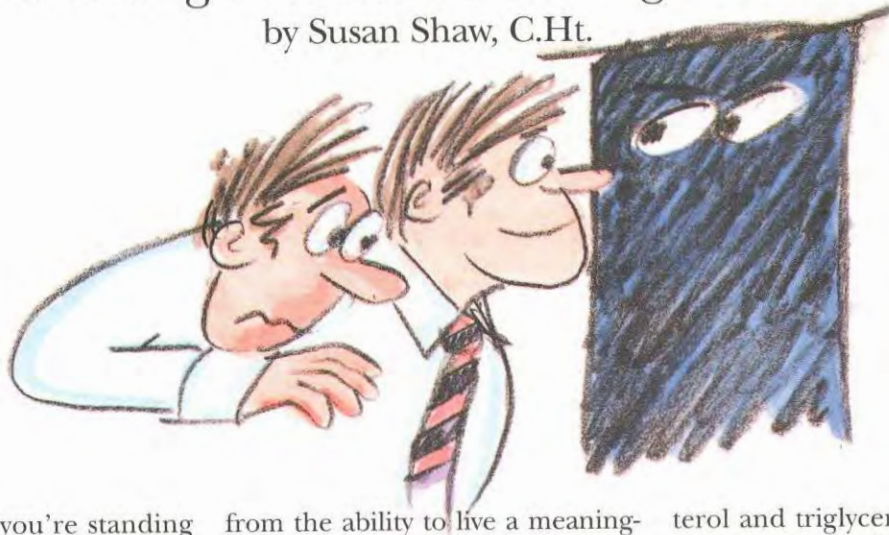


GETTING A NEW PERSPECTIVE ON YOUR DIABETES

Confronting Fears and Building Motivation

by Susan Shaw, C.Ht.



Imagine that you're standing outside an old movie theater with a towering, lighted marquee. In huge, red letters, the marquee reads, "Your Future With Diabetes." If you bought a ticket, went inside, and waited quietly in the dark while the curtains parted, what kinds of images would appear on the screen?

What is the rest of your life with diabetes going to be like? What changes are likely to happen to your body? How might other parts of your life change? How long will your life be?

If you feel a great deal of anxiety about the answers to these questions, you're not alone. Studies show that 73% of people with diabetes are concerned about developing serious complications, and almost half worry that these complications will render them helpless. For the most part, these fears are unwarranted. Although complications can and do occur, total helplessness usually does not. People who develop complications often find that they are manageable, that options for treatment and relief abound, and that even the onset of previously dreaded complications does not detract

from the ability to live a meaningful life. But when you don't know that your fears are excessive and irrational, they can detract from your quality of life and destroy your motivation to perform diabetes self-care routines.

Diabetes management is not just a bunch of tasks involving meal plans, blood glucose monitoring, exercise, and medicines; it is also a lifelong process of learning and self-reflection. Confronting our deepest and often false beliefs about ourselves and our diabetes, and learning to change beliefs based in fear to form a more positive outlook can improve motivation to perform self-care.

Building self-efficacy

Clinical trials have demonstrated that good blood glucose control reduces the likelihood of serious diabetes complications and improves health in many ways. Unfortunately, subsequent studies have found that the majority of people do not maintain the current recommended level of blood glucose control, nor do they meet current blood pressure and lipid (choles-

terol and triglycerides) goals. But according to a 2004 study on psychological barriers in the *European Journal of Endocrinology*, "Nearly all the barriers to effective self-management of diabetes lie in individual's personal and social worlds."

Health-care professionals are now recognizing that to empower people to reach their health-related goals, their social, psychological, emotional, and even spiritual issues must be addressed, in addition to medical issues. The need to promote self-efficacy is becoming clearer. But what exactly is self-efficacy? More than just self-confidence, it involves an individual's personal beliefs about his ability to reach goals and exert influence over events that affect the course and quality of his life. Albert Bandura, a Stanford University professor who pioneered the theory of self-efficacy, writes in the *Encyclopedia of Human Behavior*, "Self-efficacy beliefs determine how people feel, think, motivate themselves and behave."

People with a strong sense of efficacy see new tasks as challenging and strive to master them. They set challenging goals and sustain

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their efforts in the face of failure. According to Bandura, people with a strong sense of efficacy also experience reduced stress and are less vulnerable to depression.

People with low confidence in their abilities, on the other hand, strive to avoid difficult tasks and view them as threatening. They tend to dwell on personal inadequacies and obstacles and to focus on the worst possible outcome. People with a low sense of efficacy give up quickly, are slow to recover from failure, and are easy prey for burnout, stress, and depression.

"Self-belief does not necessarily ensure success, but self-disbelief assuredly spawns failure," Bandura says. "Unless people believe they can produce desired effects and forestall undesired ones by their actions, they have little incentive to act, or to persevere in the face of difficulties."

Diabetes is widely recognized as one of the most difficult chronic conditions to manage. A typical day with diabetes presents challenge after challenge: making food choices, counting carbohydrate grams, taking injections or medicines, checking blood glucose levels, and writing everything down to monitor blood glucose trends. The demand for self-efficacy is intense and never-ending. Doctors know they can't write "self-efficacy" on their prescription pads, but they are becoming aware that this characteristic can and should be strengthened.

Exploring your beliefs

Exploring your beliefs about diabetes and about your ability to manage it can spark a reassessment

of what you believe to be true about your ability to exert control over the course of your diabetes. Of all the beliefs people with diabetes can have, none are more disabling than those based on fear. Fears can have little basis in fact and can cause us to lose belief in our ability to control our diabetes. And unfortunately, a culture of what Andrew Weil, M.D., calls "medical pessimism," the established practice of predicting negative outcomes, as well as the widespread use of fear as an attempt to motivate others, allows fear to thrive in the lives of people with diabetes.

Many of us have experienced the power of what Weil calls a "medical hex." When I was nine, for example, a nurse shook her finger at me and proclaimed that if I didn't do what I was supposed to do, I would go blind. "And it will happen just like that!" she said, snapping her fingers. Her hex was effective; as a teenager, I panicked whenever my vision seemed blurry and worried that my sight would disappear all at once. Many years later, I did develop retinopathy, but I also became better educated and discovered that retinopathy is treatable and that abrupt and total blindness is highly unlikely, especially with regular eye exams. With more accurate information, the hex was undone.

A woman at one of my workshops seemed proud of her efforts to motivate her husband. "My husband's brother died of the worst possible complications of diabetes," she reported, "So I throw that in my husband's face every day!" Although this type of scolding might be well intentioned, a German study found that "fear of complications can lead to patients

dealing as little as possible with their diabetes, largely neglecting self-management." In other words, well-meaning relatives and health-care providers who take this approach can actually drive people with diabetes, especially those with a poor sense of efficacy, further into denial and inaction.

One often overlooked reason for fear and burnout in people with diabetes is that diabetes care providers can suffer from both themselves. They may fear that their patients will suffer from complications for which they will feel partly responsible. In response to those difficult feelings, they may redouble their attempts to "help" patients, often by using gloomy predictions as motivators.

In addition to being based on misguided warnings from health-care providers, beliefs about diabetes can be founded on outdated information, old wives' tales, negative talk around the dinner table, or colorful family legends about distant relatives with diabetes. It's important to examine these beliefs, decide what aspects are factual, and discard the rest. I suggest that you proceed slowly through the following list of common beliefs, taking a moment to reflect on each one, and noticing what thoughts, feelings, and images come up.

I will die early. Sit with this thought for a moment and see how you feel about it. Many of us were told this when we were diagnosed, and recent television commercials inform parents of overweight children that Type 2 diabetes will significantly shorten their children's lives. Providers often feel compelled to report the statistics on early death to their patients with diabetes, even though many of

them will defy these statistics. This information can cause people with diabetes to experience panic, despair, and immobility. I was startled by the number of young people I met at my workshops who believed they would die by age 45 or who thought they shouldn't have children because they wouldn't live long enough to raise them.

I am bad. "I'm a diabetic, but I'm bad," one woman announced. "I don't do what I am supposed to do." Countless others have approached me to report how "bad" their relatives with diabetes are. We often think negatively about ourselves and see only our errors instead of the multitude of self-care tasks that we perform correctly. We may tend to magnify every transgression (such as eating an extra snack) and can even be burdened with guilt over a sense that we caused diabetes in the first place, or could have or should have prevented its onset.

I must be perfect. Although the pursuit of perfection may seem worthy on the surface, perfectionism is a self-defeating attempt to escape what we fear by setting goals that are likely to be unattainable. In the end, perfectionism kills motivation. In diabetes management, where some miscalculations and unexpected blood glucose swings are unavoidable, trying to achieve perfection in our habits and our blood glucose numbers will leave us burned out and disappointed.

I am special, but flawed. Some of us allow our diabetes to be the most prominent and distinguishing characteristic of our life and feel that diabetes makes us "special." But this sense of being special can isolate us from others and from the ordinary activities and fun of living. Some of us make the management of our diabetes our greatest focus or our biggest achievement. Although diabetes management needs continuous attention, when it becomes our world, and when we think that others could never understand the difficulties inher-

*Fortunately,
new beliefs can
arrive in one
instant or in a
series of many
instants.*

ent in our special world, we forget to enjoy our lives.

I have to change my lifestyle NOW! You just got an e-mail saying that your cousin went on kidney dialysis, and a jolt of fear hit you like a lightning bolt. "I'm going to control my blood sugars starting right now!" you promise yourself. But the motivation that comes from panic wears thin only hours later, in the face of the reality that making a major lifestyle change takes many small efforts over a very long period of time. When change doesn't occur immediately, the belief that we are "bad" and incapable of change is reinforced. In this way, urgency can be a motivation killer.

Complications are coming; they will be sudden and unmanageable. When we think of complications, our minds often conjure up the worst. We fear that if complications occur in the future, they will be overwhelming and take away all quality of life, and that we will have no ability to cope, adjust, or adapt. With this view of complications, hope goes out the window.

Gaining insight and new awareness

Fortunately, new beliefs can arrive in one "Aha!" instant or in a series of many instants. Education or an honest discussion might be all it takes to start turning fear-based beliefs into motivating ones.

One workshop participant said, "I don't worry about dying early; I'm just afraid of the pain."

"What pain?" I asked.

"I don't know exactly," she responded, "I just always thought there would be pain at the end."

"Well, there can be pain if you get neuropathy, but not everyone will, and even if you do, there are drugs that can help you manage pain," I said. "There are also new non-drug treatments that can help control neuropathy pain." She looked perplexed for a moment and then her face broke into a grin. "Really!" she exclaimed. She later told me that her life with diabetes had turned around that day. This is a perfect example of how intelligent people can inadvertently develop dysfunctional beliefs based on hearsay.

As a hypnotherapist, I've worked with hundreds of people using hypnosis, a state of relaxation similar to meditation, to unravel dysfunctional beliefs and discover the positive power within each person. The insights that arise when the body is relaxed, brain waves are slowed, and the mind is anxiety-free can be spectacular.

One man fiddled with his insulin pump and blood glucose monitoring paraphernalia with great anxiety, worried that his body was on the brink of disaster. But in a hypnotic trance, he discovered a new way to perceive his physical being.

"This is a good body!" he said when he opened his eyes, surprised. "It's strong, it's flexible, it's active; it does a lot of things, and it does them really well!" People with diabetes can tend to focus on what may go wrong in the future and forget to appreciate that in the present, we're mostly fit and healthy.

Here are two simple exercises that can help you examine your own beliefs and discover new ones. **Exercise #1.** Get a piece of paper and write the beginnings of these sentences three times each. Leave

room on the page so that you can complete the sentence with a word or a phrase. Then imagine that your diabetes is speaking to you and completing the sentences. Write down whatever words pop into your mind.

A word of caution: This can be a disturbing experience, since deep down, you may fear that diabetes is destroying you. But stick with it; the information the process uncovers is worth revealing. If you are startled by what comes up, discuss your experience with a trusted friend or therapist. Completing each sentence three times will allow you to penetrate deeper into your belief system.

I am _____ .
I feel _____ .
I need _____ .
I believe _____ .
I want _____ .
I will _____ .
I secretly _____ .

When you're done writing, read what's on the paper and consider it. Go through each belief and ask yourself:

- Is this true? Partly true? Totally false?
- Is this belief based on fact? If not, where did this belief come from?
- Which beliefs can be rejected or modified?
- What could I believe that would show confidence in my ability to manage diabetes?

Exercise #2. Find a place where you can recline comfortably and be undisturbed for 25 minutes. Close your eyes and take five deep, slow breaths. Count backward from 21 to 0 as you imagine yourself walking down a staircase. Notice your body relaxing. At the bottom of the staircase, someone wise and loving who knows you well awaits. Your wise guide will take you to three different places to show you something about hope. Take plenty of time, notice that your inner world is colorful—like being in a dream except while awake—and allow your journey to unfold.

Some new beliefs to consider

Now that we know that fear-based beliefs undermine motivation, let's look at some beliefs that enhance a sense of efficacy and your motivation to do the best possible job of self-care.

It's OK to make mistakes. Mistakes are part of learning. Don't judge yourself harshly when you make a mistake; just observe the effects on your blood glucose, mood, and energy level, and use this information as a learning experience.

I have plenty of time. Pressure and panic don't mix well with the careful attention that diabetes management demands. If feeling like you need to make changes right now has you panicked, focus on your breathing and your body, and notice that for the most part, things are OK. You do have time. Be willing to slow down and invest whatever amount of time is needed. In the words of Steven Edelman, a physician with diabetes, "It's never too late to do something to improve your diabetes."

I can shape my future. Don't let distressing thoughts about diabetes interfere with your vision of the future. Will Cross imagined himself on the summit of Mount Everest, and new insulins and insulin delivery systems allowed it to happen. All of us have personal summits to reach. Create a vision of a healthy, rewarding future in your mind, and be willing to utilize all available management tools, as well as the new ones that are certain to come, to make your desired future happen.

I have unique and special talents. Don't let diabetes be the thing that makes you special. Develop your abilities and talents, be proud of them, and let diabetes be only a small part of who you are.

My body and the tools I have to manage my diabetes are miracles. The first insulin injections in the 1920's pulled people back from the brink of coma and death and

allowed them to live for many years in relatively good health. These events were celebrated as miracles. Today, medical pessimism and a culture of negativity have overshadowed reality. Instead of being grateful for medicines and management tools that most of the developing world still goes without, we see them as burdensome chores. Insulin is *still* a miracle. Our bodies are miracles; they are surviving and thriving. Try seeing your body and your management tools as miraculous, and see how your mindset and energy level changes.

