

# Introduction

Life with diabetes can be hard work. Diabetes has been likened to a job – not just any job, but one in which you have to work 24 hours a day, 7 days a week, 365 days a year, with no holiday, no praise and no pay. I don't know about you, but I wouldn't stay working in a role like that for very long! But the individual with diabetes doesn't have the option of walking out or giving up; they have to keep 'working', day in and day out, for the rest of their life.

I really like this analogy of diabetes being like a job as I think it helps put into perspective how much of a struggle life with diabetes can be. None of us can do anything in life that requires effort over a sustained period without getting support and respite – and diabetes is exactly the same. You are probably reading this because you are someone with type 1 or type 2 diabetes yourself, a professional who works with individuals with diabetes, or perhaps a family member or loved one of someone with the condition. You are aware that although diabetes is a physical health problem, it affects the person in other ways too; and you want to know how to understand, help and support the person with diabetes. This book aims to offer both a person with diabetes and those around them a range of insights and practical strategies to help.

## What is Diabetes?

Diabetes is a disease in which the body fails to produce or properly respond to insulin, a hormone that the body needs to convert food into the energy

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needed to live throughout daily life. There are two different types of diabetes – type 1 and type 2 – and each has its own causes, symptoms and treatments.

## **Type 1 Diabetes**

### *The causes*

Type 1 diabetes occurs when the pancreas stops producing insulin. There are a number of different causes of type 1 diabetes.

*Problems with the immune system* Type 1 diabetes is an autoimmune disease. Your immune system is essential for fighting off infections. It works by attacking ‘intruders’ in the body that it doesn’t recognize, such as germs. In diabetes the body reacts against and destroys the vital insulin-producing beta cells of the pancreas.

*Abnormal characteristics on your chromosomes* There is evidence of certain abnormalities in the chromosomes, or DNA, of people with type 1 diabetes. Although these don’t guarantee the development of diabetes, abnormal chromosomes are one factor to consider amongst others.

*A virus* No one virus has been identified as responsible for causing type 1 diabetes; however, there is evidence that if a virus attacks the pancreas directly it can reduce its ability to produce insulin.

### *The symptoms*

*Increased frequency of urination* When the body isn’t producing enough insulin, blood glucose levels rise, as the energy from food is not being converted into energy your body can use. The excess glucose ends up in the urine and makes it concentrated, then water is drawn out of the blood and into the bladder to reduce the concentration of glucose in the urine.

*Increased thirst* Linked to increased urination. When you lose a lot of water in your urine, your body starts to dehydrate, causing thirst.

*Weight loss* Glucose is being lost in the urine, so your body starts to break down muscle and fat in an attempt to obtain an alternative energy source.



*Increased hunger* The body doesn't have enough insulin to allow the glucose being consumed through food to enter the cells. Although the person is eating enough, the cells are malnourished, so hunger increases.

*Weakness* The glucose consumed from food isn't being used properly, which causes muscle cells to fail to get the energy they need from glucose. The result is physical weakness.

### *Treatment*

*Insulin* Type 1 diabetes is treated by administering insulin, the hormone that is no longer being released by the pancreas. In the past, insulin was obtained from the pancreases of cows, pigs and some other animals. Now, however, almost all insulin is human insulin, produced in the laboratory. A number of different types of insulin are available, with short-acting and long-acting properties. So that the patient doesn't have to take many injections a day (four is the most common), different types of insulin have been developed to work for different periods of time.

Insulin can be delivered via a syringe, an insulin pen, a jet injection device or an external pump. Your healthcare team will advise you which option is most suitable for you.

## **Type 2 Diabetes**

### *The causes*

Type 2 diabetes develops when the body responds to insulin in abnormal ways. It usually occurs later in life than type 1 (although it is increasingly occurring at younger ages with rising obesity levels) and there are a few different causes.

*Insulin resistance* Unlike people with type 1 diabetes, those with type 2 do have some insulin in their bodies. People with type 2 are insulin-resistant: their bodies resist the healthy functioning of insulin. It is the combination of this insulin resistance with not enough insulin to overcome this resistance that causes type 2 diabetes.

*Genetic causes* Type 2 diabetes runs in families: a person with diabetes usually has a family member who also has the disease.



*The symptoms*

*Fatigue* In order to feel energized, the cells in your body need fuel from the glucose provided by food. Fatigue occurs because the cells are not getting the fuel from glucose that they need.

*Frequent urination and thirst* As the body can't make use of the glucose in the normal way, it needs to find another means of flushing it out of the system, so it stimulates thirst in order to ensure regular bladder emptying. The increased urination in turn leads to dehydration.

*Blurred vision* The eyes are affected by rising and falling glucose levels: high blood sugar causes the lens of the eye to swell. Vision becomes blurred as the eye can't adapt quickly enough to these changes in the lens.

