Together2Goal
AMGA Foundation
National Diabetes Campaign
Monthly Campaign Webinar
October 18, 2018
Today’s Webinar

• Together 2 Goal® Updates
  – Webinar Reminders
  – National Day of Action
  – 2018 Institute for Quality Leadership (IQL)

• Diabetes and Mental Health
  – Jasmine D. Gonzalvo, Pharm.D., BCPS, BC-ADM, CDE, LDE, FAADE of Purdue University and Eskenazi Health
  – Jay A. Hamm, Psy.D. of Eskenazi Health

• Q&A
  – Use Q&A or chat feature
Webinar Reminders

• Webinar will be recorded today and available the week of October 22\textsuperscript{nd}
  – www.Together2Goal.org

• Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen
National Day of Action

November 8, 2018

T2G Talk & Taste

• Watch and discuss our two-minute provider video over breakfast or lunch and your meal is on us!
• Downloadable kits with all the materials you’ll need are on our [website](#).
• [RSVP](#) to let us know if your team plans to participate!
2018 Institute for Quality Leadership

November 13-15, 2018
San Antonio, Texas

• Together 2 Goal® Peer-to-Peer Breakout Session: Taking Diabetes to Heart: Finding Value in the Medicare Population

• Registration now open at amga.org/IQL18

• Register by October 26 for the advance rate
Today’s Featured Presenters

Jasmine D. Gonzalvo, Pharm.D., BCPS, BC-ADM, CDE, LDE, FAADE

Clinical Associate Professor
College of Pharmacy | Purdue University
Clinical Pharmacy Specialist
Primary Care | Eskenazi Health

Jay A. Hamm, Psy.D., HSPP

Clinical Psychologist
Eskenazi Health - Midtown Community Mental Health Center
A Practical Approach to Mental Health for People with Diabetes

Jasmine Gonzalvo, PharmD, BCPS, BC-ADM, CDE, LDE, FAADE
Clinical Associate Professor
College of Pharmacy, Purdue University
Clinical Pharmacy Specialist
Eskenazi Health
Twitter: @JasGonzalvo

Jay Hamm, PsyD, HSPP
Clinical Psychologist
Eskenazi Health
Twitter: @JayAHamm
Objectives

1. List co-morbid mental health conditions associated with diabetes
2. Describe how medications and their pharmacologic effects can affect comprehensive diabetes management
3. Know when to refer people with diabetes to appropriate mental health services
4. Recognize and take appropriate steps in a mental health emergency
Current State of Affairs

In the United States, 17.9% of individuals are affected by mental illness.

Diabetes educators feel “somewhat comfortable” knowing when to refer a person to a mental health professional.
Appropriate referral does not end the interaction between diabetes educators and individuals identified with psychosocial conditions.
Co-morbid mental health conditions are higher in people with diabetes than the general population.

**Mental Health Conditions**

- Depression
- Anxiety
- Disordered eating/ Eating Disorders
- Diabetes Distress
- Cognitive Dysfunction and Dementia
- Serious Mental Illness
Depression has a bidirectional relationship with diabetes

| Development of diabetes confers an increased risk of developing depression | Depression prior to onset of T2DM confers a 38% increased risk of developing T2DM later in life |

Impact of depression on diabetes outcomes is significant

- Worsened Glycemic Management
- Worsened Self-Management Behaviors
- Greater Risk of Mortality
- Greater Functional Disability
- More Severe Diabetic Complications

Anxiety is associated with

- Worsened self-management behaviors
- Decreased quality of life
- Worsened A1C values
Disordered Eating and Eating Disorders

Rates of psychiatric eating disorders are more elevated in adolescents and adults with type 1 and type 2 diabetes, compared to sample populations without diabetes.

Decision-making associated with food choices + the need to eat at times that are not dictated by hunger cues

Relationship with food which may result in disordered eating behaviors

Maladaptive feeding behaviors related to DSMT or psychiatric eating disorders (e.g. anorexia nervosa, bulimia, binge-eating disorder)
Diabetes Distress

Statistics
- Prevalence: 18-45%
- Have higher A1C and more difficulty maintaining healthy self-care behaviors

Cause
- Burden of diabetes and its self-management
- Stress/anxiety about progression and complications

Treatment
- Problem-solving approaches to identify barriers and educational gaps
- Identify strategies for proximal next steps

Uncited References:
Cognitive Dysfunction and Dementia

- Racial and ethnic minorities with diabetes have a higher risk of both mild cognitive impairment and dementia.

- Changes in cognitive skills of information processing, fine motor skills, memory, and executive functions may impact the speed, accuracy, and/or reliability of diabetes self-management.

