Diabetes Distress: Prevalence, Clinical Impact, and Evidence-Based Interventions

Abstract
Diabetes distress refers to the emotional burden of living with diabetes, including frustration, guilt, burnout, and worries about complications. Prevalence is high across populations: global estimates suggest that 20–40% of individuals with type 1 diabetes and approximately 36% of those with type 2 diabetes experience elevated distress. In gestational diabetes, evidence remains limited but is emerging. Elevated diabetes distress is associated with suboptimal clinical outcomes, including poorer self-care and higher HbA1c. Longitudinal studies further suggest links with complications such as neuropathy and albuminuria. These effects often develop over time, underscoring the importance of early identification.

Evidence-based interventions include cognitive behavioural therapy, group- based and emotion-focused approaches, nurse-led and tailored psychological support, all demonstrating reductions in distress and, in some cases, improvements in glycaemic outcomes. Emerging evidence suggests that e- health and automated insulin delivery systems yield small but significant reductions in distress. Routine assessment of diabetes distress is increasingly recommended as part of comprehensive diabetes care, enabling timely, targeted interventions and improved long-term outcomes.
Intern informasjon (Gul)

BIOG

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