I am a survivor. At events like the Avon Walk for Breast Cancer, cancer survivors join hands and walk with their arms overhead in a victory parade. They celebrate the fact that they are alive and refuse to feel shamed or stigmatized by a disease. People with diabetes, and especially those living with complications, deserve to do the same. Stop feeling shame over having diabetes and celebrate the fact that you are surviving in spite of it.

Diabetes cannot diminish my ability to love or be loved. This simple truth puts diabetes into perspective. Diabetes has no power to change anything in life that really matters.

It is worth it

Being diagnosed with diabetes can be a frightening experience, but developing the right attitude can go a long way in helping you manage this condition. So the next time you are faced with a diabetes chore you resist, take a moment and say to yourself, "I can do this, this will work, my body is a miracle, and taking care of it is worth it." □

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The Power in How You Think

What we *think* leads to *feelings*—leads to *actions*—creates *results*.

Our thoughts, feelings, and actions are the keys to understanding ourselves. When we understand ourselves we make better decisions, have healthier relationships and can lead more healthy and fulfilling lives. Understanding how our thoughts, feelings and actions interact with each other can help us overcome depression, anxiety, and unhealthy behaviors—such as over-eating, smoking, and not exercising. Understanding ourselves helps us believe in ourselves and our ability to change.

Thoughts

Our brains are constantly thinking, whether we are aware of it or not. If we are not aware of our thoughts, we might believe that we have little control over events in our lives and how we respond to those events. The first step toward change is to become aware of your thoughts. Writing your thoughts down in a journal can be a helpful tool. Don't judge your thoughts, just be aware of them. Notice how your thoughts can be positive or negative, true or not true, upsetting or comforting. This is the first step toward noticing how thoughts become feelings.

Feelings

We all have feelings—pain, anger, sorrow, joy, love, grief, fear, and happiness. It is common to label our feelings as “good” or “bad.” We may try to increase our good feelings and get rid of the bad feelings—sometimes this leads to unhealthy behaviors, like over-eating or drinking too much alcohol. It is important to name the feelings we are experiencing and express them in healthy ways. One step in this process is understanding that other people and events do not “make us” feel a certain way. It is our thoughts about the event that create our feelings. For example if a friend is late, we may tell ourselves “she shouldn't be late, she is late because she doesn't respect me.” These thoughts may lead to intense feelings of anger and pain. A more healthy way is to think your friend has a good reason for being late and will be here soon enough.

Actions

Our actions and behaviors are the things we do; they do not define us. They are the results of thoughts and feelings. We can make mistakes without being failures. It is important to separate actions from the person. When you define yourself by a past choice you made, you limit your ability to change and you begin to think and feel bad about yourself. A healthier way of thinking is, “I made a bad choice, and I can make a better choice next time.” This leaves you more hopeful about a better future.

Results

Results are the outcome of a complex process that starts with thinking and leads to feelings and actions. To get the desired result you want or a lasting behavior change, start by becoming aware of your thoughts and feelings, then direct your actions in a healthy way.



The Power in How You Think

Thoughts —————> **Feelings** —————> **Actions** —————> **Results**

If you replay the same negative thoughts in your mind, you will get the same results.

For example if you constantly think “I can’t exercise. I have never been good at sports. I am too overweight to join a gym. I will look silly. People will make fun of me,” you will continue to be out of shape and overweight. Instead, work backwards, begin thinking as if you already have the results you want.

If you want health, think about what it would be like to be a healthy person. How do healthy people care for themselves?

Begin to *act* the way you think a healthy person acts:

- Go to bed early
- Eat more vegetables
- Walk
- Write in a journal
- Say “no thanks” to that extra helping
- Join a water exercise class
- Learn to meditate

You just might get the *results* you are hoping for!

Mind-Shifting: A Valuable Tool To Control Diabetes

by Riva Greenberg

22 December 2008

Recommend this Article:

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The day I heard "Diabetes is not the leading cause of heart attack, blindness, kidney disease, and amputation," my life changed. I had believed the opposite to be true for the 32 years I'd been dealing with diabetes. Complications had always hung like a knife over my head.

The moment I heard this new message, the knife disappeared and my head cleared.

Scared diabetic

I was attending a "Coping with Diabetes" workshop given by diabetes psychologist Dr. Bill Polonsky, founder of the Behavioral Diabetes Institute. Dr. Polonsky opened his workshop by asking the 100 people with diabetes in the room, "How many of you have heard that diabetes is one of the leading causes of blindness? Raise your hand."

Hands all over the room flew up.

"How many of you have heard that diabetes is a leading cause of stroke and heart disease?"

The hands stayed in place-up.

"How many of you have heard that diabetes is a leading cause of kidney disease and limb amputation?"

Well, now everyone's hand was still up, right? We've all heard this.

"Wrong!" he said.

We sat there, dumbfounded.

"*Poorly controlled* diabetes is a leading cause of these things."

I had to replay it again in my head, "*Poorly controlled* diabetes ..." When has any doctor, magazine article, or TV ad ever stopped to give us that fine print? Pretty much never.

Removing "inevitable"

Knowing that complications are not inevitable and that if I take good care of myself, they may never come, has created a shift in my head, not to mention my care. I'm actually more diligent in my management because now I feel like I have a chance.

Here's a second mind-shift that I took away from Dr. Polonsky's workshop that day. Actually, it's a little stickie that sits on my meter and says, "Hey, it's just a number!" It reminds me every time I test that no matter what number pops up, it's just information. All it does is tell me whether I calculated something I ate correctly or whether I need some food or insulin to keep my blood sugar in range. I no longer see my numbers as "good" or "bad": you know, those nasty judgments we make all the time. Granted, it didn't happen immediately. A 265 used to feel like a slap in the face even with that little stickie, but more and more, 265 has come to mean "I see, I didn't take enough insulin to cover that slice of gingerbread; good to know for next time."

I recommend that you stick a little label that says, "Hey it's just a number!" on your meter too. There's a ton of mind-shifting power in that little pre-digital tool called paper.

Permission to be not perfect

A year later, I sat in on another of Dr. Polonsky's workshops, this one for people with diabetes who had fallen "off track" with their diabetes management. I was there mostly as a researcher. After having interviewed more than 100 people who live with diabetes, I wanted to know why some were so much more diligent in their management than others. While there, though, I learned that I too did something that negatively impacts my diabetes management: I was wedded to the idea that I had to be perfect.

I had long heard that I would get complications unless my blood sugars were always under 140. But that day, I learned that not only is achieving perfect blood sugars impossible, but also the relative value of perfect blood sugars over good blood sugars is nearly insignificant. Wow, another mind-shift! With this one, oddly, I felt more energized to do diabetes really, really well, but the stress was gone.

These relatively simple new lessons have changed how I live with diabetes. They have allowed me to become more relaxed, to feel more hopeful, and to put my effort where it will do the most good. It makes me very aware of the power of those thoughts running around in our heads: thoughts of perfection, good and bad, right and wrong. They are an integral part of our management, even though most physicians, including endocrinologists and diabetes educators, barely acknowledge them.

So here's what I've learned: Keep your blood sugars in good control, and you won't be the person they're talking about when they jabber, "diabetes is the leading cause of a million and one horrible things." Know that perfection is impossible, but that good is possible and important. And see your blood sugar numbers as information, not judgments. It may take some mind-shifting, but it's worth it.

Riva Greenberg is the author of the book, The ABCs Of Loving Yourself With Diabetes. Her new book, 50 Diabetes Myths That Can Ruin Your Life: And the 50 Diabetes Truths That Can Save It, will be published in July 2009.

STRESS MANAGEMENT TOOLS

Steps Required to Elicit the Relaxation Response:

- Step 1: Pick a focus word or short phrase that's firmly rooted in your belief system; for example the word "Peace."
- Step 2: Sit quietly in a comfortable position.
- Step 3: Close your eyes.
- Step 4: Relax your muscles.
- Step 5: Breathe slowly and naturally and, as you do, repeat your focus word or phrase as you exhale.
- Step 6: Assume a passive attitude. Don't worry about how well you're doing. When other thoughts come to mind, simply say to yourself, "oh, well" and gently return to the repetition.
- Step 7: Continue for ten to twenty minutes.
- Step 8: Practice the technique once or twice daily.

STRESS MANAGEMENT TOOLS

Slow, Deep Breathing Practice:

- Step 1: Either lying down or sitting quietly, place your hands on your stomach.
- Step 2: Take a deep breath in through your nose; your stomach should expand (rise). Count to ten while breathing in.
- Step 3: Pause.
- Step 4: Exhale nosily through your mouth.
- Step 5: Exhalation should be half as long as inhalation. Count to five while exhaling.
- Step 6: Each time you exhale try to release tension and stress.
- Step 7: You may wish to think about breathing in energy, hope and peace and breathing out what is old, tired and negative.
- Step 8: Deep breathing can be practiced throughout your day – at a stop light, when on the phone and you are placed “on hold,” waiting in line, or when you get into bed at night.

STRESS MANAGEMENT TOOLS

Body Scan Exercise

- Step 1: Lie on your back in a comfortable place.
- Step 2: Allow your eyes to gently close.
- Step 3: Feel the rising and falling of your belly with each in breath and out breath.
- Step 4: Take a few moments to feel your body as a “whole” from head to toe; notice the parts coming in contact with the floor or the bed.
- Step 5: Bring your attention to the toes of the left foot. Try to channel or direct your breathing to your toes as well.
- Step 6: Allow yourself to feel any and all sensations from your toes; you may not feel anything and that is okay. Just keep focused on your toes and breathe in and out through them as best you can.
- Step 7: When you are ready to leave the toes and move on, take a deeper breath in and out through the toes and allow them to dissolve in you minds eye. Just continue watching your breath and when you are ready to move on, draw your attention to the sole of your foot, the heel, the top of the foot, and then the ankle, continuing to breathe in to and out from each region as you observe the sensations that your are experiencing. The, let go of it and move on.
- Step 8: Bring your mind back to your breath any time you notice that your attention has wandered off.
- Step 9: In this way, continue to slowly move up your left leg and then move on to your right foot and leg and on to the rest of your body. Maintain your focus on the breath and on the feeling of the body regions as you come to them. Breathe with each body region and the let go of them.
- Step 10: The body scan practice may take twenty to forty minutes. You may wish to keep your eyes open if you have difficulty staying awake.

OVERVIEW OF MIND BODY INTERVENTIONS

MODALITY	DESCRIPTION AND POTENTIAL BENEFITS
RELAXATION	A state of altered consciousness, a slowing of breath and heart rate
MEDITATION	A process of training one's mind to be attentive, to focus in a non-analytical way, an attempt to refrain from rumination, as in relaxation
HYPNOSIS	The induction of trance states by therapeutic suggestion, a state of altered consciousness. Facilitates behavior and lifestyle changes, overcoming addictions.
IMAGERY	The formation of images in perception, thought, feeling, memory, and fantasy, all in the absence of sensory stimulants (seeing, hearing, feeling, smelling, tasting). May improve immune function, speed surgical recovery.
VISUALIZATION	Active imagery to influence attitude, behavior, or physiological responses. Even a faint intentional imagery of thought activates the brain to release neurotransmitters to the corresponding neural and hormonal pathways.
AUTOGENIC TRAINING	Relaxation and self-hypnosis using a specific, tested sequence of wording.
AROMATHERAPY	Stimulation of the sense of smell to encourage relaxation, well-being, or other physiological benefits.
BIOFEEDBACK	Adjustment of thinking processes and regulation of physiological functions with feedback from monitoring instruments. Help to control blood pressure, muscle tension, heart rate, brain waves, and skin temperature.

PSYCHOTHERAPY	Treatments ranging from simple listening to combinations of medication, counseling, and discussion using behavioral/emotive approaches.
SUPPORT GROUPS	Group interventions that promote bonding, belonging, being understood, self-expression, learning, stress relief, and longevity. Decrease anxiety and isolation.
DANCE AND EXERCISE	Movement to improve self-esteem, facilitate attention, express anger, and develop a more positive body image.
YOGA	A system of developing discipline to achieve body postures, control breathing, reduce stress and stress hormones, thereby boosting the immune system.
MUSIC AND ART	Pursuits that help in developmental disabilities and are as effective as an analgesic or relaxant
STROKING A PET	Studies have shown the easing of tension that goes with caring for and receiving of attention from a pet, heart rate decreases, breathing slows, tension eases. Some dogs sense hypoglycemia in their owners and alert them to this problem. They have a special bond with owner.

Resource List Mind Body Medicine

DON'T SWEAT THE SMALL STUFF, AND IT'S ALL SMALL STUFF, SIMPLE WAYS TO KEEP LITTLE THINGS FROM TAKING OVER YOUR LIFE, Richard Carlson, PHD. This is a great little book, small on to two page chapters providing advice on lightening up about things you have no control over. It is easy to read a chapter a day to put into practice. Also, you may enjoy sharing this or other books of Dr. Carlson with your family.

SIMPLE ABUNDANCE- A DAYBOOK OF COMFORT AND JOY, a book by Sarah Ban Breathnach. This is a one year's journey into making our daily lives be an expression of our authentic self. There are some glorious insights and many practical suggestions. There are almost too many suggestions, so you may need to reread. There is a wonderful resource list at the end of the book.

EVERYDAY BLESSINGS, THE INNER WORK OF MINDFUL PARENTING and other books by Myla and Jon Kabat Zinn, books on mindfulness and being in the moment.

COMING UP FOR AIR, HOW TO BUILD A BALANCED LIFE IN A WORKAHOLIC WORLD, by Beth Sawi. A very good guide to identifying our priorities, and, developing ways to spend time on that which is important to us.

JOURNEY OF THE HEART by Melodie Beattie (also author of Codependant No More, Beyond Codependancy, the Language of Letting Go) This is a day book with short insightful readings for each day of the year.

FIND A QUIET CORNER, A SIMPLE GUIDE TO SELF PEACE by Nancy O'Hara. This is a guide to the art of meditation.

THE RELAXATION AND STRESS WORKBOOK, Davis, M; E. Robbins Eschelmann and M. McAKay. 1995. New Harbinger Publications, ISBN 1-879237-82-2- this is a workbook designed to teach stress management and relaxation techniques.

