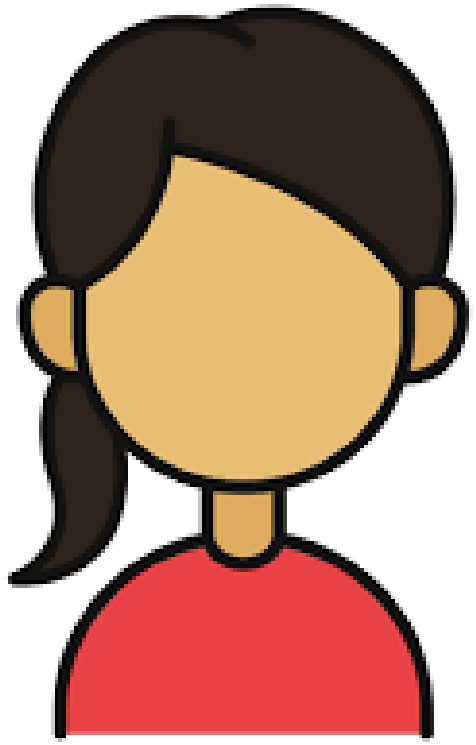
- 21 years old
- T1DM 12 years
- HbA1c history last 4 years >85mmol/mol
- Tresiba 56units OD
- Fiasp 1:8g
- Weight 56kg
- Libre 2 sensor

Elicited from prior consultation:

- Declines group education - neurodivergent
- Self-assesses CHO counting as 9/10
- Reports taking insulin with all meals
- Sensor wear recent and ranges from 14%-50% use
- Average glucose >24mmol/l and last HbA1c 162mmol/mol

Case example - Louise

- 43 year old woman
- Type 1 diabetes for 7 years
- DAFNE graduate January 2024
- HCL in June 2024 (CamAPS)



22% Very High > 13.9 mmol/L

31% High 10.1-13.9 mmol/L

47% Target Range 3.9-10 mmol/L

0% Low 3-3.8 mmol/L

0% Very Low < 3 mmol/L

% Time CGM Active	98.4% (13.8 days)

GMI	8% (64.3 mmol/mol)
Average	11 mmol/L
SD	3.7 mmol/L
CV	34.1%
Median	10.3 mmol/L
Highest	27.8 mmol/L
Lowest	3.2 mmol/L

From Insulin Pump

90% 32 units Basal/Day

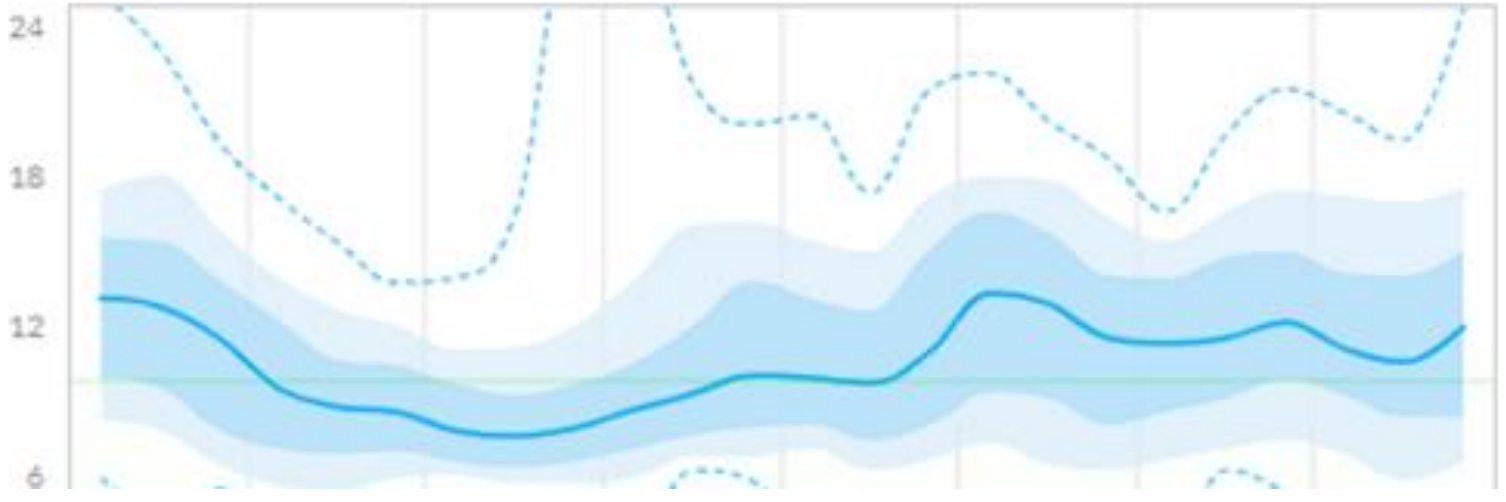
10% 3.5 units Bolus/Day

Insulin/Day	35.5 units
Overrides (%)	0% (0 boluses)
# Bolus/Day	2.1

AGP

Glucose (mmol/L)

