

## BIOG

### **Mette Due-Christensen**

After working clinically as a diabetes specialist nurse for several years Mette undertook her MSc at the University of Copenhagen in 2006. After completion she worked as a research assistant while also working clinically. In 2013 Mette was awarded a scholarship from FEND to undertake her PhD study at the Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care at King's College London, UK. Her PhD study explored adaptation to life with diabetes in adults who have recently been diagnosed with type 1 diabetes. Building on the findings from her PhD Mette moved on to a Post Doc position supported by the Novo Nordisk Foundation, NIHR Research for Patient Benefit, Steno Diabetes Center Copenhagen and FEND. In her post doc position, she is currently conducting a study to co-design and test an intervention to support psychological and social adaptation to type 1 diabetes in adults recently diagnosed with the condition building on findings from her PhD study.

### **ABSTRACT**

#### **Co-designing an Intervention with People with New Onset Type 1 Diabetes, Family Members and Health Care Professionals to Improve Psychological and Social Adaptation**

My research has shown that adults newly diagnosed with type 1 diabetes (T1D) can experience significant psychosocial disruption, leading to maladaptive emotional and behavioral responses which may increase the risk of future complications and poor quality of life.

To try to remedy this we co-designed an intervention with people with diabetes (PWD) and healthcare-professionals (HCPs) to address the psychosocial disruption associated with new onset T1D in adults.

The presentation will highlight the benefits and challenges of the co-design approach we used to stimulate the target populations to reflect on their experiences and generate ideas for the intervention. Among other things the presentation will feature how the use of illustrations depicting common experiences of the time of diagnosis identified in a previous study among PWD and HCPs were helpful in developing the intervention. Illustrations were used to stimulate dialogue in six parallel workshops exclusively for PWD (n=24) and HCPs (n=55); and four workshops that brought PWD (n=29) and HCPs (n=24) together to prioritize intervention components.

The presentation will also focus on the findings that were identified through the co-design process which revealed the benefit of adopting a bio-psycho-social perspective and introducing methods of support involving both HCPs and peers to activate positive adaptive strategies in adults with new onset T1D.

It was identified that the intervention should be phasic, with an initial focus on the psychosocial disruption of diagnosis, followed by the early experience of diabetes and how to adapt positively to a life with it. Participants constructed two integrated intervention components: 1) one-to-one sessions soon after diagnosis, with a HCP trained in using a psychologically modelled conversation tool addressing PWD's experiences, thoughts and feelings about the diagnosis; and 2) a group-based intervention addressing common diabetes challenges, emotional issues and thinking traps, focusing on normalizing emotions and developing strategies for managing diabetes in day-to-day life.