HEALING VISUALIZATIONS, CREATING HEALTH THROUGH IMAGERY, Gerald Epstein, MD 1989 Bantam Books

MIND BODY MEDICINE, HOW TO USE YOUR MIND FOR BETTER HEALTH edited by Daniel Goleman and Joel Gurin, Consumer Report Books

MANIFESTO FOR A NEW MEDICINE, James Gordon, MD

THE RELAXATION RESPONSE and BEYOND THE RELAXATION RESPONSE

HEALING WORDS: THE POWER OF PRAYER AND THE PRACTICE OF MEDICINE, by Larry Dossey

RESOURCE LIST CONTINUED

MINDING THE BODY, MENDING THE MIND and multiple other books and tapes by Joan Borysenko, PHD

LOVE AND SURVIVAL, THE SCIENTIFIC BASIS FOR THE HEALING POWER OF INTIMACY, Dean Ornish

JOURNALS AND JOURNAL ARTICLES

Robert A. Anderson, MD, THE SCIENTIFIC BASIS FOR HOLISTIC MEDICINE, 3100 annotated abstracts including environmental medicine, behavioral medicine, (relaxation), psychoneuroimmunology, energy medicine, spiritual medicine, acupuncture, botanical and homeopathic medicine. Excellent collection of the scientific basis of these modalities. Available from American Health Press 1-509-886-3708, or email nhf@MSN.com. Also available online at <http://atlas.uchsc.edu/article>

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WEBSITES

American Holistic Health Association www.holisticmedicine.org

Center for Mind Body Medicine (James Gordon, MD) www.healthy.net/cmbm
professional training programs available

“MIND OVER MATTER??”

A FAMILY PHYSICIAN’S JOURNEY INTO MIND BODY MEDICINE

KATHLEEN FARAH, MD

SHARED WITH THE BAMC DIABETES SUPPORT GROUP

OCT 21, 2000

OBJECTIVES: Define mind body medicine, Mind Body Skills Groups, Biological basis of the mind body connections, Breath and relaxation, Autogenics, simple biofeedback, Meditation, Imagery, Music and the mind body connection, Spirituality and Healing, Groups and Social Support

1. MIND BODY MEDICINE

WHAT IS MIND BODY MEDICINE?

Mind body medicine is an approach that recognizes the powerful interconnection between our mind and bodies in our health. Our thoughts, worries, habits, joy, happiness influence our expression of ease and disease. The division of the domain of health and disease into body systems, such as cardiovascular and gastrointestinal, was a useful model for learning our anatomy in college and medical school. However it tends to perpetuate the myth that our various body systems do not communicate. Modern science now shows us the powerful links between body systems, including the immune system and central nervous system

Mind body medicine not only recognizes the communications between bodily systems, but also outside influences. The stress that is thrown at us from family, friends, coworkers, and life in general, cannot often be changed. We can, however, change our response to those assaults. These changes can have far reaching beneficial effects.

Treating the whole person is one of the basic principles of mind body medicine, not so different from the approach espoused by principles of family medicine. Although I learned those tenets in my family practice residency, I quickly ushered them to the far recesses of my brain to make room for the real medicine of taking care of ICU patients or dramatic ER trauma.

The title of my talk, "Mind over Matter?..", is meant to be a thought provoking question. I hesitated for a moment to use it, however, lest the reader think I believe that illness can be cured by thinking happy thoughts.

(Or worse yet, that I can move objects with my mind, or that we bring all of our illness upon ourselves).

I do not wish to deny the biological basis of medicine, nor to ignore the advances Western medicine has made. In addition, I would not want to add a feeling of guilt about being sick to an otherwise stressed patient. As Joan Borysenko has said, this is the "New Age Guilt". Mind body medicine is an attempt at giving recognition to a broader range influences in health and illness than classic western medicine.

Mind body medicine also serves to empower the patient to play an active role in their health. The focus shifts from " Physician Heal Me" to a partnership in which the patient has a role and responsibility, and a choice to work toward freedom from disease. The physician can act more as a highly educated guide, with the patient (client?) as an active participant. This can be an uncomfortable role, as we shift from being a "god" or an " MDeity" to a guide that gives credibility to a patient's own wisdom. The doctor patient relationship has always been an important therapeutic tool, and perhaps plays a large role in the placebo effect. I find the mind body skills enhances my communication with the patient, and hence my satisfaction with my role as physician and healer.

WHAT MIND BODY MEDICINE IS NOT:

Many areas labeled as alternative care occasionally get lumped under the above heading. It does not include herbs, acupuncture, magnets, homeopathy, and many other modalities. These areas are beyond the scope of mind body medicine and this talk.

HOW DID I GET INVOLVED IN MIND BODY MEDICINE ?

The cumulative stresses of life led me to search for ways to improve my health and well being. Divorce from an abusive spouse with a mental illness, single parenting, being a female family practitioner in a small town, malpractice, remarriage, blended families, malpractice, and the illness and subsequent death of my father left me with more than enough life experiences to identify with my patients. As I have explored other healing options, and integrated them into my life, I have felt compelled to share them with my coworkers and patients. I had dabbled in yoga and transcendental meditation as a college student, and found myself drawn back to some of these practices.

On my path, I started attending conferences on complementary medical practices. I was drawn to training from the Center for Mind Body Medicine, Washington DC, led by James Gordon, MD. This training gave me a framework for what I was already doing, and I started teaching and leading mind body skills groups for the last two years, in addition to teaching the skills one on one. My traditional practice of medicine continues, including staffing the emergency room, clinic, hospital and nursing home patients.

WHAT ARE MIND BODY SKILLS GROUPS?

The mind body skills groups I lead are a hybrid of the above training. A free introductory night starts the series. The introductory session is much like a scaled down version of what I am presenting today. I define and give examples of meditation, imagery, movement, music, simple autogenic training. Those who are interested fill out a screening questionnaire, enabling me to judge their suitability for this group. The group is small, usually 5-9, which provides social support for the process.

THE GROUPS AND EDUCATION GO SOMETHING LIKE THIS:

I FIND IT EASIEST TO START BY FOCUSING ON SOMETHING ALMOST EVERYONE CAN IDENTIFY WITH:

STRESS

DEFINITION (Am Heritage Dictionary) 1. Importance, significance or emphasis placed on something. 2. A Force that tends to deform the body. A mentally or emotionally disruptive influence, distress. To subject to pressure or strain.

I ask my audience to begin to listen to their bodies, to become conscious of influences upon it.

EXERCISE : TAKE NOTE-

-What causes you stress?

-How does that stress make you feel? How does it present itself in your body?

Once we accept that we have stress, notice what makes us stressed, and notice how our body reacts, we acknowledge the mind body interaction. It is easier for us to become open to education about our stress response.

BIOLOGICAL BASIS OF MIND BODY MEDICINE

or

“How did I miss this in medical school ?”

Any discussion of mind body connection starts with a recognition of the “fight or flight response.”

At the beginning of the century Harvard psychologist Walter B Cannon described the “fight or flight” response when he injected animals with an adrenal extract. He found the adrenaline containing extract caused an increase in heart rate, breathing, and blood flow, as if the animals were in life threatening danger.

Stress researcher Hans Selye of McGill University, Montreal, observed the same responses in humans under modern day stresses, however these responses tend to be maladaptive.

The “fight or flight” response can best be understood by reviewing the autonomic nervous system. The activation of the sympathetic nervous system causes pupils to dilate, stimulation of tear glands, acceleration of heart rate, increased blood pressure, bronchodilation, decreased digestive functions. The parasympathetic nervous system controls a balancing set of activities. Generally the parasympathetics induce relaxation by lowering heart rate, blood pressure, muscle tension.

The “relaxation response” is the coined by Herbert Benson, MD of Harvard Medical School to describe the positive parasympathetic state. Most stress management techniques utilize , from meditation to biofeedback attempt to induce the relaxation response. In his early work Benson showed that a group of volunteers that practiced transcendental meditation showed slower breathing, lowered blood levels of lactate, slowed metabolism and brain wave changes. This led him to open the Mind Body Clinic, of which Joan Borysenko, PhD, was an integral part. Joan has a large assortment of books, tapes, resources that are very useful easy to use.

Further investigation into the fight -or- flight response reveals connections to other disease states. San Francisco cardiologists Meyer Friedman and Ray Rosenman observed that Type A personality correlated strongly with risk for coronary artery disease. Three thousand men were followed for over eight years. Those with Type A traits- hurriedness, competitiveness, and hostility-developed heart disease twice as often as the non Type A group.

Some subsequent studies suggested hostility and anger to be the key to not only predicting risk for disease but also mortality rates. The stress hormones appear to be involved.

Studies have also shown evidence of relationship between excess stress and exacerbations of a number of other diseases including diabetes, cancer, asthma, psoriasis, and auto immune disorders such as rheumatoid arthritis. Causality has been harder to prove, but research continue to find evidence that a number of psychological factors contribute to the development of chronic disease. Certainly we all have been witness to the influence that a person’s emotional and psychological response to disease has upon their outcome.

PSYCHONEUROIMMUNOLOGY PSYCHONEUROENDOIMMUNOLGY

Biomedical research has given rise to an explosion of information substantiating the complex network of communication, feedback, mediation, and modulation between the central nervous system, the peripheral and autonomic nervous system, the endocrine system, and the immune system. This is called psychoneuroimmunology (PNI) or as some prefer, psychoneuroimmunoendocrinology, or pschoneuroendoimmunology, or whatever.

One of the first scientific glimpses into the immune system connection occurred in 1974 at the University of Rochester School of Medicine. Research psychologist Robert Ader was conducting simple Pavlovian experiments on rats. He gave the rats a drink of sweetened water and then injected cyclophosphamide to induce nausea. He expected them to learn to avoid the sweetened water, as it was associated with nausea. However, the rats began dying because of the immune system suppression of the cyclophosphamide. But with continued experiments, something else happened. The rats continued to get sick even when they were subsequently given sweetened water alone. Their immune systems had become conditioned to stop making T cells when they drank the water, even without the injections.

Intense research has followed these early studies. In the early 1990's a watershed report showed clear correlation between psychological stress and the common cold. In this study of 420 healthy volunteers experimentally infected with one of five cold viruses or placebo, and increased risk of infection was seen in those subjects with a greater number of stressful life events during the previous year.

Researchers have also found:

- nerve endings in the tissue of the immune system, including bone marrow and thymus
- alterations in immune function in response to change in hormone and "stress hormones"
- receptors on the surface of immune system cells for different hormones and endorphins
- direct production of neurotransmitters and hormones by lymphocytes during viral infections
- a common "language" shared by the immune system and the CNS, informational molecules; activated lymphocytes produce interleukins and interferons that mediate immune system activities and can trigger receptors on brain cells
- changes in immune reactivity during hypnosis
- effect on the immune system from CNS stimulating or depressing substances such as alcohol, nicotine and drugs of abuse.

Once we have the shared scientific background, we can move on to experience.

BREATH

Breathing is the essence of life. Think of the number of times we have been fortunate enough to witness a first breath, whether it be of a newborn, or in a successful resuscitation. Think of the sacredness of being witness to a last breath.

-Improper breathing contributes to anxiety, panic attacks, depression, fatigue, muscle tension. Proper oxygenation, and clearing ourselves of carbon dioxide is essential to good health.

We all know the fear in the eyes and body of a patient with COPD, a child in the throes of an asthmatic exacerbation, or the fear of the woman with a bee sting allergy just stung picking flowers in her garden.

Equally as dramatic however, is a panic attack in a young man or woman equally as convinced that they are going to die. This is a prime example of the power our mind has over our body. Can our bodies tell the difference between anxiety, stress and "real" disease? Can we as physicians distinguish at first glance what the tachypnea and hyperventilation means?

Our breathing changes when we relax. Breath when we sleep (provided we do not have sleep apnea), is natural abdominal breathing. Chest or upper thoracic breathing is often associated with anxiety or emotional distress. Abdominal or diaphragmatic breathing is the gateway to many of the relaxation, and meditative practices.

EXERCISE : Use of BREATH as a relaxation skill.

OTHER USEFUL EXERCISES:

ALTERNATE NOSTRIL BREATHING

I find this works well for panic disorder, also for recurrent sinusitis, particularly when I don't want to use antibiotics, and want to give them something. I always ask them to report back and the unofficial word I get is that it seems to help. Also useful when you are getting a cold. I am uncertain if it is the actual exercise that helps, or that it is getting a person to take a minute or two for themselves. There are no known side affects, no labs necessary.

BREATH OF JOY- yoga

AUTOGENIC TRAINING

This technique is designed to bring forth the tranquil reaction described as counteracting the flight or flight response. It can take many forms, from expensive biofeedback equipment, to simple biodots, digital thermometers.

A series of phrases are used to bring about a state of physical relaxation. Physical relaxation can be measured by monitoring skin temperature. Stress can be similarly monitored.

EXERCISE-simple temperature monitoring

MEDITATION

CONCENTRATIVE-transcendental meditation, zen, centering prayer or similar practices in many cultures are used to elicit the relaxation response. Focused attention is placed on one thing, such as the sound of breath entering and leaving the body, or a mantra or special word or phrase. Anything else that intrudes is seen as a distraction to be disregarded.

MINDFULNESS- or insight meditation. This method has been made popular by Jon Kabat Zin, director of the Stress Reduction Clinic, U of Massachusetts. It is roughly 2500 years old, and stems from the Buddhist tradition of cultivating greater awareness and wisdom. Mindfulness uses concentrative meditation to reach a state of calm, but moves beyond this to an observation state. If thoughts intrude, they are simply noted, observed non judgmental. As a result, you become less caught up in your thoughts. The goal of mindfulness is to become more aware, more in touch with life and whatever is happening in the body and mind at the moment it is happening. Examples of mindfulness meditation are body scan, sitting meditation, eating meditation. Informal practices are simply moment to moment awareness of what we are doing, "being in the moment".

Studies done at the Stress Reduction Clinic indicate a sharp drop over the eight week program in medical symptoms, and anxiety, depression and hostility.

ACTIVE MEDITATION

Many of us have difficulty sitting in one place for any length of time. A sitting meditation can prove stressful in itself in this case. Movement may play a role in our meditation, then. This can be "working out", running, dance, yoga, Tai Chi or whatever calls to a person. The key is focused attention on the activity one is engaged in.