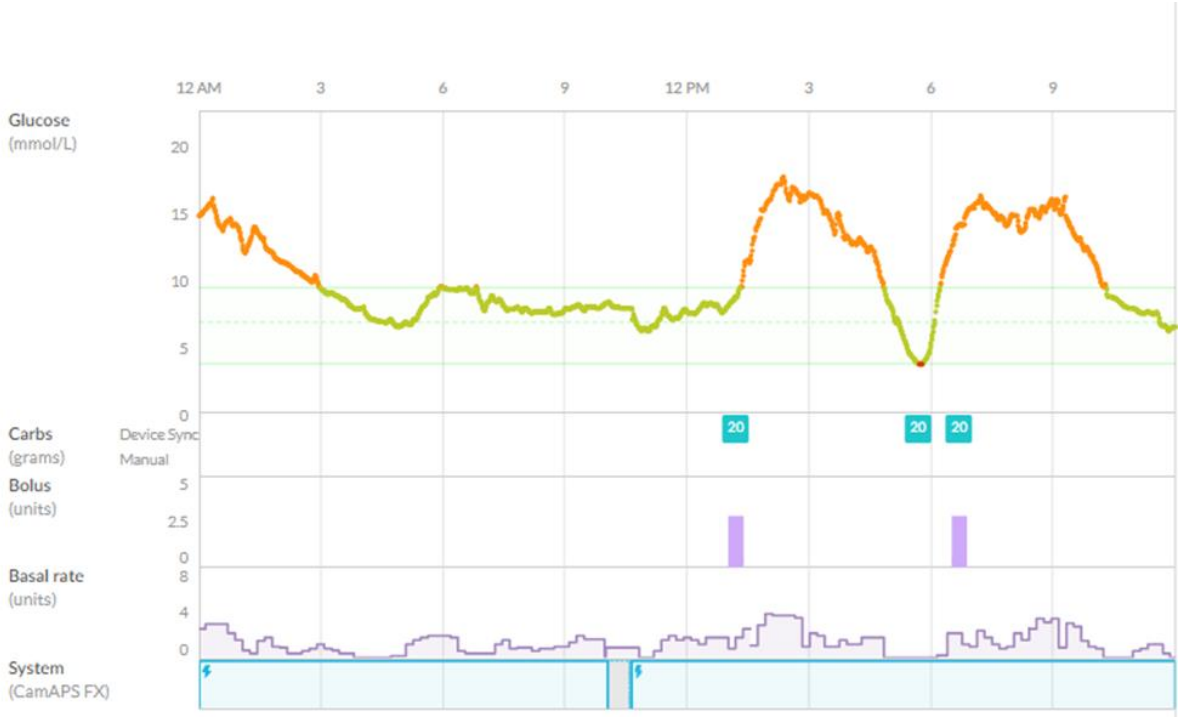
What Is AGP?