*Slow healing of skin, gum and urinary infections* The white blood cells (responsible for healing infections) don't function well when there is a lot of glucose present in the body. This means the body is more susceptible to infections.

*Genital itching* The glucose lost through the urine makes the genitals an ideal environment for yeast infections, such as thrush.

*Numbness in the feet or legs* Type 2 diabetes affects the nervous system, and can lead to a condition called neuropathy, which causes loss of sensation or tingling and burning sensations in the feet and legs.

*Obesity* People who are obese are more likely to develop diabetes, as the body has to work harder to convert glucose into energy.

*Treatment*

*Diet* About four out of five people who are diagnosed with type 2 diabetes are overweight. Many people with type 2 diabetes can control their condition through diet alone. This means reducing calorie intake and eating a good balance of foods from each of the food groups: vegetables and fruits; protein, through meat, dairy and non-animal sources; carbohydrates,



through bread, rice, pasta and cereal; and a small quantity of fats, oils and sweet foods.

*Oral medication* There are a number of different oral medications for type 2 diabetes. Sulphonylureas are drugs that reduce blood glucose levels by making the pancreas produce more insulin. Metformin works by suppressing glucose production by the liver. Arcarbose blocks the action of an enzyme in the intestine, which leads to a slower rise of glucose in the bloodstream after meals. Glitazones are a group of drugs that directly reverse insulin resistance.

*Insulin* Sometimes oral medication does not provide good enough control for the person with type 2 diabetes. In that case insulin may be required. Often one injection at bedtime is adequate, with more frequent ones added as needed.

## What is the Emotional Impact of Diabetes?



Now you have a better understanding of the physical aspects of diabetes, we can move on to think about the various emotional and psychological issues that will be addressed in this book. There are a wide range of emotional factors that can impact the wellbeing of someone with diabetes – some of which affect people with type 1 or type 2 only, but many of which affect individuals with either type.



### *Dealing with diagnosis*

The diagnosis of diabetes is a life event that has been likened to the experience of grief. In the same way as it is natural to grieve for a lost loved one, being given a diagnosis of diabetes can trigger a grieving for one's lost health. It is common to live life as if we are invincible, rarely considering our health or mortality. This dramatically changes when you are diagnosed with diabetes: you are suddenly acutely aware that your life is not without limits. You now have to rely on regular medication, frequent visits to a medical setting, and a team of doctors and nurses to keep yourself well. Chapter 3 will describe the stages of grief to help you better understand the





process of managing diagnosis. By becoming aware of these different stages and recognizing the stage of the process that you or your patient or loved one may be in, you can manage the potential challenges better.

#### *Depression and low mood*

Psychological research has demonstrated that low mood and depression are very prevalent among people with diabetes; in fact studies have demonstrated that depression is approximately twice as common in people with diabetes as in people who are in good physical health. Life has its challenges and, for all of us, with or without diabetes, experiencing the whole range of high and low moods is part of the human condition. However, coping with a demanding condition like diabetes is an extra stressor to contend with, and it is very common to struggle with low mood at times. Chapter 4 will examine how to identify and manage depression and provide strategies to improve mood and wellbeing.

#### *Guilt, shame and self-blame*

Feelings of guilt, shame and self-blame can be experienced by people diagnosed with either type 1 or type 2 diabetes. For individuals with type 1 or 2 diabetes there can be the shame of being 'different' by virtue of having this health problem to contend with. For those with type 1, injecting and blood testing in public can be experienced as embarrassing and something that they would rather hide than engage in openly. People with type 2 diabetes may experience these emotions because they may have been aware that they needed to make changes to their health and lifestyle and they feel regret that they didn't act on this awareness in time to prevent diagnosis. Chapter 5 will discuss these emotions and how to overcome them.

#### *Fear and anxiety*

Fear and anxiety affect many people with diabetes. They can be divided into two categories: fear about factors in the here and now and fear of the future. Fear in the here and now may be anxiety over hypoglycaemia, fear of needles or simply the daily anxiety about the changes that diabetes causes in life. In terms of fear of the future, many people worry about the long-term complications and how they may have an impact in the





years to come. Chapter 5 focuses on how to manage fear and anxiety in diabetes.

#### *Using food to cope with emotions*

For many people, both with and without diabetes, food can offer more than just fuel for the body. From birth, food is intimately linked to feeling safe and secure in the world, and in adulthood food can become a shortcut to dealing with difficult emotions. Many people go their whole lifetime using food in this way to a greater or lesser extent, and often without causing much harm. However, individuals with diabetes need to be more mindful of the role food plays in their lives, and that using food to cope with their emotions can cause problems. Chapter 6 will explain how and why these eating difficulties can develop and offer strategies to gain control of both food and emotions.

