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Title

People with type 2 diabetes experiences and needs of emotional support in Australian general practice: a qualitative study

Priority 1 (Research Category)

Diabetes and endocrine disease

Presenters

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Abstract

Context: Diabetes distress is the negative emotional response to the burden of living with and managing diabetes. It is associated with sub-optimal glycemia and diabetes self-management, with up to 40% of people with type 2 diabetes experiencing diabetes distress. Australian guidelines specifically recommend using Patient Reported Outcome Measures such as Problem Areas In Diabetes (PAID) scale to assess diabetes distress and discuss sources of distress with people with diabetes. However, use of the PAID scale in Australian general practice is low. Objective: Explore the experiences of people with type 2 diabetes, their needs and expectations of emotional support in general practice, and barriers and facilitators to completing the PAID scale. Study Design: Qualitative study with semi-structured interviews conducted via Zoom or telephone. Guided by Richie’s framework thematic analysis, following familiarisation with the data, an initial thematic framework was developed using inductive and deductive approach. Data were coded using the thematic framework. Setting: General practices in Victoria, Australia. Participants: Adults >18 years with type 2 diabetes who primarily attend general practice for diabetes care. Outcomes to be reported: Themes and subthemes related to experiences, needs and expectations of emotional support of people with type 2 diabetes attending general practice are reported. Results: Twelve adults with type 2 diabetes participated. Seven women and five men participated; age range from 27-79 years. Participants considered the pre-existing general practitioner (GP)-patient relationship important when exploring emotional health during diabetes care. Key themes identified that influenced experiences of care were: (1) biomedical focus of diabetes care; (2) the GP-patient relationship; (3) importance of communication. No participants recalled completing the PAID scale with their GP to assess emotional health. They believed that the PAID scale could promote an understanding from the GP about issues impacting their life beyond the biomedical aspects of diabetes. Conclusions: Our findings indicate people with type 2 diabetes have no experience of using the PAID scale during diabetes care but perceive the use of the PAID scale could improve communication with

their GP due to pre-identification of emotional issues. The findings will be used to develop a tool to implement the PAID scale in general practices in Victoria, Australia.