IMAGERY

Jeanne Achterberg is world renowned in her work with imagery. The definition she gives is "The thought process that invokes and uses the senses: vision, audition, smell, taste, the senses of movement, position and touch. It is the communication mechanism between perception, emotion and bodily change." Guided imagery is a "directed daydream" that harnesses an individual's ability to imagine and experience with all of their senses.

The mechanisms of action are not precisely known. Green and Green, early pioneers in guided imagery research postulated when the mind chooses and recreates an image of a desired physical, emotional or mental behavior, a self regulating feedback mechanism takes over. This involves the cerebral cortex, the limbic system, the hypothalamus and affects the autonomic nervous system. Other theories include the gate control theory, in which transmission of painful stimuli are blocked in the spinal cord before reaching higher levels of conscious awareness.

"Mind over Matter..." Kathleen Farah, MD

Guided imagery is hypnotic, but involves interaction between the patient and the guide. In contrast, hypnosis does not require interaction, and the patient is "passive".

Research shows guided imagery to be useful. A meta analysis of all research articles published between 1960 and 1988 on cognitive strategies for pain showed in more than 85% of the studies cognitive therapies such as hypnosis, guided imagery and progressive relaxation were more effective in attenuating pain than no treatment.

Lyles et al reported that patients practicing "guided imagery/relaxation" felt less emotional distress, nausea, and physiological arousal following chemotherapy.

Imagery and immune function has also been studied. A study by Kiecolt-Glaser examined the impact of imagery on natural killer cell function. Medical students were taught hypnosis and progressive relaxation. The controls were students with no relaxation training. Natural killer cell function and other cellular immune functions were studied after the students took their exams. Those who practice the techniques routinely had significantly better immune function during exposure to the stress of the exams.

MUSIC AND THE MIND BODY CONNECTION

All we have to do is to hear a song on the radio that was our favorite when we graduated from high school, to realize that music can have a powerful affect on us. Music can uplift, and can bring back a painful memory. This influence can not only be harnessed for healing (witness Don Campbell and the Mozart Affect), but also healing.

SPIRITUALITY

I find that the discussion and integration of the use of spirit and spirituality has been uncomfortable to introduce into the office setting. For me, it has been the unspoken words many times. The definition of spirit and spirituality leads me directly to thinking of religion. At the risk of imparting my values and beliefs upon vulnerable patients, I have often remained silent. Professional boundaries are often blurred when I share the same church with many of my patients, not to mention the same social groups. Boundaries fall when our children play and learn together, or perhaps compete against each other.

My experience is that illness, death and life is accepted most completely by those that have a belief system that embraces a god, God, Buddha, Jesus, or whatever name encompasses their beliefs. A sense that there is a presence "greater than I" seems to weave through the fabric of their being. Having sat at the bedside of many dying patients as they have described "seeing the light", it is hard for me personally to believe that life ends the moment the last plug is pulled, and the last measurable bodily function has ceased to exist.

"Mind over Matter..." Kathleen Farah, MD

SOCIAL SUPPORT

Teaching and experiencing mind body techniques in small groups enlists the power of social support. A dramatic example of this was shown in the now famous study by David Spiegel, MD, a psychiatrist at Stanford University. He studied women undergoing conventional treatment for metastatic breast cancer, and compared those that attended support groups to those that did not. The women that underwent treatment and participated in the groups survived an average of 18 months longer than their cohorts.

SUMMARY

Keep in mind:

"This is not a see one, do one, teach one, science", anonymous

"BENEFITS OF RELAXATION AND STRESS REDUCTION TECHNIQUES CAN ONLY BE FULLY REALIZED AFTER THEY HAVE BEEN PRACTICED REGULARLY OVER A PERIOD OF TIME. INTELLECTUAL UNDERSTANDING OF MOST TECHNIQUES IS OF LITTLE VALUE, UNLESS ACCOMPANIED BY FIRST HAND EXPERIENCE. WHETHER YOU PLAN TO USE THESE TECHNIQUES FOR YOURSELF OR IN A PROFESSIONAL SETTING TO HELP OTHERS WHO ARE EXPERIENCING STRESS, YOUR PERSONAL EXPERIENCE IS KEY." (Relaxation and Stress Reduction Workbook)

HINTS

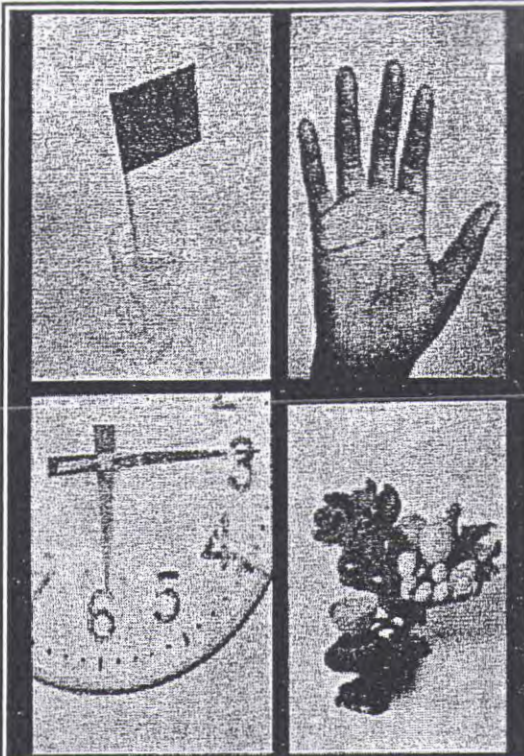
- COMMIT TO DAILY PRACTICE
- SAME PLACE, SAME TIME OF DAY
- CONSIDER A JOURNAL
- EXPERIMENT- TRY SOMETHING NEW OR DIFFERENT, SOMETHING YOU HAVE ALWAYS WANTED TO TRY, OR EVEN MORE CHALLENGING, SOMETHING YOU HAVE A FEAR OF OR THOUGHT YOU WOULD HATE
- AS IN MEDICINE, PRACTICE, PRACTICE, PRACTICE

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ALTERNATE NOSTRIL BREATHING

1. Sit in a comfortable position, preferably upright with the spine straight, feet planted on the floor. Avoid having the limbs crossed.
2. Place the index and long finger of your right hand (if you are right handed) on your forehead.
3. Start with closing your right nostril with the thumb of your right hand.
4. Breathe in slowly through your left nostril.
5. Pause a moment with your eyes closed, thinking of the clean air reaching the far recesses of your sinuses.
6. Close your left nostril with your ring finger, while allowing your thumb to lift off your nostril.
7. Exhale slowly and quietly through your right nostril.
8. Pause a moment with your lungs completely empty.
9. Inhale through your open right nostril.
10. Close your right nostril with your thumb and open your left nostril.
11. Exhale through your left nostril.
12. Breathe in through your left nostril and repeat the above.
13. Begin by doing 5 cycles. Slowly raise the number.





IRAIDA ICAZA

Clients with this serious disease may often be helped by massage, if the proper procedures

THERAPEUTIC MASSAGE AND DIABETES

I had recently graduated from massage school in 1985, and was in the process of moving. Many factors in my life were in flux at the time, so I paid little attention to the physical symptoms that presented themselves over a period of several weeks. As these symptoms persisted—fatigue, excessive thirst and frequent urination—I knew I needed medical help.

By Mary Kathleen Rose

cont'd...

Changes In Blood Glucose Levels

To date, more than a dozen different massage therapy interns have given massage in the diabetes clinic. More than 20 different diabetics have received massage, some receiving several sessions over a period of several weeks or months. It has been an enjoyable experience for all participants. Those receiving massage have reported greater levels of physical and emotional comfort after the session than before.

Because of blood glucose testing, we are getting some useful data on the changes that occur in blood glucose levels during massage. My preliminary observations are this: Massage therapy tends to lower blood sugar levels by approximately 20 to 40 points, other factors being equal. This is not a scientifically controlled study by any means. (A truly controlled study with Type 1 diabetics could be a near impossibility, since there are so many factors that influence blood sugar.) But by tracking blood glucose before and after the session, I can clearly demonstrate that blood sugars can and do change significantly in an hour, for whatever reason. This is very important information for massage therapists who need to be alert to the dramatic changes that can occur in the blood glucose levels of diabetics during massage therapy. I teach this to my students as an important safety issue.

In the clinic, we noted changes of as much as a 100-point decrease in an hour, as well as a 100-point increase! The more dramatic decreases could be partly accounted for by recent injections of insulin, or by vigorous exercise in the hours prior to the massage session. The dramatic increases could be due to the failure of the client to take his or her required dose of insulin. Or they may have eaten food not covered by adequate insulin. But as stated earlier, moderate drops of 20 to 40 points were the norm.

The student interns giving the massages were surprised by these changes in blood sugar levels. So were some of the diabetics. Seeing the numbers helped impress upon both interns and diabetics the importance of blood glucose testing. Naturally, people tend to be relaxed and sometimes a little disoriented after receiving a massage. It is imperative that the possibility of a serious low blood sugar be ruled out before a client is allowed to leave the premises.

When people with diabetes receive repeated sessions, they can begin to understand their own patterns of response to massage, and plan accordingly. For example, I know that I tend to drop around 40 points during a relaxing session of massage. So if I am 100 points or less before the session, I'll drink a small glass of juice beforehand, or maybe have it in the room to drink during the session. If I have a reading ranging from 140 to 160 points, I will eat nothing, knowing I will drop into a more desirable range during the

session. If higher than 160 points, I may take an extra injection of insulin, being careful to account for the likely drop due to massage. Sometimes I have observed the blood glucose lowering effect of the massage lasts for several hours. It is wise to continue with regular testing.

My example is only one. Each diabetic may have a different response. And often, even for the experienced recipient of massage, changes can be unpredictable. Again, I emphasize the importance of blood glucose monitoring.

Safety Concerns

As noted above, changes in blood glucose levels can and do occur when people with diabetes receive massage. These changes may happen, regardless of massage. But because of the relaxing nature of massage, and the somewhat altered state of awareness that can occur, a drop in blood sugar can be difficult to notice. Some diabetics can tell when their sugar level is dropping. Others experience what is called hypoglycemic unawareness, in which they are not aware of a serious drop in blood sugar. Even people who usually are aware can occasionally experience hypoglycemic unawareness. Hypoglycemia (low blood sugar) is a serious condition and can lead to unconsciousness and, rarely, death.

Due to the frequent unpredictable nature of the disease, it is important for the massage therapist to recognize the signs and symptoms of hypoglycemia. Any one or more of these symptoms may occur:

- Excessive sweating (skin may feel clammy);
- Faintness or headache;
- Unable to awaken;
- Certain spaced-out tendencies—the person may talk or move very slowly, or not be able to speak coherently;
- Irritability;
- Change in personality;
- Rapid heartbeat

The therapist can ask the person how he feels. Does he seem fully cognizant when questioned? If there is any doubt, be prepared to treat the client. Treatment is simple. If blood sugar is low, the diabetic needs sugar fast! This may be in the form of fruit juice, honey, a sugary drink or glucose tablets, if you have access to them. (Many diabetics carry glucose tablets with them.) These forms of sugar all act quickly to raise the blood glucose levels. A cup of juice or sweet drink, or the equivalent of 15 to 20 grams of carbohydrate (read the jar or can), will be sufficient to raise the blood glucose to a safe level. Changes will be noted in the diabetic within minutes. It is wise, then, to make sure the diabetic is feeling better before leaving. He may need to eat more, or to test blood sugar again after awhile.

Some Further Advice

With awareness of these precautions, massage can be safely enjoyed by the person with diabetes. The massage therapist also may want to further study some of the complications of diabetes, and adapt techniques accordingly. For example, if a diabetic has peripheral neuropathy (damage to the small nerves of the hands and feet), he or she may be very sensitive to touch, or may experience numbness in the extremities. It is best to use techniques of comfort touch, a nurturing form of acupressure. (See *The Gift of Touch* listing in the Bibliography at the end of this article.) In this approach to massage, broad, direct pressure is applied to the part of the body being touched. Where there is impaired circulation, this is less likely to cause further discomfort or damage than strokes, such as petrissage, deep effleurage or friction.

There are many different forms of massage and bodywork, which, I believe, can be helpful for the person with diabetes. In our diabetes massage clinic, the massage therapy interns used primarily techniques from Swedish, integrative therapeutic massage and comfort touch. Other techniques that I employ in my private practice, or have enjoyed receiving, include: shiatsu, acupressure, body energy therapies, polarity balancing, manual lymph drainage, therapeutic touch, deep tissue therapy, reiki and CranioSacral® Therapy.

Always listen to the feedback of the clients. Ask them for what they need and enjoy. Note changes that occur during the massage sessions, and note changes that occur over time. Always be willing to learn from your clients, encouraging them in good diabetes self-care. Massage can give a wonderful psychological boost to someone who is living with this chronic disease and striving to balance all the factors involved in maintaining a healthy lifestyle—proper nutrition, adequate exercise, blood glucose monitoring, appropriate use of medications and stress management.

...

Mary Kathleen Rose is a licensed massage therapist with a B.A. in integrative healing. She has been actively involved in the holistic health field for more than 25 years, teaching massage and wellness education in massage schools and medical settings. She is the developer of Comfort Touch, a style of massage appropriate for the elderly and ill, and is the supervisor of the massage therapy program at Hospice of Boulder County in Boulder, Colorado. She is a founding member of the Boulder Valley Diabetic Support Group, which has provided education and support for diabetics and their families since 1987. She can be reached at: 303-449-3945, or at: rosevine@comforttouch.com.

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Additional Resources

American Diabetes Association: 800-Diabetes or 888-342-2383 (press "0" for access to local resources); or www.diabetes.org].

Good source of books, products, diabetes information, free newsletter and Web links: www.diabetesnet.com].

Online version of magazine, links to numerous resources: www.diabetes-self-mgmt.com].

Online magazine, free newsletter: www.diabetesinterview.com].

[Return to Table of Contents](#)

[Click here to go to previous page](#)

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by Josie Levine, PHD Psychotherapist website Mindfully Managing Diabetes Who left that pile of crap there? The 6 'R's of dealing with obstacles

Stuff happens.

It doesn't say anything about who we are.

You're driving on the freeway, and a car nips into the space in front of you, forcing you to slow down to allow it in.

That didn't happen because you're a bad person. But in your mind, an attitude appears, then a storyline develops.

