

DAWN2 study results clarify greater need for psychosocial support and self-management education

Norbert Hermanns and Frans Pouwer on behalf of the DAWN2 Study Group

CAMERON HUBBARD, USA – Cameron has type 1 diabetes

The DAWN2™ study is an international investigation, initiated by Novo Nordisk and conducted in collaboration with International Diabetes Federation (IDF), the International Alliance of Patients' Organizations (IAPO) and the Steno Diabetes Center. The main objectives of DAWN2 include providing a better understanding and awareness of the potential impact that diabetes can have on the quality of life of people with diabetes and their family members. Further, the views of healthcare professionals on diabetes care and their insights for improvement of care delivery are explored.¹

In each of the 17 countries, 500 people with diabetes were asked to participate in this study. Likewise, 120 family members and 280 healthcare professionals were invited for study participation. Thus, in total more than 15,000 people living with diabetes took part in the DAWN2 study. The first results of this large study based on three key stakeholder populations – people with diabetes,² family members,³ and healthcare professionals⁴ – were recently published.

Diabetes often has a negative impact on many aspects of the daily lives of people with diabetes: more than half of people

with diabetes reported a negative impact of living with diabetes on physical health and approximately half reported a negative impact on emotional well-being. One in seven people with diabetes had such a low emotional well-being score that depression is likely. Nearly half of the people with diabetes reported an elevated level of diabetes-specific emotional distress.

Correlates of reduced well-being and elevated diabetes-related distress may be the negative impact of diabetes on various aspects of the daily lives of people with diabetes. For example, worries

about hypoglycaemia were very common. More than half of people with diabetes (56%) felt very worried about the risk of hypoglycaemia. Moreover, 39% of people with diabetes reported that taking medication interferes with their ability to live a normal life.

People with diabetes also reported that diabetes had a negative impact on the relationship with family, friends and peers, leisure activities, on work/studies and on their financial situation.

People with diabetes also reported that diabetes had a negative impact on the relationship with family, friends and peers (21%), leisure activities (38%), on work/studies (35%) and on their financial situation (44%). Discrimination because of diabetes and lack of support from communities was reported in 19%. Moreover, only a minority (28%) of people with diabetes reported that they did receive support, education or information from community resources. Although there were some differences in discrimination between participating countries, discrimination because of diabetes and lack of community support was an important issue in all surveyed countries.

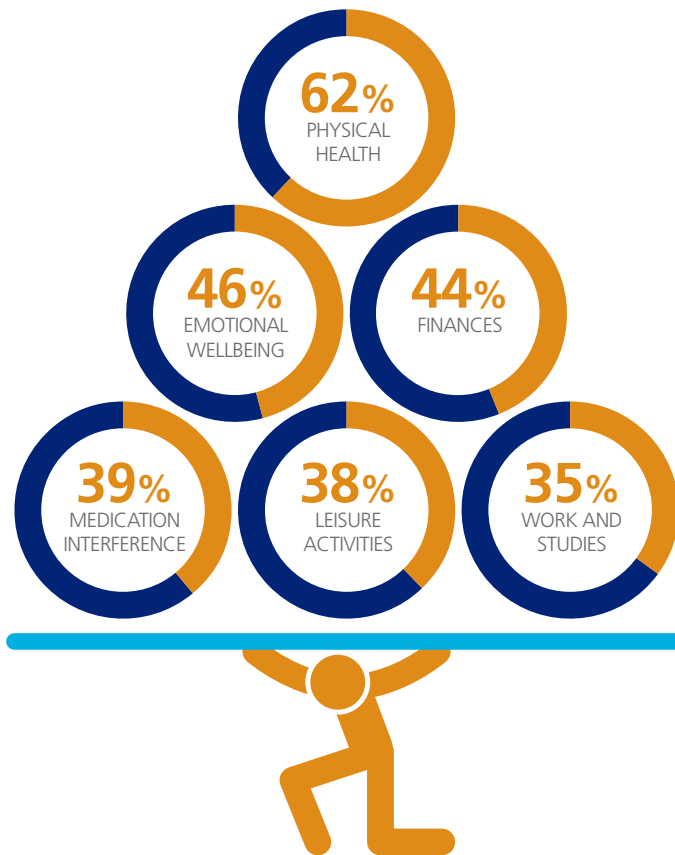
There were some positive aspects of having to live with diabetes.

Importantly, despite the burden of living with diabetes, 28% also reported a positive impact of diabetes on at least one aspect of their life. For example, respondents reported that they felt supported by

diabetes and the burden on daily life

DAWN2™
DIABETES ATTITUDES WISHES & NEEDS

PEOPLE WITH DIABETES REPORT MANY ASPECTS OF DAILY LIFE ARE **NEGATIVELY IMPACTED** BY THEIR CONDITION:



REDUCING THE BURDEN OF DIABETES CAN GREATLY IMPROVE **DAY-TO-DAY QUALITY OF LIFE** FOR PEOPLE WITH DIABETES. WE CAN ALL ACT TO INCREASE SUPPORT BEYOND MEDICATION ALONE

E102 - ANUNIBUS, PROVIDER P1 AND D055 - ACH/DAW

For more information on building supportive communities for people with diabetes, visit www.dawnstudy.com

The DAWN2 results indicate that diabetes has a wide ranging impact on the lives of family members.

others and experienced strengthened relationships with family members.

