

Diabetes and Mental Health

Andrea Harkleroad, LCSW

Diabetes is a chronic health condition that affects 29 million Americans or 9.3% of the population. This is a number that doesn't include the 86 million Americans who are considered to be prediabetic, a condition in which your glucose level is higher than normal but is not quite high enough to be considered diabetic. Living with diabetes requires regular monitoring of your blood sugar levels and focused attention on your diet. It can affect your energy levels and how you feel. It can be wearing and exasperating on the best of days. It is a physical condition that is also strongly linked to, and affected by, mental health conditions. Successfully managing one condition can help bolster your ability to deal with the other condition, while neglecting one can lead to more problems with the other.

What does it mean to be diabetic?

You are diabetic when your blood sugar or glucose levels are too high. We get glucose from eating and our bodies need insulin for our cells to be able to break down the glucose for energy. Insulin enables our bodies to absorb that glucose. For those who have type 1 diabetes, their pancreas either doesn't make enough insulin or it has quit making insulin completely. Type 1 diabetics have to take extra insulin in order for their bodies to be able to process any of the food they've just eaten. Only about 5% of the diabetic population is type 1. Most diabetics are type 2. Type 2 diabetics may develop the condition if there is a family history of diabetes or it may also be due to an unhealthy lifestyle such as being overweight, a smoker or having high blood pressure. According to the American Diabetic Association, "If you have type 2 diabetes your body does not use insulin properly. This is called insulin resistance. At first, your pancreas makes extra insulin to make up for it. But, over time it isn't able to keep up and can't make enough insulin to keep your blood glucose at normal levels."

Being diagnosed with diabetes can be emotionally difficult and requires a

significant shift in thinking and lifestyle. To successfully live with diabetes, individuals must learn to be compliant with treatment recommendations such as eating a healthy diet, getting regular exercise, and when necessary, taking prescribed medications. Failing to accept the diagnosis and alter your lifestyle may lead to possible complications such as skin infections, eye problems such as blindness, high blood pressure, risk of stroke and risk of kidney disease. Those who experience complications due to decreased circulation or infection may even have to undergo the amputation of a foot or leg. Being diagnosed with a chronic health condition such as diabetes can result in a variety of mental health challenges, such as depression, anxiety or even substance abuse. It is tempting to just ignore what the doctors tell you and pretend that nothing has changed, but the consequences are serious enough that denial simply can't be an option for very long.

Mental health concerns

Any mental health counselor will tell you that receiving an unexpected diagnosis for a serious health issue is essentially a significant loss in your life – except that you're not dealing with the death of a loved one, you're dealing with the loss of your life as it used to be. So it's natural that you'll go through a grieving process. This means that a newly diagnosed person is likely to experience a wide range of emotions from denial and shock to anger. The unfortunate thing is that while you're in the midst of this emotional turmoil, most likely you're also being hit with lots of medical information about diabetes, formulating treatment plans, talking with a dietitian, scheduling follow-up appointments and then being asked if you have any questions. All while you're still trying to digest the fact that you now have a chronic illness.

The American Diabetes website has posted some excellent descriptions of some people's personal reactions. For example, one woman named Mary had a real struggle with anger:

"Anger worked against Mary H., a woman in her mid-fifties who was diagnosed with diabetes six months ago. She was furious. She saw diabetes as not just a threat to her health, but also to her whole way of life. A very proud woman, active in community and social affairs, she found it impossible to be open about her "weakness." She didn't want her friends to prepare special foods for her. She even felt her husband now saw her as an "invalid" and that she was "less of a woman" to him. Denial fueled Mary's anger at diabetes."

In Mary's case, she was so angry at how diabetes had changed her life that she refused to monitor her blood sugar levels, or change the way she ate so her blood sugar levels remained dangerously high. This in turn, resulted in her feeling sicker and sicker and angrier and angrier. It became a vicious spiral that fed upon itself. It wasn't until she began to address her anger that she was really able to look at her other health issues.

Depression is also a risk. SAMHSA states, "Diabetes increases risk for depression and depressive symptoms. CDC reports that people with diabetes have roughly a doubled risk of also having depression compared with those who do not have diabetes. Similarly, a person with depression faces a 60-percent increase in risk for type 2 diabetes. Among all people with depression, recurrence and longer episodes are more common in people with diabetes than in those without the disease." In fact, the combination of diabetes and depression is particularly dangerous when it comes to positive self-care in general. If you are a diabetic person who is struggling with both challenges, you must be doubly careful to monitor yourself and to reach out to your support network to avoid serious consequences with either aspect.

The misuse or abuse of alcohol is also a risk for diabetics. Research shows that drinking can put diabetics either into hypoglycemic or hyperglycemic conditions depending upon use patterns and if a diabetic's

Continued on back

Interested in submitting a question or comment?
Send an e-mail to aharkleroad@ers-eap.com.
Your feedback is greatly appreciated!



Diabetes and Mental Health, Continued

drinking is abusive and chronic then the risk of acute pancreatitis is high, in addition to other complications once self-care is no longer a priority.

Steps in the right direction

While all of this might sound incredibly challenging, there is good news too! There is a great deal that you can control if you are diabetic:

Access counseling & any other support.

Sometimes it's helpful to talk to someone who is not a friend or a family member about what you're thinking and feeling. A therapist can be very useful for that

independent point of view and when necessary, can recommend a medication evaluation be done if anti-depressant or anti-anxiety medications are needed. If you've got an Employee Assistance Program, give them a call. They can help you find a therapist and answer any questions that you might have about the process.

Do your research and actively participate in your health care decisions!

You can get help from a variety of resources such as the American Diabetes Association (www.diabetes.org), your doctor, or your Employee Assistance Program (EAP). The most important thing is not to passively wait

for others to come and fix the situation. It requires participation on your part. You've got to ask questions, so make a list of every single question about your diagnosis and don't stop until every question gets an answer.

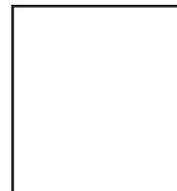
Experiment with new menus. A big part of any diabetic's life is what you can or can't eat, so talk with a dietitian and your doctor about your options. Many people feel deprived at first until they learn that they just have to eat differently. Once you make the adjustment and educate yourself about why it's important to change some of the things that you eat, it gets easier.

Continued below



A Publication of
Employee Resource Systems, Inc.
An Employee Assistance Program

29 East Madison Street, Suite 1600
Chicago, Illinois 60602



Fortunately, the choices and options available online are abundant and it's easy to find recipes, suggestions and tips for creating menus.

Every little bit helps. You are still you – just different. If you were a couch potato before, nobody expects you to get out and run a marathon next week. Try little changes like taking the stairs instead of the elevator, or getting off of your train a couple of stops early. Walking for 20 minutes after lunch or dinner, or both! The idea is that you've got to gradually work

your way up to being more active.

If you are newly diagnosed, get the support and information that you need to begin a new and improved lifestyle. Acknowledging your loss is important and you may need to get some help with making that adjustment by talking with a counselor. But it's equally as important to ensure that you have a good network of doctors, nurses, friends and family who know you on your good days and on your bad days and who can coax you back into your self-care routine when it's tempting to let it slide.

Andrea Harkleroad, LCSW is the Director of Operations at ERS and also the contributing editor for the ERS Press newsletter. She has been with ERS for 19 years.

Feeling anxious or worried?
Call the Employee/Member
Assistance Program (EAP/MAP)
for free and confidential support
and resources.
1-800-292-2780

**For information on how mental health issues
and your health affect each other, call the
Employee/Member/Student/Family Assistance Program
(800) 292-2780 www.ers-eap.com**