



# Factors associated with Diabetes-Related Distress among Primary Care Patients with poorly controlled Type 2 Diabetes



Polyclinics  
SingHealth

Frida Wong PN, Guo Xiaoxuan, Eileen Koh YL, Tan NC

## Aim

Diabetes-related distress (DRD) is a negative emotional state related to the burden of living with diabetes. It is associated with poorer glycemic control and quality of life. This cross-sectional study aimed to examine the prevalence of DRD and its associated factors among patients with poorly controlled type 2 diabetes (T2DM) managed in primary care in Singapore. The factors examined included demographics, diabetes history, medical comorbidities, mood disorders and social history.

## Methodology

Patients with HbA1c of 8% or more were recruited from SingHealth Polyclinics. A self-administered questionnaire and a retrospective health record review was performed. Cases of DRD were identified with the Problem Area In Diabetes (PAID) scale. Anxiety and depression were screened using GAD-7 and PHQ-9, while EQ-5D-5L was used to evaluate quality of life (QOL). Medical records were examined for clinical data, including HbA1c, comorbidities and medications.

## Result

356 subjects were analysed. The prevalence of DRD was 17.4%. Significant factors associated with DRD included age, ex-smoker status, history of DM foot and nephropathy, and history of hypoglycemia symptoms. There was a higher proportion of DRD among those who screened positive for anxiety (72% vs 28%,  $p < 0.01$ ) and depression (78.9% vs 21.1%,  $p < 0.001$ ) compared to those who screened negative. Those with DRD tended to feel anxious about their weight, and also find that their diabetes medications interfere with their normal life.

## Conclusion

1 in 6 patients with poorly controlled diabetes had DRD, with ex-smokers, those with history of DM foot, DM nephropathy and previous hypoglycemia symptoms, and those with depressive or anxiety symptoms being most at risk. These findings can guide a targeted approach to screening for DRD among the at risk group. Needs analysis of the at-risk population, and a review of current skills and services to address DRD may help our patients with diabetes achieve better quality of life.

	Mean (SD)	DRD No (%)	p-Value
<b>Total</b>	<b>356 (100.0)</b>	<b>62 (17.4)</b>	
<b>Age</b>	<b>58.6(9.5)</b>	<b>55.2(9.8)</b>	<b>0.002</b>
<b>Smoker</b>			<b>0.014</b>
Non-smoker		52(18.6)	
Ex-smoker		8(26.7)	
Current smoker		2(4.3)	
<b>Experience symptoms of low blood sugar</b>			<b>0.006</b>
None		38(14.3)	
At least once every few months		24(27)	
<b>DM foot ulcers and / or lower limb amputation</b>			<b>0.026</b>
Yes		1(20)	
No		61(17.4)	
<b>Nephropathy</b>			<b>0.022</b>
Yes		49(20.7)	
No		13(10.9)	
<b>GAD-7 score</b>			<b>0.001</b>
>10		18(72)	
<b>PHQ-9 score</b>			<b>0.001</b>
>10		15(78.9)	
<b>Anxious about body weight</b>			<b>0.001</b>
		41(24.8)	
<b>My diabetes medications interfere with their normal life</b>			<b>0.001</b>
		37(32.5)	