

**Report of the 10th Spring Scientific Meeting of the EASD
Psychosocial Aspects of Diabetes (PSAD) Study Group
April 22nd – 24th 2005, Wuerzburg, Germany.**



by Norbert Hermanns, PhD, Chair and Cathy E. Lloyd PhD, Honorary Secretary,
on behalf of the PSAD Executive Committee

The 10th Spring Scientific meeting of the Psychosocial Aspects of Diabetes (PSAD) Study Group of the European Association for the Study of Diabetes (EASD) took place in Wuerzburg, Germany this year. This conference focussed on the key issues of prevention of diabetes, depression in diabetes and quality of life, highlighting state of the art knowledge and presenting the most recent psychological findings in the field.

As always the meeting commenced with the Anita Carlson Memorial Lecture, delivered this year by Professor Edwin Gale (University of Bristol, England and Chief Editor of *Diabetologia*) and entitled "Ten thousand people with diabetes and me: medication versus motivation in the management of diabetes". Based on the example of the Hawthorne effect Professor Gale demonstrated that besides pure efficacy there must be an understanding of the mediating mechanisms between any intervention and its effect. Otherwise scientific endeavour might be endangered by drawing premature conclusions about cause-effect relationships.

Diabetes is fast becoming epidemic. Fortunately this dramatic development is not an unavoidable fate. Research has shown that we are able to reduce the risk of developing diabetes through changing the lifestyle of people who are at risk for diabetes. Thus lifestyle changes are a matter of importance for which psychological aspects should be considered and psychological principles and techniques applied. One symposium was dedicated to diabetes prevention and was chaired by Dr Mirjana Pibernik-Okanovic (Croatia).

Dr Elizabeth Walker (USA) presented subsequent analyses from the Diabetes Primary Prevention Trail (DPP) about the relevance of risk perception and health outcomes in persons at risk for diabetes. Interestingly, the data suggested that there was a U-shape relationship between the comparative risk perception for the development of diabetes and the actual occurrence of the disease. Persons with a higher or lower perceived risk for the development had an increased likelihood of getting diabetes, compared to persons with an intermediate risk assessment.

Dr Marlene Kritz (UK) presented her study about the effectiveness of brochure information on symptoms and risk factors for type 2 Diabetes. In a high risk population less than 2% were aware of their actual risk level of developing diabetes. Although medical advice on diabetes risk was the most significant predictor of enhancement of risk perception, this advice did not result in a greater readiness for screening examination. But individuals who read a brochure information ("Are you at risk for diabetes", developed by Diabetes UK) were 3 times more likely to subsequently screen for diabetes than the control group, which received no written information. This study clearly demonstrates that even simple measures are able to improve early detection of persons at risk for diabetes.

The DAWN (Diabetes Attitudes, Wishes and Needs) study provided an insight into the perspectives of primary care physicians and diabetologists on diabetes prevention. Prof Mark Peyrot (USA) pointed out that general practitioners as well as diabetes specialists stressed the relevance and need for diabetes prevention but missed programmes to realise diabetes prevention in clinical care.

Since diabetes therapy is aiming at an optimal quality of life, which implies prevention of acute and late complications as well as psychological well being, knowledge about both measurement and the determinants of quality of life in people with diabetes is an important consideration for clinical diabetology. Therefore one session chaired by Dr Cathy Lloyd (UK) was devoted to these questions.

Bart Toolen (The Netherlands) studied the impact of intensive care vs. usual care in newly diagnosed (screen detected) type 2 diabetes on psychological outcomes. Intensive care patients with a very short diabetes duration (< 1 year) reported significantly more anxiety, more diabetes related distress and less confidence in carrying out self-management tasks, when compared to usual care patients (disease duration < 1 year). Intensive patients with a longer disease duration (> 2 years) showed less anxiety and more self-efficacy. Usual care patients with a longer diabetes duration (> 2 years) reported more distress and less self-efficacy. He concluded that early detection and intensive treatment is not without costs on quality of life. However in the long term an intensive treatment may lead to better psychological outcomes.

A path-model of psychological factors in patients with diabetes and their importance for quality of life and metabolic control was presented by Dr Mathias Rose (Germany). In this model self efficacy and a positive personality disposition were the most important factors for health related quality of life and active coping behavior. Active coping behavior was the most important psychosocial factor in relation to favorable metabolic control.

The results of the German Multi-centre Diabetes Cohort Study (GMDC-Study), on the initial reaction to type 1 diabetes diagnosis, were presented by Dr Frank Petrak (Germany). In his study a continuous influence of initial coping reactions to diabetes on subsequent quality of metabolic control could be observed. A "doctor-oriented" coping style at the time of diagnosis was related to better metabolic control after three years as well as to greater physical and mental health-related quality of life after two and three years.

