

## Pandora's Box or treasure chest? Addressing psychosocial needs of patients with diabetes

SE Kibble et al. Taking the lid off Pandora's Box ... gently! Pages 398-401.

The Diabetes Attitudes Wishes and Needs (DAWN) study<sup>1</sup> confirmed what many health professionals had believed intuitively for years: namely, that people with diabetes experience many psychosocial concerns that influence their ability to effectively manage their diabetes. The difficulty in addressing these issues during a busy clinic visit has been a source of dissatisfaction for both providers and patients. Providers are often frustrated at the seeming inability of patients to accept the advice and recommendations they provide, and patients often feel that they are 'just a blood glucose number' to their health professionals. While providers want to address these issues, they often feel ill-prepared or that they simply do not have the time to deal adequately with their patients' concerns. 1 Ms Kibble and colleagues are to be applauded for seeking a practical way to deal with this dilemma.

Asking about the patient's concerns serves several important functions. First, it establishes a patient-centred environment and creates a more positive relationship between patient and provider. Second, it helps to identify the area where the patient is most likely to be motivated to make a change. Although providers are often hesitant to ask about feelings because they do not know how to fix them, the expression of strong feelings to an empathetic listener is, in and of itself, therapeutic. Before the visit ends, health professionals need to 'close the loop' about the issues raised. One strategy is to ask patients to identify one thing they will do between now and the next visit to handle this problem and/or care for their diabetes.

Three questions remain to be answered. The first is whether asking these questions significantly increases the time spent with the patient. Levinson *et al.* found that addressing psychosocial concerns actually decreased the

length of the visit.<sup>3</sup> Asking that patients complete a form, such as the Diabetes Concerns Assessment Form<sup>4</sup> while waiting to see the clinician, may decrease the length of time that the visit takes.

Secondly, the impact of asking these questions on the length and effectiveness of future visits and subsequent self-management behaviours was not assessed in this feasibility study, but is an important area for future research. Third, given the interest of nurses in addressing psychosocial issues, <sup>1</sup> training nurses to respond to these issues may be an appropriate role for them.

While raising psychosocial issues during a visit may seem like opening Pandora's Box, you may actually find a hidden treasure that will enhance your patients' abilities to manage diabetes and improve their outcomes.

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## References

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- 2. Anderson RA. Getting out ahead: The Diabetes Concerns Assessment Form. *Clinical Diabetes*, in press.
- 3. Levinson W, Gorawara-Bhat R, Lamb J. A study of patient clues and provider responses in primary care and surgical settings. *JAMA* 2000; **248**: 1021–1027.
- 4. Anderson RA, Funnell MM. The Diabetes Concerns Assessment Form. http://www.med.umich.edu/mdrtc

## **CONFERENCE NOTICE**

## ABCD Autumn meeting 2<sup>nd</sup> November 2007, Russell Hotel, London

Presentations include:

- Current and future status of islet cell replacement strategies
   Dr James Shaw
- Early effective treatment of type 2 diabetes Professor Rury Holman
- The ABCD debate: The QOF for diabetes is the most important advance in diabetes care in the UK over the last decade

Proposed: Dr Khamlesh Khunti

Opposed: Professor David Matthews

- The highs and lows of commissioning a diabetes service Peter Bowker
- Role of the RAAS in treatment selection and target attainment in hypertensive diabetes Professor Morris Brown
- Controversies in the management of paediatric diabetes Dr Fiona Campbell
- Provision of diabetes care for ethnic minorities in the UK

   A special case?
   Dr Tas Chowdhury

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