- 73% increased risk of all types of dementia
- 127% increased risk of vascular dementia
- 56% increased risk of Alzheimer's disease

If changes in cognition are observed or suspected in a person with diabetes, refer to the appropriate provider (geriatrician, neuropsychologist, psychiatrist, occupational therapist) for further evaluation and treatment.
Individuals with serious mental illness experience reduced life expectancy of 10-25 years, primarily due to poorer outcomes of cardiometabolic disease.
Stigma of mental illness is present in all quarters of society, including in health care. This likely contributes to unequal provision of diabetes care to people with SMI.
Pharmacologic Effects of Medications
Contributing Factors to Cardiometabolic Disease

- Poor Diet
- Sedentary Lifestyle
- Tobacco/Alcohol Use
- Limited Access to Care
- Prescription Medications
Emphasis on Antipsychotics

Metabolic syndrome seems to have a higher correlation with certain second-generation antipsychotics compared to others

- Higher likelihood: clozapine and olanzapine
- Lower likelihood: aripiprazole and lurasidone

The American Psychiatric Association recommends that all individuals receiving second generation antipsychotics should receive metabolic monitoring at baseline, 3 months, and annually thereafter.
Other Psychotropic Agents May Antagonize Cardiovascular Health

<table>
<thead>
<tr>
<th>Class</th>
<th>Examples</th>
<th>Adverse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood stabilization agents</td>
<td>Lithium, Divalproex sodium/valproic acid</td>
<td>Increased appetite, Weight gain</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Selective serotonin reuptake inhibitors (SSRIs), Serotonin norepinephrine reuptake inhibitors (SNRIs), Mirtazapine, Tricyclic antidepressants (TCAs)</td>
<td>Weight gain</td>
</tr>
</tbody>
</table>
Neuropsychiatric Adverse Effects of Smoking Cessation Treatments

Since 2007, case reports of suicidal ideation, mood and behavior disturbances, and depression have surfaced with the use of varenicline and bupropion, leading to Black Box Warnings.

Several studies have directly examined these effects and have not found significant increases in neuropsychiatric adverse effects.

Diabetes educators may consider the use of varenicline or bupropion in people with underlying psychological disorders.

Cognitive Impairment Due to Statin Therapy

Underserved populations are less likely to be on a statin, although the exact prevalence of statin use in individuals affected by mental illness is unknown.

The evidence on cognitive impairment or psychological disorders associated with statin use is mixed, ranging from forgetfulness to complete blackouts.

Conflicting evidence should not prevent diabetes educators from recommending statin use in people with diabetes – the decision to avoid or discontinue statin therapy should be made on an individualized basis.
Assessment and Referral to Appropriate Mental Health Resources
Effective Communication About Mental Health

- Stigma and negative attitude associated with seeking mental health care are barriers associated to treatment access and utilization

- Diabetes educators are in a position to either combat or reinforce stigmatizing views of mental illness

- Clinicians should reflect and identify personal biases regarding persons with mental illness

The same quality of diabetes education should be offered to persons with mental illness as would be to people with diabetes alone.

Clinicians should not assume low intelligence or incomprehension.
Referring Individuals to Mental Health Providers

- Mental health professionals have diverse areas of expertise
- It is important to identify the primary reason for a mental health referral so that the most appropriate resource can be selected
- The American Diabetes Association launched the Mental Health Provider Directory, an online directory of mental health professionals with a working knowledge about diabetes

Available at: https://professional.diabetes.org/ada-mental-health-provider-directory
Mental Health Provider Directory Listing

The American Diabetes Association Mental Health Provider Directory lists individuals who treat the psychosocial/mental health needs of people with diabetes. Listing in the Directory is available to providers that certify that they meet the following criteria:

1. Currently licensed as a mental health provider
2. Professional member of the ADA (Associate, Professional 1, Professional 2); and
3. Demonstrated competence treating the mental health needs of people with diabetes by: (a) Successful completion the ADA-APA continuing education program (Learn more.) Or (b) Two or more years of experience addressing the mental health needs of people with diabetes. Apply now.

Disclaimer: The Association does not render medical advice nor recommend specific providers or treatment.