#### *Communicating with health professionals*

Developing a good working relationship with your healthcare team can go a long way towards making you feeling supported in your journey of managing diabetes. However, it's common for people to avoid going to their health appointments completely, or to feel a range of difficult emotions when they do go. Chapter 7 will explore the various ways you may be relating (or not) to your healthcare team and give you both practical strategies and emotional insights to help you see these relationships in a more helpful light.

#### *Family relationships*

Diabetes doesn't only affect the person with the condition – it has the potential to affect the whole family. Just as the person with diabetes can struggle emotionally, those around them can too. Family members can express their concern and worry in a multitude of different ways. Some loved ones may have a tendency to be over-involved with the management of diabetes, which can feel suffocating to the person with the condition. The opposite can also happen, when family members withdraw and seemingly ignore what is going on, leaving the person with diabetes feeling lonely and isolated. Chapter 7 describes these different ways diabetes can impact on





the family system and offers strategies to help both the person with the condition and their loved ones.

### *Sexual difficulties*

Difficulties with sexual response are a very common experience for people with diabetes and can affect men and women in differing ways. For the person with diabetes this can be a further setback: not only do they need to deal with all the other challenges of managing diabetes, now the part of their identity that could be expressed through their sexual relationship is hindered. It can feel like there isn't any part of life that isn't affected by diabetes. Chapter 7 will discuss the various ways sexual response can be affected by diabetes and describe both practical and emotional strategies to help.

## **How Does Psychology Help?**

So we can see that there are a variety of challenges that can affect the emotional wellbeing of the person with diabetes. How can psychology help? Over the last century, a number of psychological theories have been developed that help us to understand our emotions and behaviours. The practical application of these theories through one-to-one counselling and therapy have been well researched and demonstrated to be helpful in offering insight and alleviating psychological distress. The theory that underpins the advice in this book is called cognitive behavioural therapy (CBT). In the NHS, CBT is offered as the treatment of choice for individuals who are struggling with both a chronic health problem (such as diabetes) and depression, and it has also been shown to be very helpful and effective for those who are experiencing emotional challenges more generally: anxiety, depression, anger, eating disorders and many others. CBT is built around the premise that thoughts are central to our emotional and behavioural responses. By examining our thinking styles and learning how to choose more helpful thoughts, we can choose more productive responses, which will improve our mood and wellbeing. Chapter 2 is devoted to teaching you everything you need to know about CBT in order to tackle the emotional challenges described in the remainder of this book.

### *Goal setting*

Once you know the changes you want to make and have been equipped with the tools of CBT to help you implement them, you need goals to keep







you on track. Goal setting is arguably the crucial ingredient of making any change in life, and failing to set realistic goals is one of the main reasons why life changes don't occur in the way we might want. Chapter 8 will outline how to set diabetes-related goals that work, and how to stay on track and motivated towards them.

### *Rewards*

If you examine your life, there is probably very little, if anything, that you engage in for which there is not a 'reward' of some type. Diabetes is no different. Knowing that rewards are a fundamental of your diabetes care is often enlightening and encouraging; chapter 8 will describe how to use rewards as an integral part of your diabetes management.

### *Acceptance and mindfulness*

Acceptance and mindfulness are psychological strategies that can be used in conjunction with CBT to good effect. Not only can they improve emotional wellbeing, they have also been demonstrated to improve diabetes control. Chapter 9 describes mindfulness in greater detail and includes practical strategies for implementing the mindfulness approach.

### *Staying solution-focused: managing setbacks*

Setbacks are an inevitable part of the change process. In fact, expecting, managing and overcoming setbacks are arguably crucial elements to making any change in life. However, without this knowledge, setbacks can be the very part of the process that stalls people from making progress. Chapter 9 explains the importance of noticing and learning from setbacks to ensure they don't get you off track but, instead, provide an important part of the process that will enable you to make significant and lasting change.

## **How to Use this Book**

This book has two broad aims. The first is to help you to better understand the ways diabetes can affect you emotionally, and the second is to equip you with new skills and strategies to manage your emotions in a different way. This greater insight coupled with the skills of CBT should, in turn, create more positive outcomes for your physical health.



I suggest you read the whole book through first, and then focus in depth on the particular chapters that are relevant to your situation. Although you may choose to ignore some of the chapters that aren't relevant to you, it is important to complete the exercises in Chapter 2 before doing any of the exercises in later chapters. This is because Chapter 2 teaches the skills of CBT that are fundamental to the material in the remainder of the book. Some of the exercises may look easy, but do complete them. When you actually try them they can be more complicated than they seemed at first glance. By trying them out, you are actively engaging with the material, which is crucial to make the changes that you want. Remember that many of the skills of CBT can be used in areas of your life not directly linked to diabetes, and many people report that the perspective it gives them allows them to enjoy their whole life more fully.

### Further Reading

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