Yet, the negative impact of diabetes on quality of life is not only restricted to people with diabetes. The DAWN2 results indicate that diabetes has a wide-ranging impact on the lives of family members, too. The proportion of family members reporting a major negative impact of diabetes on certain quality of life aspects is highly comparable to people with diabetes (see also article by Kovacs Burns in this Issue). A relatively high proportion of family members expressed a need to be more involved in the care of the person with diabetes, but many family members reported that they felt frustrated, as they did not know how to offer sufficient support.

In summary, the DAWN2 study clearly demonstrated that diabetes is often experienced as a major psychosocial burden, not only by people with diabetes but also by their family members.

Most people with diabetes received regular clinical assessments like HbA_{1c} measurements (72%), but remarkably fewer of them (32%) reported that they were asked, in the past 12 months, by members of their healthcare team, about being anxious or depressed. However, healthcare professionals and people with diabetes differed considerably with regard to their perceptions about addressing psychosocial aspects in regular diabetes care. Whereas 52% of healthcare professionals reported that they asked people with diabetes on a regular basis

how diabetes affects their lives, only 24% of people with diabetes reported that they were being asked about this by their healthcare professionals.

On the other hand, most healthcare professionals (63%) agreed that there is a major need for a better availability of resources for the provision of psychosocial support and 59% of the healthcare professionals responded that they would like to receive more training in addressing psychosocial needs of people with diabetes. Only 20% of professionals reported that they had already received training in the management of psychological aspects of diabetes.

Many healthcare professionals (33%) also recognised that discrimination because of diabetes was a problem in their

country, because they expressed a need for major improvements in accepting people with diabetes as equal members of the society.

In summary, the DAWN2 study highlighted how healthcare professionals perceive a lack of resources to address emotional problems in people with diabetes and acknowledge a need for better training to help provide more adequate psychosocial support.

Most healthcare professionals agreed that there is a major need for a better availability of resources for the provision of psychosocial support.

The vast majority (81%) of people with diabetes regarded the diabetes education programmes that they had attended as helpful. However, only 49% were participating in any such programmes. In family members of people with diabetes



ZUAL GÖZÜTOK, Turkey
Zual has type 2 diabetes

the gap was even greater. Approximately three-quarters of family members found diabetes education programmes helpful to learn more about diabetes and to provide better support for their relatives. Here too, only 23% participated in any diabetes educational programmes.

Only 23% [of family members of people with diabetes] participated in any diabetes educational programmes or activities.

Many (>90%) of the healthcare professionals who responded identified a need for improvement in self-management by people with diabetes, especially in lifestyle changes and better self-monitoring of blood glucose (>60%). For healthcare professionals, the same discrepancy of finding diabetes education helpful and actual participation and training was

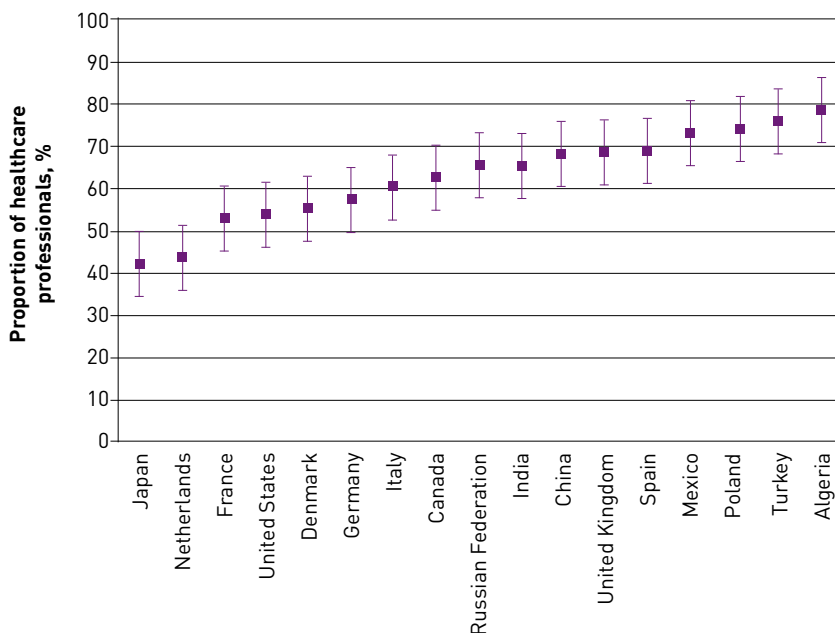
evident (see Figure). Most healthcare professionals (61%) were convinced that a better availability of Diabetes Self-Management Education (DSME) would reduce diabetes burden, but only 34% reported to have received adequate training for providing self-management education. Furthermore, the majority of healthcare professionals (60%) described a need for major improvements in the availability of DSME. Half of the healthcare professionals would like to attend training programmes to acquire knowledge and tools for a more effective self-management education.

In summary, DSME was experienced as helpful by people with diabetes, family members as well as by healthcare professionals. All three groups identified a major need for a better availability of DSME.

The first DAWN study, ten years ago, reported that diabetes was often associated with psychosocial problems and

poor well-being in many people with diabetes. It was also shown that healthcare systems were poorly equipped to support people with diabetes adequately. DAWN2 extended its scope to include family members. Results of DAWN2 still indicate that diabetes represents a major psychosocial burden to people and also for their families. Healthcare professionals identified major needs to better address emotional problems associated with diabetes in people with the condition and their families. Self-management education was congruently seen as an important tool to meet challenges of living a healthy and productive life with diabetes by people with diabetes, their families and healthcare professionals.

Figure. Proportion of healthcare professionals reporting that healthcare in their country is well organized for the management of chronic conditions, including diabetes.⁴



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