"What the _____!" Bloody dangerous thing to do. Now I've got to slow down to let him in, and that'll make me late for my meeting. When the boss finds out I was late, she'll watch me like a hawk from now on. Bang goes that promotion, I'm screwed now. When the wife find out, she'll be pissed at me again. No snuggle time for months, can't believe it...that guy drives like a maniac, cutting off everyone..."

...and so on.

Sound vaguely familiar? Change around the circumstances to fit your latest escapade, and you'll recognize most of us don't do too well with perceived obstacles in our way. When we're restrained from doing what we want, anger often arises.

Anger is like throwing a hot coal at someone, we burn ourselves first!

Virtually all the time, obstacles are not chosen, and their appearance has little to do with us.

The 6 'R's' of dealing with obstacles.

1. Recognize Firstly that you're dealing with an obstacle! Seeing it for what it is is the first step. Sounds obvious, but how often do you personalize an obstacle? In the example about, not recognizing the car in front is simply an obstacle, the internal storyline goes from bad to worse! Unchecked, in that situation often it's not too long before you also get down on yourself or not having taken a different route!

It's just circumstantial!

2. Relax Don't rail against it! It won't change the situation but will make you feel worse. Instead, practice accepting that this is how it is! It's not personal, and accepting the circumstances probably won't make you late, lose your promotion or your wife's good graces!

3. Restraint Don't act out. Speeding up behind the other car, cutting him, or someone else off in retribution only fuels your own frustration! No other driver will see it the same way as you do. Resist the urge to act out, be the bigger person here.

4. Receive Without judgment or preference what is happening, and the nature of it. See clearly how things are, not what your mind embellishes or manufactures.

5. Reframe Welcome another opportunity to develop awareness, clear seeing! By altering the frame through which you understand any circumstance, it takes on another meaning. If you find yourself fretting over something that feels a big deal, picture yourself on your deathbed, and ask yourself, will I remember this petty little thing I'm so riled up over when I'm dying?

6. Realize All difficulties or obstacles have 3 main characteristics;

1. They are all impermanent, and will exist for a short time only.
2. They are all unsatisfactory, otherwise we wouldn't perceive them as obstacles.
3. They have their own causes or conditions. It's not personal, we just need be aware of them.

Working with the 6 'R's' can be applied to ANY perceived obstacle, try it and see for yourself...

Diabetes and Depression – *Don't Let Them Get You Down*

by Ann S. Williams

If you have both diabetes and depression, you have a lot of company. Researchers estimate that people with diabetes are three or four times more likely to have depression than the average person. While depression affects somewhere around 5 percent of the general population at any given moment, the rate is about 15 to 20 percent for people with diabetes. If you have diabetes complications, your risk of depression is even higher. Furthermore, if you have depression, your risk of developing diabetes may also be higher.



Depression is a state of very intense, long-lasting sadness or despair—not just “feeling blue” for a short time or feeling sad because of a sad event in your life. Depression is sadness so

severe that it becomes difficult, or even impossible, for you to continue the responsibilities of your daily life, such as working, taking care of and spending time with family and friends, going to school, or even doing the things you usually enjoy. Depression often has physical symptoms as well, such as changes in appetite and sleeping habits.

What Is the Relationship Between Diabetes and Depression?

For many years, people thought that it was obvious that depression was the result of having diabetes. For example, when I was in nursing school in the late 1970's, I have a distinct memory of hearing one of my instructors tell my class that depression and diabetes seemed to go hand-in-hand. “After all,” she said, “Who wouldn't be depressed? You have to give yourself shots every day. You have to restrict your eating, and you never get to eat a real dessert. And no matter what you do you're still at risk of having an amputation, going blind, or losing your kidneys.”

But, of course, many people with diabetes handle their self-management without getting depressed and more recent research has shown us that the relationship between diabetes and depression is more complex than people once thought. While it is true that some people become depressed because of the stress of having and treating diabetes, other people have an episode of severe depression several months or years before they have high blood glucose and diabetes. Researchers speculate that the stress of severe depression causes an increase in insulin resistance, just as other kinds of stress do, which in turn raises blood glucose in people who are prone to diabetes. It looks as if diabetes and depression may be linked together by heredity that make people prone to both.

Whichever comes first, when you have diabetes and depression together, they often make each other worse. When you are depressed, you may not have energy to do all the things involved in good diabetes care, like

If you have both diabetes and depression, you're certainly not alone. Help is a phone call away.



About the Author

Ann S. Williams is an RN, with a PhD in Psychology, and has worked as a diabetes educator for 20 years. She has specialized in teaching independent diabetes self-management for blind people and writes and speaks frequently on this topic for other health care professionals. She was the founder and past chair of the Disabilities Specialty Practice Group of the American Association of Diabetes Educators, and remains an active member of that group.

being physically active, eating properly, and taking medications at the right times. For some people, depression increases appetite, which means it's easy to overeat. Furthermore, as mentioned above, the stress of depression increases insulin resistance, and makes the blood glucose higher. And when blood glucose is high, you may feel fatigued and pessimistic, and have difficulty concentrating. In fact, high blood glucose feels a lot like depression, and makes the feelings of depression worse, which in turn make the high blood glucose worse, and so on, in a never-ending downward spiral.

How Can You Get Help?

If you recognize yourself or someone you love in this description, please realize that there is hope. The negative spiral is not an inevitable slide, even if it feels like that. The fact is that depression can be successfully treated. And you can do something today to break the negative cycle.

First, ask yourself whether emergency treatment is necessary. If you or a person you love is thinking about suicide and has a plan for how to carry it out, then you need to get to the emergency room immediately. Four other possible sources of help are:

- You could call your doctor and ask for help.
- You can find out whether your community has a suicide prevention hotline by calling information, or by looking in the front of your local phone book.
- You could call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255)
- You could call the National Hopeline Network at 1-800-SUICIDE (1-800-784-2433).

It does not matter which of these you try first. What matters is that you reach out to ask for help.

Am I Depressed?

According to the U.S. National Institutes of Mental Health, depression is usually diagnosed when a person has four or more of the following symptoms lasting two weeks or more:

- Ongoing sad, anxious or empty feelings
- Feelings of hopelessness
- Feelings of guilt, worthlessness, or helplessness
- Feeling irritable or restless
- Loss of interest in activities or hobbies that were once enjoyable, including sex
- Feeling tired all the time
- Difficulty concentrating, remembering details, or making decisions
- Unable either to go to sleep or to stay asleep (insomnia), may wake in the middle of the night; or may sleep all the time
- Either overeating or loss of appetite
- Thoughts of suicide or making suicide attempts
- Ongoing aches and pains, headaches, cramps or digestive problems that do not go away and do not have a diagnosable cause

If the person is thinking about suicide, treatment is considered a medical emergency.

If you or someone you love is depressed but not in immediate danger, for example if you are having trouble fulfilling basic responsibilities and enjoying life, then finding treatment for the depression is a high priority. In general, both antidepressant medication and talk therapy (such as cognitive-behavioral therapy) are effective treatments for depression. Furthermore, research has shown that the combination of medication and talk therapy is much more effective together than you would expect by just adding their effects. It's as if $1+1=3$ or 4 . So it's worth the effort of finding ways to get both kinds of treatment.

A good place to begin looking for help, as mentioned above, is to talk with your doctor. Most doctors have many patients who have needed help with depression. Your doctor can probably refer you to a mental health professional, or your diabetes educator, home care nurse, other health care professionals or a clergy member can also refer you for help. You can also talk with others who have struggled with depression. If you don't know anyone, consider going to a meeting of your local chapter of the National Alliance for the Mentally Ill. There you will not only find people who can tell you about your local mental health services, but you will also find a rich resource for support and information. To find your local chapter, you can either go to www.nami.org, or call 1-800-920-NAMI (1-800-950-6264).

We don't know everything about diabetes or depression, but we do know one thing: both can be treated. You may be surprised at how much better you feel. ❄

Diabetes, depression, and stress

Cornerstones4Care®

Diabetes and depression

If you have diabetes and you have had symptoms of depression, you are not alone. That's because people with diabetes are more likely to have depression than people without diabetes. This may be due to:

- The strain of managing diabetes on a daily basis
- Feeling alone and “different” from family and friends
- Feeling out of control if you are having trouble keeping your blood sugar in your target range

Depression can make managing your diabetes more difficult

Depression can make it difficult to follow your diabetes care plan. If you are depressed, you may not have the energy to:

- Prepare and eat healthy meals
- Get regular physical activity
- Take diabetes medicines
- Check your blood sugar



Recognizing depression

Recognizing that you may have depression is the first step to getting help and feeling better. But how do you know if you are depressed? Depression is more than just feeling blue from time to time. If you have been feeling sad or down in the dumps for several days, ask yourself if you're also feeling any of these symptoms:

- Loss of pleasure in doing things you used to enjoy
- Difficulty sleeping, or sleeping more than usual
- Eating more or less than you used to, resulting in a fast weight gain or loss
- Trouble paying attention
- Lack of energy
- Nervousness
- Feeling guilty and like you are a burden to others
- Feeling worse in the morning than you do later in the day
- Feeling like you want to die or take your own life



Getting help

Treatment is available for depression. The first step is to talk with your diabetes care team. Tell them how you've been feeling. Let them know that you think you may need help. Recovery may take a little time, but you *can* feel better.

Diabetes, depression, and stress

Diabetes and stress

Like depression and diabetes, stress and diabetes are linked. And once again, each may lead to the other.

Stress can increase your blood sugar.

When we are faced with stress, our bodies get ready to take action. This is called the fight-or-flight response. The cells of the body need sugar for energy to fight or to run away. But in people with diabetes, insulin may not be available to let this extra sugar into the cells. So it stays in the blood.

Increased blood sugar levels can cause stress.

If you are having difficulty managing your blood sugar levels, your stress level may increase.

Check your patterns

Is stress affecting your blood sugar levels? Here's how to find out:

- Before you check your blood sugar levels, rate your current stress level on a scale of 1 to 10. Write the number down
- Check your blood sugar. Write your level down
- After a week or two, look for a pattern. Do high stress levels and high blood sugar levels often occur together? If they do, stress may be affecting your blood sugar control



Learning to relax

There are several things you can do to relax and lower your stress level.

- **Physical activity.** Moving your body through a wide range of motion can help you relax. Three movements to try are stretching, circling, and shaking parts of your body
- **Breathing exercises.** Sit or lie down. Breathe in deeply. Then push out as much air as you can. Breathe in and out again, this time focusing on relaxing your muscles. Continue for 5 to 20 minutes at a time
- **Progressive relaxation.** In this method, you tense and then relax the muscles of your body. Start with your toes and move up, one muscle group at a time, to your head
- **Replacing negative thoughts with positive ones.** Each time you find yourself having a bad thought (like, "I'm never going to get my blood sugar into my target range"), replace it with a positive one (like, "My blood sugar may not always be in my target range, but my last two readings were really close!")

Managing diabetes-related stress

To manage the stress that comes from living with diabetes:

- **Consider joining a support group.** Knowing that others are going through similar experiences can help you feel less alone. You can also share ideas for coping with diabetes
- **Get help from your diabetes care team.** If there is a part of your diabetes care plan that is stressful for you, talk with your team. It is almost always possible to make changes so that your plan will be easier for you to follow

For more information, visit Cornerstones4Care.com

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Introduction

Depression not only affects your brain and behavior—it affects your entire body. Depression has been linked with other health problems, including diabetes. Dealing with more than one health problem at a time can be difficult, so proper treatment is important.

What is depression?

Major depressive disorder, or depression, is a serious mental illness. Depression interferes with your daily life and routine and reduces your quality of life. About 6.7 percent of U.S. adults ages 18 and older have depression.¹

Signs and Symptoms of Depression

- Ongoing sad, anxious, or empty feelings
- Feeling hopeless
- Feeling guilty, worthless, or helpless
- Feeling irritable or restless
- Loss of interest in activities or hobbies once enjoyable, including sex
- Feeling tired all the time
- Difficulty concentrating, remembering details, or making decisions
- Difficulty falling asleep or staying asleep, a condition called insomnia, or sleeping all the time
- Overeating or loss of appetite
- Thoughts of death and suicide or suicide attempts
- Ongoing aches and pains, headaches, cramps, or digestive problems that do not ease with treatment.

What is diabetes?

Diabetes is an illness that affects the way the body uses digested food for energy. Most of the food we eat is broken down into a type of sugar called glucose. Glucose is an important source of fuel for the body and the main source of fuel for the brain. The body also produces a hormone called insulin. Insulin helps cells throughout the body absorb glucose and use it for energy. Diabetes reduces or destroys the body's ability to make or use insulin properly. Without insulin, glucose builds up in the blood, and the body's cells are starved of energy.

How are depression and diabetes linked?

Studies show that depression and diabetes may be linked, but scientists do not yet know whether depression increases the risk of diabetes or diabetes increases the risk of depression. Current research suggests that both cases are possible.

In addition to possibly increasing your risk for depression, diabetes may make symptoms of depression worse. The stress of managing diabetes every day and the effects of diabetes on the

brain may contribute to depression.^{2,3} In the United States, people with diabetes are twice as likely as the average person to have depression.⁴

At the same time, some symptoms of depression may reduce overall physical and mental health, not only increasing your risk for diabetes but making diabetes symptoms worse. For example, overeating may cause weight gain, a major risk factor for diabetes. Fatigue or feelings of worthlessness may cause you to ignore a special diet or medication plan needed to control your diabetes, worsening your diabetes symptoms. Studies have shown that people with diabetes and depression have more severe diabetes symptoms than people who have diabetes alone.⁴

How is depression treated in people who have diabetes?

Depression is diagnosed and treated by a health care provider. Treating depression can help you manage your diabetes and improve your overall health. Scientists report that for people who have diabetes and depression, treating depression can raise mood levels and increase blood glucose control.⁵ Recovery from depression takes time but treatments are effective.

At present, the most common treatments for depression include:

- Cognitive behavioral therapy (CBT), a type of psychotherapy, or talk therapy, that helps people change negative thinking styles and behaviors that may contribute to their depression
- Selective serotonin reuptake inhibitor (SSRI), a type of antidepressant medication that includes citalopram (Celexa), sertraline (Zoloft), and fluoxetine (Prozac)
- Serotonin and norepinephrine reuptake inhibitor (SNRI), a type of antidepressant medication similar to SSRI that includes venlafaxine (Effexor) and duloxetine (Cymbalta).