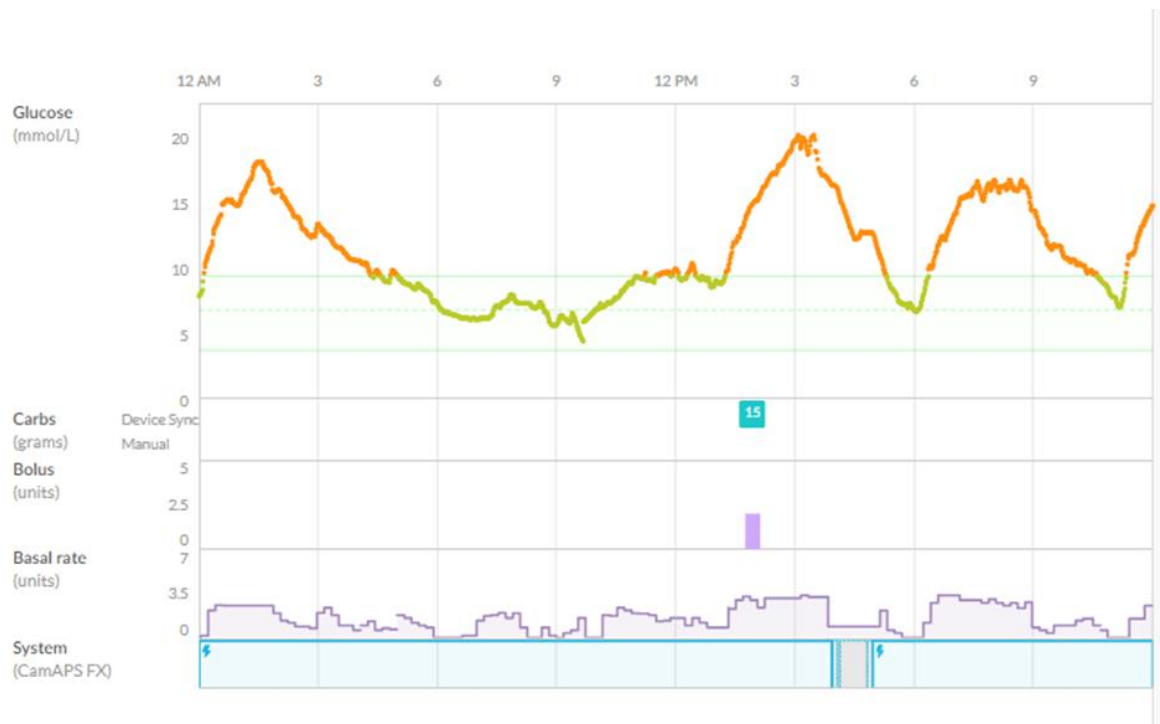


System Details

CamAPS FX (13d 9h)

Auto mode 'On'	99% (13d 5h)
Boost	0%
Ease-off	0%
Auto mode 'Off'	0%
Auto mode 'Attempting'	1% (4h)


12 AM
3
6
9
12 PM
3
6
9
Glucose
(mmol/L)
20
15
10
5
0
Carbs
(grams)
Device Sync
Manual
20
20
20
Bolus
(units)
5
2.5
0
Basal rate
(units)
8
4
0
System
(CamAPS FX)


12 AM
3
6
9
12 PM
3
6
9
Glucose
(mmol/L)
20
15
10
5
0
Carbs
(grams)
Device Sync
Manual
15
Bolus
(units)
5
2.5
0
Basal rate
(units)
7
3.5
0
System
(CamAPS FX)

Case example - Louise

- **What she sees:**
- Failure (not achieving >70% TIR)
- The system isn't working
- Unpredictable hypos

Pump settings:

Carb ratio 7g; Correction 3mmol/l

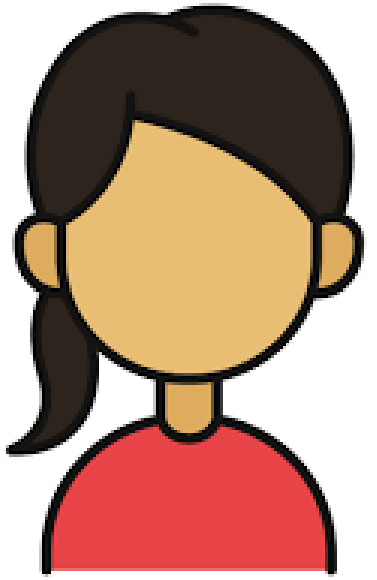
AIT 4 hours; TDD 35.5units

- **What we see:**
- Missed bolus
- When she pre-boluses it can result in hypo 2 hours later followed by overtreatment

Evidence:

- Glucose above target
- Carb entries ~2 x day averaging 36g a day; frequent prandial rises observed
- 90% basal
- Hypos are ~2 hours post-meal

Case example - Louise



- In small groups, discuss your consultation approach.

Consider:

  - How would you begin the conversation?
  - What aspects of Louise’s diabetes management might you want to hold in mind for the consultation?
  - How would you involve Louise in problem solving?

- We will feed back afterwards.

Summary

Creating psychological safety in clinic is essential

- Try this in your next clinic!

Resources

- NHS England – Type 1 diabetes decision support tool -Making a decision about managing type 1 diabetes (england.nhs.uk)
- NHS England – Language Matters - https://www.england.nhs.uk/wp-content/uploads/2018/06/language-matters-language-and-diabetes-v2.pdf
- DTN UK and Diabetes Psychology Network – HCL Psychology guidance - DTN-HCL-psychology-guidance-12-2023.pdf (abcd.care)

Questions and discussion