Search for Telemedicine providers

Adult Services  Pediatric Services  Miles Radius  From Postcode
- Any -  - Any -  25 Miles

Apply  Reset
# Mental Health Providers and Services Provided

<table>
<thead>
<tr>
<th>Provider</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Psychologist</td>
<td>Individual, family, and group therapy. May also conduct psychological assessments.</td>
</tr>
<tr>
<td>Marriage and Family Therapist / Mental Health Counselor</td>
<td>Individual, family, and marriage therapy</td>
</tr>
<tr>
<td>Neuropsychologist</td>
<td>Comprehensive diagnostic assessments to identify specific cognitive strengths and weaknesses</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>Prescription and management of psychotropic medication. May also provide counseling.</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>Direct support and intervention for students experiencing challenges related to learning. Also conduct psychoeducational assessments to help determine if health or processing issues are significantly impacting the student’s ability to learn.</td>
</tr>
<tr>
<td>Social Worker</td>
<td>Individual, group, and family therapy; help identify medical and financial resources. Often the designated medical team members who report concerns to the Department of Child and Family Services (Child Protective Services)</td>
</tr>
</tbody>
</table>
Situations That Warrant Referral to a Mental Health Provider

- If self-care remains impaired in a person with diabetes distress after tailored diabetes education.
- If a person has a positive screen on a validated screening tool for depressive symptoms.
- In the presence of symptoms or suspicions of disordered eating behavior, an eating disorder, or disrupted patterns of eating.
- If intentional omission of insulin or oral medication to cause weight loss is identified.
- If a person has a positive screen for anxiety or fear of hypoglycemia.
- If a serious mental illness is suspected.
- In youth and families with behavioral self-care difficulties, repeated hospitalizations for diabetic ketoacidosis, or significant distress.
- If a person screens positive for cognitive impairment.
- Declining or impaired ability to perform diabetes self-care behaviors.
- Before undergoing bariatric surgery and after if assessment reveals an ongoing need for adjustment support.

Exploring Resistance to Mental Health Services

- Promote a discussion about factors surrounding dissatisfaction with mental health services
- Assess diabetes-related and non-diabetes-related barriers
- Consider if a contributing factor was the provider’s knowledge about diabetes
- Assist by providing additional resources to mental health providers
Example Questions to Help Explore Resistance

- Can you tell me more about your experience with the mental health provider?
- What did you find helpful?
- What was not helpful?
- Did you feel that the mental health provider understood and was receptive to addressing your needs?
- Would you consider sharing your concerns and continuing to work with your current provider?
- Would you consider working with a provider that you feel better suits your needs?
Emergent Situations

- A mental health emergency is defined as any time a person is in immediate danger to others or themselves.
- People with diabetes may be at an increased risk of suicide.
- Every diabetes educator should be able to recognize an individual at increased risk of suicide or mental health emergency, as well as how to seek urgent help and available resources.
Signs and Symptoms of an Impending Mental Health Emergency

- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings

Taking Action When Risk for Self-harm is Identified

- Refer the person to your team’s designated team member (e.g., social worker, psychiatrist) to help determine if an involuntary psychiatric assessment is warranted.

- Discuss strategies for creating a safety plan with the individual (and caregiver/support person when available).

- If your healthcare team does not have a designated staff person and/or if the staff person is not available, call 911 or arrange for the individual to be transported to the closest emergency room for a self-harm risk assessment.
Strategies for Psychosocial and Behavioral Support

Address the whole person

Assess and address emotional and psychosocial concerns, such as diabetes-related distress and depression

Present that diabetes-related distress and a range of emotions are common and that stress can raise blood glucose and blood pressure levels

Discuss that diabetes self-management is challenging but worth the effort

Support self-efficacy and self-confidence in self-management decisions and abilities

Strategies for Psychosocial and Behavioral Support

Support action by the person to identify self-management problems and develop strategies to solve those problems, including self-selected behavioral goal setting.

Note that it takes about 2-8 months to change a habit/learn/apply behavior.

Include family members and/or support system in the educational and ongoing support process.

Refer to community, online, and other resources.

Looking Ahead

- The available mental health resources must continue to expand to help diabetes educators meet the needs of people with diabetes.

- Additional involvement of mental health providers, including psychologists, social workers, psychiatrists, and case managers would benefit the field of diabetes education.
A Practical Approach to Mental Health for People with Diabetes

Jasmine Gonzalvo, PharmD, BCPS, BC-ADM, CDE, LDE, FAADE
Clinical Associate Professor
College of Pharmacy, Purdue University
Clinical Pharmacy Specialist
Eskenazi Health
Twitter: @JasGonzalvo

Jay Hamm, PsyD, HSPP
Clinical Psychologist
Eskenazi Health
Twitter: @JayAHamm
November 2018 Webinar

Date/Time: November 15, 2018 from 2-3pm Eastern

Topic: How to Succeed in Your Diabetes Prevention Program

Presenter: Tony Hampton, M.D. of Advocate Medical Group
Questions