Some antidepressants may cause weight gain as a side effect and may not be the best depression treatment if you have diabetes. These include:

- Tricyclics
- Monoamine oxidase inhibitors (MAOIs)
- Paroxetine (Paxil), an SSRI
- Mirtazapine (Remeron)

While currently available depression treatments are generally well tolerated and safe, talk with your health care provider about side effects, possible drug interactions, and other treatment options. For the latest information on medications, visit the [U.S. Food and Drug Administration website](#). Not everyone responds to treatment the same way. Medications can take several weeks to work, may need to be combined with ongoing talk therapy, or may need to be changed or adjusted to minimize side effects and achieve the best results.

More information about depression treatments can be found on the [NIMH website](#). If you think you are depressed or know someone who is, don't lose hope. Seek help for depression.

Depression Resources

American Psychological Association (APA)

750 First Street, NE
Washington, DC 20002-4242
Toll-free: (800) 374-2721
Phone: (202) 336-5500
www.apa.org

Depression and Bipolar Support Alliance (DBSA)

730 N. Franklin Street, Suite 501
Chicago, IL 60610-7224
Toll-free: (800) 826-3632
www.dbsalliance.org

Depression and Related Affective Disorders Association (DRADA)

8201 Greensboro Drive, Suite 300
McLean, VA 22102
Toll-free: (888) 288-1104
Phone: (703) 610-9026
www.drada.org

National Alliance on Mental Illness (NAMI)

Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
Toll-free: (800) 950-NAMI (950-6264)
Phone: (703) 524-7600
www.nami.org

National Institute of Mental Health (NIMH)

6001 Executive Boulevard
Suite 8184, MSC 9663
Bethesda, MD 20892-9663
Toll-free: (866) 615-6464
TTY toll-free: (866) 415-8051
www.nimh.nih.gov

National Mental Health Association (NMHA)

2000 N. Beauregard Street, 6th Floor
Alexandria, VA 22311
Toll-free: (800) 969-NMHA (969-6642)
TTY: (800) 433-5959
www.nmha.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Mental Health Information Center
P.O. Box 42557
Washington, DC 20015
Toll-free: (800) 789-2647
TDD: (866) 889-2647
www.mentalhealth.samhsa.gov

Postpartum Depression

Postpartum Support International (PSI)

Postpartum Resource Center of New York, Inc.
927 N. Kellogg Avenue
Santa Barbara, CA 93111
Helpline: (800) 944-4PPD (800) 944-4773
www.postpartum.net

The Patient Health Questionnaire (PHQ-9) Scoring

Use of the PHQ-9 to Make a Tentative Depression Diagnosis:

The clinician should rule out physical causes of depression, normal bereavement and a history of a manic/hypomanic episode

Step 1: Questions 1 and 2

Need one or both of the first two questions endorsed as a "2" or a "3"
(2 = "More than half the days" or 3 = "Nearly every day")

Step 2: Questions 1 through 9

Need a total of five or more boxes endorsed within the shaded area of the form to arrive at the total symptom count. (Questions 1-8 must be endorsed as a "2" or a "3"; Question 9 must be endorsed as "1" a "2" or a "3")

Step 3: Question 10

This question must be endorsed as "Somewhat difficult" or "Very difficult" or "Extremely difficult"

Use of the PHQ-9 for Treatment Selection and Monitoring

Step 1

A depression diagnosis that warrants treatment or a treatment change, needs at least one of the first two questions endorsed as positive ("more than half the days" or "nearly every day") in the past two weeks. In addition, the tenth question, about difficulty at work or home or getting along with others should be answered at least "somewhat difficult"

Step 2

Add the total points for each of the columns 2-4 separately
(Column 1 = Several days; Column 2 = More than half the days; Column 3 = Nearly every day. Add the totals for each of the three columns together. This is the Total Score
The Total Score = the Severity Score

Step 3

Review the Severity Score using the following TABLE.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation <i>Patient Preferences should be considered</i>
5-9	Minimal Symptoms*	Support, educate to call if worse, return in one month
10-14	Minor depression ++ Dysthymia* Major Depression, mild	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major depression, moderately severe	Antidepressant or psychotherapy
>20	Major Depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

* If symptoms present \geq two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask "In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?")

++ If symptoms present \geq one month or severe functional impairment, consider active treatment

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to sleep or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.” GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

The General Self-Efficacy Scale (GSF)

The following scale was developed to evaluate the coping ability of daily living. The scale can be administered to evaluate persons age 12 and older.

Response Format	Write the number that best describes your opinion in the boxes below.
1 = Not at all true 2 = Hardly true 3 = Moderately true 4 = Exactly true	
I can always manage to solve difficult problems if I try hard enough.	
If someone opposes me, I can find the means and ways to get what I want.	
It is easy for me to stick to my aims and accomplish my goals.	
I am confident that I could deal efficiently with unexpected events.	
Thanks to my resourcefulness, I know how to handle unforeseen situations.	
I can solve most problems if I invest the necessary effort.	
I can remain calm when facing difficulties because I can rely on my coping abilities.	
When I am confronted with a problem, I can usually find several solutions.	
If I am in trouble, I can usually think of a solution.	
I can usually handle whatever comes my way.	
Add up the numbers from each row in the last column. This total equals your self-efficacy score. The higher the score, the greater your self-efficacy or confidence in your ability to successfully manage an illness or follow through with behavior change. This score may change over time.	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

Adapted from:

Schwarzer R & Jerusalem M. Generalized self-efficacy scale.
 In J Weinman, S Wright, & M Johnston. *Measures in health psychology: A user's portfolio. Causal and control beliefs.* Windsor, England: NFER-NELSON; 1995: 35-37.

DIABETES DISTRESS SCREENING SCALE (DDS2)

Feeling

Not a Problem Moderate Problem Serious Problem

1. Feeling overwhelmed by the demands of living with diabetes. 1 2 3 4 5 6

2. Feeling that I am often failing with my diabetes regimen. 1 2 3 4 5 6



Overcoming Diabetes Burnout: Helping patients live well with diabetes

Mark Heyman, PhD
Director, Center for Diabetes and Mental Health
August 20, 2015



The Faces of Diabetes Burnout

Meet Frank

- Frank is a 54 year old engineer who has had type 1 diabetes for 47 years.
- Until about 5 years ago, Frank's diabetes had been well-managed. Over the past 5 years, Frank has gone through a divorce and has developed several diabetes complications.
- Recently he has felt so helpless about diabetes, that he only checks his blood glucose every couple of days.

Meet Cindy

- Cindy is a 58 year old retired nurse who was diagnosed with type 2 diabetes 4 years ago.
- Cindy knows she needs to change her diet and exercise more, however she worries that no matter how hard she tries, any change she makes will not be good enough.
- She recently said that she feels angry and frustrated that diabetes has so much control over her life.

Meet Blake

- Blake is a 21 year old college student who has had type 1 diabetes for 14 years. He has never met another person with type 1 diabetes.
- Blake recently moved home from college after being hospitalized twice with DKA. He does not check his blood glucose regularly and he takes prandial insulin only sporadically.
- He knows the risks of not managing diabetes, but states that living his life now is more important than the inconvenience of diabetes management.



What is Diabetes Burnout? (and what it's not)



“Think about how discouraging it is to fail at something you really wanted to do. Then consider what it must feel like to have diabetes and be failing at something you never, ever, wanted to do in the first place.”

- Joan Williams Hoover

What is Diabetes Burnout?

A state in which patients with diabetes grow tired of managing their disease and then simply ignore it for a period of time, **or worse**, forever.



What does diabetes burnout look like?

- Having strong negative feelings (e.g., overwhelmed, anger, frustration) about diabetes
- Feeling controlled by diabetes
- Feeling isolated, or alone with diabetes
- Avoiding all or some diabetes management and self-care activities
- Being unmotivated or unwilling to make efforts to change this behavior

What Diabetes Burnout Is NOT:

- Laziness
- Depression
- Lack of concern about health



KEY TAKEAWAYS




- **Diabetes is hard work**
- **Diabetes burnout is common**
- **There is hope!**

POLLING QUESTION

According to a study published in 2015, what percentage of patients with type 1 diabetes reported at least moderate levels of diabetes distress?

- A. 11.3%
- B. 24.7%
- C. 32.8%
- D. 41.6%



Assessing Diabetes Burnout In Your Patients

Assessment Tools

- **Diabetes Distress Scale (DDS)**
- **Problem Areas in Diabetes Scale (PAID)**
- **Open communication with patients**



Diabetes Distress Scale (DDS)

DDS2 is a 2-item screening instrument that asks respondents to rate the degree to which they are (1) feeling overwhelmed by the demands of living with diabetes, and (2) feeling that they are often failing with their diabetes regimen

DDS17 is 17-item scale measuring diabetes-related emotional stress in 4 areas:

- Emotional burden
- Physician-related distress
- Regimen-related distress
- Interpersonal distress

Diabetes Distress Scale-2

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6
2. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6

Diabetes Distress Scale-17

	Not a Problem	A Slight problem	A Moderate problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1. Feeling that diabetes is taking up too much of my mental and physical energy every day.	1	2	3	4	5	6
2. Feeling that my doctor doesn't know enough about diabetes and diabetes care.	1	2	3	4	5	6
3. Feeling angry, scared, and/or depressed when I think about living with diabetes.	1	2	3	4	5	6
4. Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes.	1	2	3	4	5	6
5. Feeling that I am not testing my blood sugars frequently enough.	1	2	3	4	5	6
6. Feeling that I am often failing with by diabetes routine.	1	2	3	4	5	6
7. Feeling that friends or family are not supportive enough of self-care efforts (e.g., planning activities that conflict with my schedule, encouraging me to eat the "wrong" foods).	1	2	3	4	5	6
8. Feeling that diabetes controls my life.	1	2	3	4	5	6
9. Feeling that my doctor doesn't take my concerns seriously enough.	1	2	3	4	5	6
10. Not feeling confident in my day-to-day ability to manage diabetes.	1	2	3	4	5	6
11. Feeling that I will end up with serious long-term complications no matter what I do.	1	2	3	4	5	6
12. Feeling that I am not sticking closely enough to a good meal plan.	1	2	3	4	5	6
13. Feeling that friends or family don't appreciate how difficult living with diabetes can be.	1	2	3	4	5	6
14. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6
15. Feeling that I don't have a doctor who I can see regularly enough about my diabetes.	1	2	3	4	5	6
16. Not feeling motivated to keep up my diabetes self management.	1	2	3	4	5	6
17. Feeling that my friend or family don't give me the emotional support that I would like.	1	2	3	4	5	6

Problem Areas in Diabetes Scale (PAID)

PAID is a 20-item scale that describes common problematic situations for people with type 1 or type 2 diabetes, each representing a unique area of diabetes-specific emotional distress.



Problem Areas in Diabetes Scale

	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
1. Not having clear and concrete goals for your diabetes care?	0	1	2	3	4
2. Feeling discouraged with your diabetes treatment plan?	0	1	2	3	4
3. Feeling scared when you think about living with diabetes?	0	1	2	3	4
4. Uncomfortable social situations related to your diabetes care (e.g., people telling you what to eat)?	0	1	2	3	4
5. Feelings of deprivation regarding food and meals?	0	1	2	3	4
6. Feeling depressed when you think about living with diabetes?	0	1	2	3	4
7. Not knowing if your mood or feelings are related to your diabetes?	0	1	2	3	4
8. Feeling overwhelmed by your diabetes?	0	1	2	3	4
9. Worrying about low blood sugar reactions?	0	1	2	3	4
10. Feeling angry when you think about living with diabetes?	0	1	2	3	4
11. Feeling constantly concerned about food and eating?	0	1	2	3	4
12. Worrying about the future and the possibility of serious complications?	0	1	2	3	4
13. Feelings of guilt or anxiety when you get off track with your diabetes management?	0	1	2	3	4
14. Not "accepting" your diabetes?	0	1	2	3	4
15. Feeling unsatisfied with your diabetes physician?	0	1	2	3	4
16. Feeling that diabetes is taking up too much of your mental and physical energy every day?	0	1	2	3	4
17. Feeling alone with your diabetes?	0	1	2	3	4
18. Feeling that your friends and family are not supportive of your diabetes management efforts?	0	1	2	3	4
19. Coping with complications of diabetes?	0	1	2	3	4
20. Feeling "burned out" by the constant effort needed to manage diabetes?	0	1	2	3	4

PAID • © 1999 Joslin Diabetes Center



Open Communication with Patients

Often, the best way to assess diabetes burnout is by asking open-ended questions and really listening to their answers.

- *Tell me about what makes living with diabetes hard for you.*
- *What has been the most challenging part of managing your diabetes recently?*
- *What word(s) do you use to describe diabetes?*
- *What about living with diabetes takes the most energy?*

KEY TAKEAWAY

Often, the best ways to assess for Diabetes Burnout is to have a conversation with your patient and:

- **ASK** about their experience
- **LISTEN** to their response
- **NEVER** assume anything



POLLING QUESTION

In the DAWN2 study, what percentage of healthcare providers said that they would like more training in communication and motivation strategies to support long-term behavior change?

- A. 8%
- B. 39%
- C. 56%
- D. 83%



Helping Your Patients Overcome Diabetes Burnout

Where should we focus our efforts?

- **Behaviors**
- **Expectations**
- **Relationships**

Behaviors

*People with diabetes generally know what they **should** do to manage their diabetes, but they often struggle anyway.*

- Help patients identify barriers to diabetes-management behaviors
- Identify the behaviors that will have the biggest impact
- Work with your patient to set goals that are specific, measurable and realistic



Expectations

Many people with diabetes believe that they have to manage their diabetes perfectly, setting themselves up for failure.

- Normalize that it is impossible for anyone to be perfect all the time
- Help patients understand that even with good management, diabetes is not always predictable
- Work with patients to help them set reasonable expectations for themselves around diabetes-management behaviors and glycemic control





Relationships

Many people with diabetes feel that they do not get enough support and they are struggling with diabetes alone. People with diabetes need support from people in their life including:

- Their health care team
- Their friends and family members
- Others with diabetes

POLLING QUESTION

In a survey of people with type 2 diabetes, over 75% of respondents reported that they:

- A. Are not sticking closely enough to a good meal plan
- B. Are not sticking to a good exercise plan
- C. Are not motivated to keep up with their diabetes self-management
- D. All of the above

KEY TAKEAWAYS

- **Help patients identify and overcome barriers to treatment**
 - **Help patients set reasonable expectations for their diabetes management**
 - **Help patients develop a support system**
 - **Refer to behavioral health treatment when appropriate**
- 

What happened to Frank?

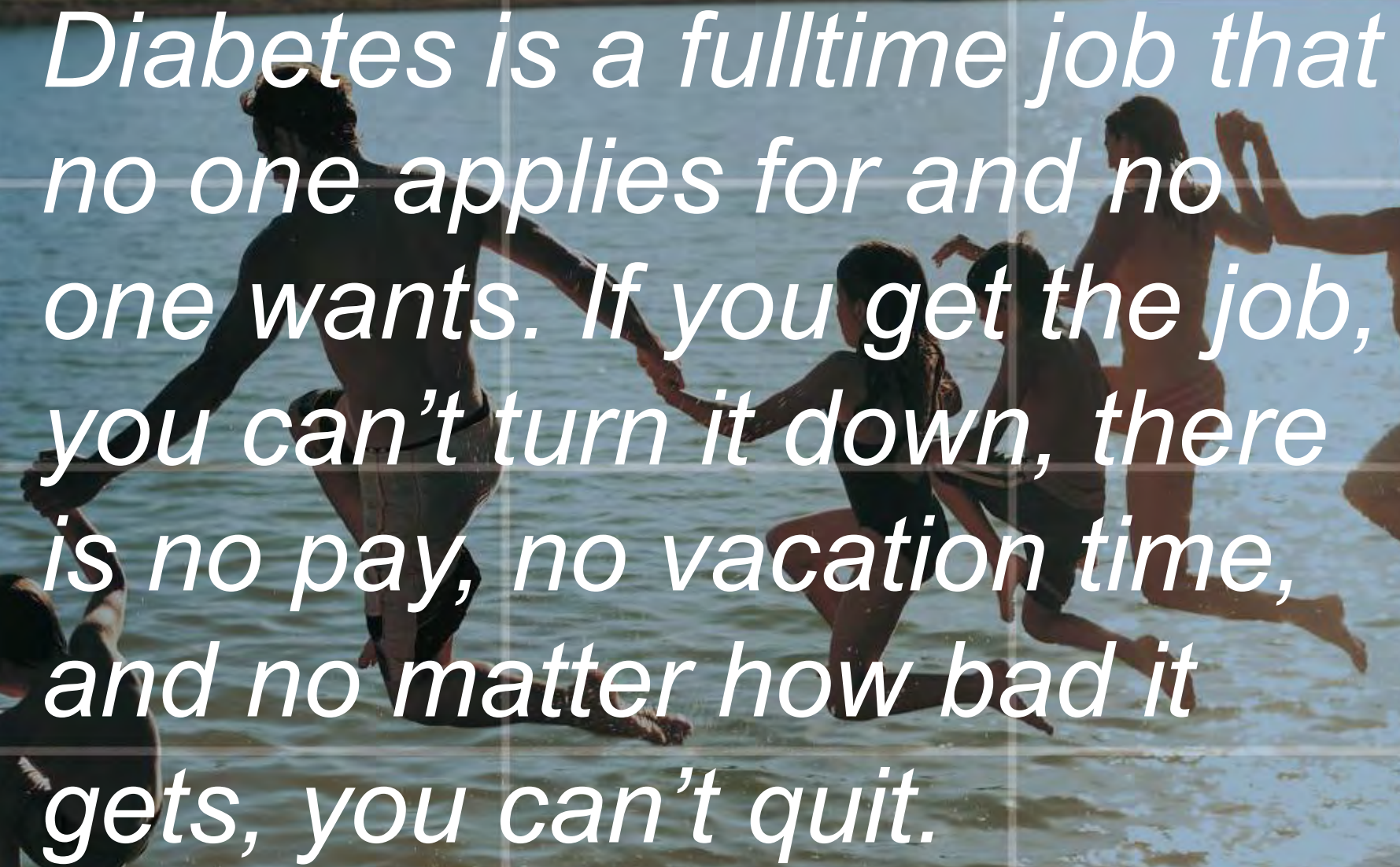
- Frank found a new endocrinologist who listened to his concerns.
- He recognized that even though he had developed complications, there were still things he can do to engage with his health.
- He opened up to his family and friends about his struggles.

What happened to Cindy?

- Cindy learned to break down her diet and physical activity goals into manageable pieces.
- She came to realize that she did not have to be perfect all the time. Just because she was not perfect one day did not mean that she had lost everything she had gained.
- Cindy found a group of others dealing with similar issues. This group celebrates members' successes and supports them in their struggles.

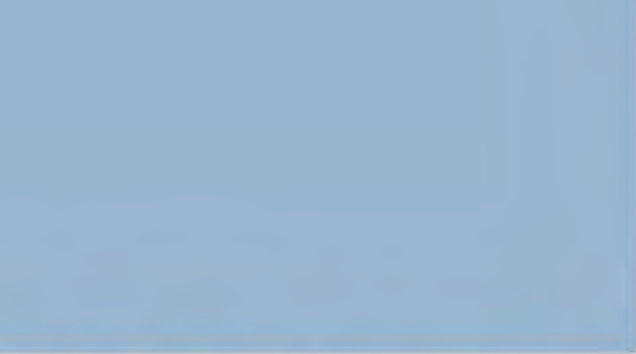
What happened to Blake?

- Blake is still having trouble overcoming his diabetes burnout.
- Some days he checks his blood sugar and takes prandial insulin, but other days he decides it is too much trouble. This continues to cause conflict in his family.
- Blake's endocrinologist will not prescribe insulin pump therapy until his diabetes management is more consistent.

A group of people, including men, women, and children, are running on a wooden pier towards a body of water. They are holding hands, suggesting a team or a group activity. The scene is outdoors, likely at a park or a recreational area, with a clear sky and greenery in the background. The text is overlaid on the image in a white, serif font.

Diabetes is a fulltime job that no one applies for and no one wants. If you get the job, you can't turn it down, there is no pay, no vacation time, and no matter how bad it gets, you can't quit.

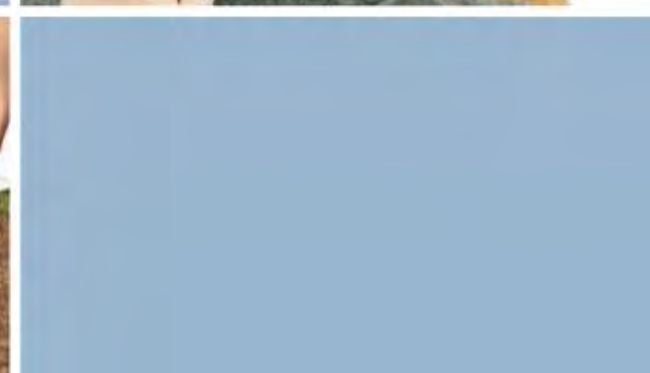
Questions?



THANK YOU



Johnson & Johnson
DIABETES INSTITUTE, LLC



Problem Areas in Diabetes Questionnaire (PAID)

INSTRUCTIONS: Which of the following diabetes issues are currently a problem for you?

Circle the number that gives the best answer for you. Please provide an answer for each question. Please bring the completed form with you to your next consultation where it will form the basis for a dialogue about how you are coping with your diabetes.

Patient name:

Completion date:

Interview date:

	Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
1. Not having clear and concrete goals for your diabetes care?	0	1	2	3	4
2. Feeling discouraged with your diabetes treatment plan?	0	1	2	3	4
3. Feeling scared when you think about living with diabetes?	0	1	2	3	4
4. Uncomfortable social situations related to your diabetes care (e.g., people telling you what to eat)?	0	1	2	3	4
5. Feelings of deprivation regarding food and meals?	0	1	2	3	4
6. Feeling depressed when you think about living with diabetes?	0	1	2	3	4
7. Not knowing if your mood or feelings are related to your diabetes?	0	1	2	3	4
8. Feeling overwhelmed by your diabetes?	0	1	2	3	4
9. Worrying about low blood sugar reactions?	0	1	2	3	4
10. Feeling angry when you think about living with diabetes?	0	1	2	3	4
11. Feeling constantly concerned about food and eating?	0	1	2	3	4
12. Worrying about the future and the possibility of serious complications?	0	1	2	3	4
13. Feelings of guilt or anxiety when you get off track with your diabetes management?	0	1	2	3	4
14. Not "accepting" your diabetes?	0	1	2	3	4
15. Feeling unsatisfied with your diabetes physician?	0	1	2	3	4
16. Feeling that diabetes is taking up too much of your mental and physical energy every day?	0	1	2	3	4
17. Feeling alone with your diabetes?	0	1	2	3	4
18. Feeling that your friends and family are not supportive of your diabetes management efforts?	0	1	2	3	4
19. Coping with complications of diabetes?	0	1	2	3	4
20. Feeling "burned out" by the constant effort needed to manage diabetes?	0	1	2	3	4

PAID - © 1999 Joslin Diabetes Center

Problem Areas in Diabetes Questionnaire (PAID)

Ways to identify patient emotional distress

Diabetes can be demanding and cause emotional distress. It is vital that clinicians are able to identify diabetes-related emotional distress in their patients. Validated practical strategies are available to promote an open dialogue and help to flag when serious emotional distress exists.

One tool that has proven very helpful to healthcare professionals is the Problem Areas in Diabetes (PAID) scale, a simple, one-page questionnaire.

Why the PAID scale?

PAID has high acceptability and scientific validity as evidenced by more than 60 scientific papers and scientific research abstracts.

The PAID measure of diabetes related emotional distress correlates with measures of related concepts such as depression, social support, health beliefs, and coping style, as well as predicts future blood glucose control of the patient.

The questionnaire has proven to be sensitive to detect changes over time following educational and therapeutic interventions.

What is the PAID scale?

The PAID is a self-report pencil and paper questionnaire that contains 20 items that describe negative emotions related to diabetes (e.g. fear, anger, frustration) commonly experienced by patients with diabetes. Completion takes approximately five minutes.

Scoring of the questionnaire

Each question has five possible answers with a value from 0 to 4, with 0 representing "no problem" and 4 "a serious problem".

The scores are added up and multiplied by 1.25, generating a total score between 0 – 100. Patients scoring 40 or higher may be at the level of "emotional burnout" and warrant special attention. PAID scores in these patients may drop 10-15 points in response to educational and medical interventions.

An extremely low score (0-10) combined with poor glycaemic control may be indicative for denial.

How to use the PAID scale?

In a clinical setting, the PAID can be administered routinely (e.g. annual review) and/or ad hoc as a diagnostic tool.

The patient can be asked to complete the questionnaire before consultation (waiting room) or at the beginning of the consultation.

Together with the patient, the clinician can calculate the total score and invite the patient to elaborate on problem areas that stand out (high scores) and explore options for overcoming the identified issues. This may include referral to a mental health specialist.

Novo Nordisk 2006. Adapted from DAWN Interactive 2. Text by Frank Snoek and Garry Welch.

WESTERN WISCONSIN HEALTH DIABETES SUPPORT GROUP MEETINGS 18-20 @
7pm on the fourth Tuesday of 8 months per year, held in the Diabetes Conf. Room

Sept 18, 2018

Oct 23, 2018

Nov 27, 2018

Merry Christmas and Happy New Year's

Jan 22, 2019

Feb 26, 2019

Mar 26, 2019

Apr 23, 2019

May 28, 2019

Summer Break

Sept 24, 2019

Oct 22, 2019

Nov 26, 2019

Happy Holidays once again!

Jan 28, 2020

Feb 25, 2020

Mar 24, 2020

Apr 28, 2020

May 26, 2020

YOUR CONTINUED SUPPORT, LEARNING AND INFORMATION

Most insurance, including Medicare and Medical Assistance, allow for us to get together for your initial 10 hours of Diabetes Self Management Education along with 3 hours of Medical Nutrition Therapy.

After the first year, in the next calendar year, you have the right to see an educator for 2 hours per year and the dietitian for at least that, more if needed in diabetes or renal (kidney) disease.

Some of the resources available to you can be referenced through this patient handout, through web addresses.

There other resources also.

DIABETES SELF MANAGEMENT as an app at
<http://appstore.com/DiabetesSelfManagementMagazine>

Or mailed to your home, subscribed for \$18 for a year of six bimonthly magazines by sending to Diabetes Self Management, PO BOX 37823, Boone IA, 50037-2823

DIABETES FORECAST is the official magazine of the American Diabetes Association or www.diabetes.org To order go to www.getdiabetesforecast.org, or phone toll free: 1-800-806-7801 and mention code offer F41MC4. Or if you like mailing American Diabetes Association, Membership Department, PO Box 1643, Merrifield, VA, 22116-9856

From Better Homes and Gardens Special Interests Publications: DIABETIC LIVING

Can be ordered for \$19.97 for a year of monthly publications, which saves \$3.99 per single copy if you picked it up at the newsstand. Mailing address is Diabetic Living Magazine, PO Box 37428, Boone, IA 50037-2428

Find support: TuDiabetes, Diabetes Daily, or Diabetic Connect web sites.

Several other supportive websites:

<http://www.cdc.gov/travel> how to pack and travel with diabetes

www.diabetesmine.com started by David Mendosa and is a wealth of info

<https://diabetessisters.org/> a woman's site that is extensive

<http://sixuntilme.com> run by Kerry Sparling who has spoken for JDRF locally

<http://diatribe.org> very informative with current diabetes issues Type 1 or 2

<http://www.typeonenation.org> JDRF site

<https://unitio.org> The Type 1 Exchange with info on latest research

<http://www.d-mom.com> a site for parents with Type 1 kids

Also see the Diabetes Support Group schedule in this handout that meets 8 times per year.

The WWH Wellness Center is open for aerobic, weight lifting, heated therapeutic pool, or yoga and group classes. If you have not been there, check it out.

School walking programs during the school year- Check the Community Ed calendar, but Greenfield, Viking, Spring Valley schools all have programs.

Snap Fitness is also an option in town.

If traveling or moving: use www.diabeteslocal.org for diabetes resources in other areas of the country or state.



Web Sites Providing Diabetes Information

www.americanheart.org	Contains diabetes info and health advice.
www.calorieking.com	Contains detailed nutrient information.
www.centerwatch.com	Lists over 41,000 active industry and government-sponsored medical clinical trials.
www.childrenwithdiabetes.com	Provides information and support to families with children who have diabetes.
www.consumerlab.com	Reports the safety and effectiveness of herbs and supplements.
www.diabetes123.com	Owned and operated by the same individuals as www.childrenwithdiabetes.com , but focuses on all age groups.
www.diabetes.niddk.nih.gov	Web site of the National Diabetes Information Clearinghouse, National Institute of Diabetes and Digestive and Kidney Diseases, and National Institutes of Health. Contains information, most of which can be freely downloaded and reproduced.
www.diabetes.org	Web site of the American Diabetes Association. Contains educational, advocacy, research, recipe and lifestyle information for the public and health professionals.
www.diabetes.org/myfoodadvisor	Online tool to help make smart food choices and plan healthy meals
www.diabetes.org/youthzone/youth-zone.jsp	American Diabetes Association's interactive youth web site.
www.diabetesmonitor.com	Diabetes site owned and monitored by a physician and certified diabetes educator. Contains educational information and updates for the public and lesson plans for health professionals.
www.eatright.org	Web site of the American Dietetic Association; contains nutritional information for the public and health professionals.
www.idf.org	The International Diabetes Federation's official Web site provides worldwide statistics, conference information, and updates about diabetes in other countries.
www.intellihealth.com	Features consumer health information from Harvard Medical School.
www.jdrf.org	Site of the Juvenile Diabetes Research Foundation International. Contains research, lifestyle, education, and advocacy information.
www.joslin.org	The Internet site of the Joslin Diabetes Center offers educational and research information, including Asian and Latino sections.
http://kids.jdrf.org	Juvenile Diabetes Research Foundation's children's section.
www.learningaboutdiabetes.com	Contains easy-to-understand and low-literacy patient information in English and Spanish. Sponsored by Tracey Associates, a health education agency.
www.medlineplus.com	A site of the U.S. National Library of Medicine and National Institutes of Health, which has detailed information about medications and conditions.
www.mendoza.com/diabetes.htm	An extensive list of diabetes resources compiled as a public service by diabetes advocate David Mendoza. Posted articles may contain questionable editorial content.
www.ndep.nih.gov	National Diabetes Education Program Web site. Contains information on diabetes and pre-diabetes, most of which can be freely downloaded and reproduced for a wide range of ages and ethnic groups.
www.parknicollet.com/diabetes	Internet home of the International Diabetes Center in Minnesota, which produces and sells educational materials.
www.quackwatch.com	Guide to medical misinformation and health fraud. Sponsored by Stephen Barrett, MD.
www.TCOYD.org	Official Web site of Taking Control of Your Diabetes, a foundation established by Dr. Steven V. Edelman. TCOYD hosts educational diabetes seminars throughout the United States.
www.urbanlegends.about.com	Debunks Internet rumors. Hosted by David Emery and sponsored by www.about.com .
www.webmd.com	Source of reliable medical information on a variety of topics. Sponsored by WebMD corporation.
www.dlife.com	Website specifically for people with diabetes – support, recipes, links, information
www.ctvi.wisc.edu/quitline	Wisconsin Tobacco Cessation Program.

NIH Quickfinder

For more information or to contact any of the following NIH institutes, centers, and offices directly, please call or go online as noted below:

Institutes

- **National Library of Medicine (NLM)**
www.nlm.nih.gov 1-888-FIND-NLM
- **National Cancer Institute (NCI)** www.cancer.gov
1-800-4-CANCER (1-800-422-6237)
- **National Eye Institute (NEI)** www.nei.nih.gov
(301) 496-5248
- **National Heart, Lung, and Blood Institute (NHLBI)**
www.nhlbi.nih.gov (301) 592-8573
- **National Human Genome Research Institute (NHGRI)** www.genome.gov (301) 402-0911
- **National Institute on Aging (NIA)** www.nia.nih.gov
Aging information 1-800-222-2225
Alzheimer's information 1-800-438-4380
- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)** www.niaaa.nih.gov
(301) 443-3860
- **National Institute of Allergy and Infectious Diseases (NIAID)** www.niaid.nih.gov
(301) 496-5717
- **National Institute of Arthritis and Musculoskeletal and Skin Diseases** www.niams.nih.gov
1-877-22NIAMS (1-877-226-4267)
- **National Institute of Biomedical Imaging and Bioengineering (NIBIB)** www.nibib.nih.gov
(301) 451-6772
- **Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)**
www.nichd.nih.gov 1-800-370-2943
- **National Institute on Deafness and Other Communication Disorders (NIDCD)**
www.nidcd.nih.gov 1-800-241-1044 (voice)
1-800-241-1055 (TTY)
- **National Institute of Dental and Craniofacial Research (NIDCR)** www.nidcr.nih.gov
(301) 480-4098
- **National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)** www.niddk.nih.gov
Diabetes 1-800-860-8747
Digestive disorders 1-800-891-5389
Overweight and obesity 1-877-946-4627
Kidney and urologic diseases 1-800-891-5390

- **National Institute on Drug Abuse (NIDA)**
www.nida.nih.gov (301) 443-1124
- **National Institute of Environmental Health Sciences (NIEHS)** www.niehs.nih.gov
(919) 541-3345
- **National Institute of General Medical Sciences (NIGMS)** www.nigms.nih.gov
(301) 496-7301
- **National Institute of Mental Health (NIMH)**
www.nimh.nih.gov 1-866-615-6464
- **National Institute of Neurological Disorders and Stroke (NINDS)** www.ninds.nih.gov
1-800-352-9424
- **National Institute of Nursing Research (NINR)**
www.ninr.nih.gov (301) 496-0207

Centers & Offices

- **Center for Information Technology (CIT)**
www.cit.nih.gov (301) 594-6248
- **Center for Scientific Review (CSR)**
www.csr.nih.gov (301) 435-1115
- **Fogarty International Center (FIC)**
www.fic.nih.gov
- **National Center for Complementary and Alternative Medicine (NCCAM)**
www.nccam.nih.gov 1-888-644-6226
- **National Center on Minority Health and Health Disparities (NCMHD)** www.ncmhd.nih.gov
(301) 402-1366
- **National Center for Research Resources (NCRR)**
www.ncrr.nih.gov (301) 435-0888
- **NIH Clinical Center (CC)**
www.cc.nih.gov (301) 496-2563
- **Office of Research on Women's Health (ORWH)**
http://orwh.od.nih.gov (301) 402-1770

BLOG SITES FOR DIABETES

diabetesdaily.com a site that offers education and support

diabetesmine.com another Type 1 site for information and support

diabetesstories.com

huffingtonpost.com/riva-greenberg a Type 1 whose objective is to advocate and educate about new advances

d-mom.com started by a mother of a Type 1 child

scottsdabetes.com started in 2004 coping with feelings and thoughts that were bubbling to the surface in life with diabetes

sixuntilme.com Keri Sparling has run the site since 2005 and has been a local speaker for the JDRF

textingmypancreas.com real life stories of the good and bad, the annoying and the difficult- with a few doses of humor and levity

TOOLS FOR RELEASING STRESS

Walking in the park
Having a manicure
Being with children
Sharing with a friend
Watching a movie
Crying at a movie
Writing your story
Listening to favorite music
Buying favorite music
Writing in a journal
Sleeping or napping
Watching television
Knitting or crocheting
Reading a good book
Playing the piano
Sitting in the backyard
Cleaning the house
Browsing in a bookstore
Buying a book
Reading a mystery
Taking photographs
Going for a drive
Collecting coins
Playing with a pet
Going to the beach
Going to the mountains
Buying new clothes
Collecting antiques
Working with clay
Decorating a cake
Arranging flowers
Browsing in a store
Visualizing a pleasant situation

Hiking
Singing
Playing tennis
Praying
Painting
Volunteering
Exercising
Traveling
Planting flowers
Golfing
Yoga
Bird watching
Doing aerobics
Going fishing
Baking bread
Sewing
Dancing
Laughing
Flying a kite
Bowling
Meditating
Going hunting
Quilting
Playing cards
Holding a baby
Gardening
Building models
Reading poetry
Writing letters
Having a picnic
Walking the dog
Shopping

Walking at twilight or early morning
Watching the sunrise or sunset
Making small house repairs
Going to an outdoor market
Taking leisurely, warm baths
Buying yourself flowers
Getting out of town for a short time
Deep breathing for relaxation
Trying out a new restaurant
Reading something inspirational
Spending time with family
Eating a favorite dinner by candlelight
Watching a fire in the fireplace
Giving a hug (you get one back)
Listening to the radio
Trying out a new recipe
Cleaning the car
Playing softball
Doing genealogy
Having a massage
Going to a football game
Going to the symphony
Visiting with a neighbor
Playing an instrument in a band
Singing with a group
Doing crossword puzzles
Talking with a trusted friend
Playing on the computer
Starting an herb garden
Saying "I can" to yourself
Stretching your body (like a cat)
Pouring out your feelings on a
tape recorder (then erasing it)

Western Wisconsin Health Behavioral Services

Western Wisconsin Health Behavioral Services has offices at Western Wisconsin Health and Western Wisconsin Health Roberts Location.

Weekday and evening hours are available at all locations.

Western Wisconsin Health
1100 Bergslien Street
Baldwin, WI, 54002

Western Wisconsin Health
Roberts Location
503 Cherry Lane
Roberts, WI, 54023

715-684-1111
wwhealth.org

We accept most insurances in our Baldwin and Roberts locations.
We accept Medicare and Wisconsin Medical Assistance
(In our Baldwin Location Only)



WESTERN WISCONSIN HEALTH
1100 Bergslien Street • Baldwin, WI
715-684-1111
wwhealth.org

Western Wisconsin Health Behavioral Services



**WESTERN
WISCONSIN
HEALTH**

Meet Our Staff

Western Wisconsin Health Behavioral Services provides behavioral health services to our region. The counselors see patients at Western Wisconsin Health, and Western Wisconsin Health Roberts Location.

Western Wisconsin Health Behavioral Services provides child, adolescent, individual, family, couples, and marital therapy services. Psychologists also perform assessments for a number of potential issues, including Attention Deficit Disorders, learning issues, and Autism Spectrum Disorders.

Professional Services Include:

- Individual Therapy
- Parenting/Family and School Issues
- Marital Counseling
- Women's Issues
- Psychological Testing
- Courts/Custody Evaluations
- Attention Deficit Disorders
- Loss Bereavement
- Late Life Transitions
- Forensic Psychology
- Anger Management

Outreach consultations are also available for schools, nursing homes and other organizations.



Christopher C. Babbitt, Psy.D., LP Executive Director
Specialty areas include: Children, Adolescents, and Families; ADHD; Autism Spectrum Disorders, Forensic Psychology Evaluations and Assessments.



Emily Duch, PMHNP-BC
Specialty areas include: Chronic behavioral health conditions, community health, and integrative medicine.



Donna Elenkiwich, MA, LPC, CSAC
Specialty areas include: Individual therapy for pre-adolescents, adolescents, and adults; anxiety, depression, grief, chemical dependency, abuse /neglect, women's issues, and spiritual/faith based therapy.



Beverly Green, MSSW, LCSW
Specialty areas include: Children, Adolescents and Adults, ADHD, anxiety, depression/mood disorders, traumatic experiences/ sexual abuse, attachment issues, autism, and oppositional and conduct disorders.



Kate Jones, Ed.S., LCSW
Specialty areas include: Older adults, couples, children (with school concerns, gifted), caregivers, women's issues, health concerns, depression, anxiety and life adjustments.



Shelley R. Stanton, MD
Specialty areas include: Adults, elderly, diagnosis and treatment of complex psychiatric and neuropsychiatric conditions, mood disorders, severe and persistent mental illnesses, and patients with dual diagnoses of chemical dependency and mental illness.



Steven Tyvoll, MA, LPC
Specialty areas include: Marriage, family, couples therapy, individual therapy for adults and adolescents.



Nicole Ward, PsyD, LP
Specialty areas include: Psychological evaluations to assess for mood, anxiety, psychosis, behavioral disorders, other mental health diagnosis, cognitive disorders, personality functioning, ADHD, learning disorders, and Autism. These evaluations will be done through cognitive, objective, projective and achievement testing.



Jerry Youngman, MS, LPC
Specialty areas include: Adults, couples, Christian counseling and general behavioral health counseling in areas such as depression, anxiety, stress, grief, relationships, work issues and anger management.

To make an appointment with one of our behavioral health counselors, please call 715-684-1111.

42

Factors That Affect BG

Food

- ↑↑ 1. Carbohydrate quantity
- ↑ 2. Carbohydrate type
- ↑ 3. Fat
- ↑ 4. Protein
- ↑ 5. Caffeine
- ↓↑ 6. Alcohol
- ↓↑ 7. Meal timing
- ↑ 8. Dehydration
- ? 9. Personal microbiome

Medication

- ↓ 10. Medication dose
- ↓↑ 11. Medication timing
- ↓↑ 12. Medication interactions
- ↑↑ 13. Steroid administration
- ↑ 14. Niacin (Vitamin B3)

Activity

- ↓ 15. Light exercise
- ↓↑ 16. High-intensity and moderate exercise
- ↓ 17. Level of fitness/training
- ↓↑ 18. Time of day
- ↓↑ 19. Food and insulin timing

Biological

- ↑ 20. Insufficient sleep
- ↑ 21. Stress and illness
- ↓ 22. Recent hypoglycemia
- ↑ 23. During-sleep blood sugars
- ↑ 24. Dawn phenomenon
- ↑ 25. Infusion set issues
- ↑ 26. Scar tissue and lipodystrophy
- ↓↓ 27. Intramuscular insulin delivery
- ↑ 28. Allergies
- ↑ 29. A higher glucose level
- ↓↑ 30. Periods (menstruation)
- ↑↑ 31. Puberty
- ↓ 32. Celiac disease
- ↑ 33. Smoking

Environmental

- ↑ 34. Expired insulin
- ↑ 35. Inaccurate BG reading
- ↓↑ 36. Outside temperature
- ↑ 37. Sunburn
- ? 38. Altitude

Behavioral & Decision Making

- ↓ 39. Frequency of glucose checks
- ↓↑ 40. Default options and choices
- ↓↑ 41. Decision-making biases
- ↓↑ 42. Family relationships and social pressures