Depression in diabetes has a significant negative impact on prognosis, health related costs, quality of life and risk for functional impairment. Therefore knowledge about the aetiology of depression in diabetes as well as detection and screening methods are urgently needed for research as well as for clinical diabetes care. One symposium co-organised by the European Depression in Diabetes (EDID) Consortium and chaired by Dr Arie Nouwen (UK), dealt with these questions.

Dr Gary Law (UK) studied predictors of depressive symptoms in adolescents with type 1 diabetes. In a multivariate analysis he and his collaborators found that the impact of illness beliefs on depressive symptoms was mediated by levels of diabetes distress and social self-efficacy. He stressed the central role of social self-efficacy in understanding and helping to ameliorate adolescent depression in diabetes. Peer support influences depression in adolescents with type 1 diabetes only to the extent that it can promote a sense of social efficacy.

The use of the Problem Areas in Diabetes questionnaire, an inventory to assess diabetes-related distress, for screening for depression was investigated in a study carried out by Norbert Hermanns and his colleagues (Germany). Receiver Operating Curves provided a good screening performance of the PAID, leading to the conclusion that the assessment of diabetes-related distress could be very useful to assess emotional problems related to diabetes as well as depression.

Dr Frans Pouwer (The Netherlands) looked at the identification of depression and diabetes-specific emotional problems by diabetes nurse specialists working in an outpatient diabetes clinic. His study group found rather low recognition rates of these problems. In patients with moderate to severe levels of anxiety or depression, the presence of an emotional problem was recorded in medical charts in only 20-25% of cases. The identification rate of diabetes-specific emotional distress ranged from 0% (treatment-related problems) to 29% (diabetes-related emotional problems). Dr Pouwer suggested future studies should investigate whether recognition and subsequent treatment of emotional problems in diabetes patients can be facilitated by utilizing validated, standardized self-report questionnaires.

The effectiveness of a psycho-educational intervention to increase treatment acceptance and improve depressive symptoms in patients with diabetes was studied by Dr Mirjana Pibernik-Okanovic and her colleagues (Croatia). Preliminary results were presented and the question of 'is it justified to treat clinically and sub-clinically depressed patients in the same way?' was raised. Another matter for discussion was whether individual counselling might be more acceptable than group work in sub-clinical depressed patients.

The PSAD meeting this year also included an interactive Poster session (chaired by Norbert Hermanns, Germany) and a 'Work in Progress' session (chaired by Frans Pouwer, The Netherlands), in which researchers discussed their plans and ideas for future studies with other leading researchers of the field.

The PSAD/NOVO Award is given to outstanding researchers in psychosocial science. This year Dr Marie Clarke (UK) received this award from Dr Chas Skinner (chair of the review committee) for her research: "Effects of a tailored lifestyle self-management intervention in patients with type 2 diabetes" (British Journal of Health Psychology, 2004, 9, 365-9). Her research demonstrated that a brief, tailored, behavioural, self-management intervention had significant long term effects on dietary changes, diabetes related self-care and BMI and waist measurements compared to a control group.

The PSAD study group meeting was preceded by the Second International DAWN Consensus meeting on psychosocial guidelines in diabetes organized by PSAD and Novo Nordisk in co-operation with IDF. After the presentation of the key implications of the global DAWN (Diabetes Attitudes Wishes and Needs) study by Prof. Mark Peyrot (USA) and Sören Skovlund (Denmark), expert workshops focussed on finalising consensus recommendations for psycho-social treatment guidelines in diabetes and proposing key steps needed to promote national implementation. The meeting inspired formulation of general psychosocial recommendations for upcoming global treatment guidelines in diabetes and an actionable framework for implementation of psychosocial assessments, monitoring and training in diabetes care in Europe. A multi-national research framework for the evaluation of benefits of psychosocial interventions was considered a vital element of concerted

action. Effective implementation of new psychosocial treatment guidelines and the DAWN Call to Action was considered of great importance which should be supported by national initiatives and partnerships for maximum reach. Pilot programs for monitoring quality of life in daily care and psychosocial training workshops for healthcare professionals were identified as feasible next steps in several countries

Besides the scientific programme the City of Wuerzburg, founded 1300 years ago, provided an ideal location for an introduction into the baroque life style. A City walk guided by the Wuerzburg night-watchman, wine tasting in the former Prince Bishops wine cellar in the Residence Palace, and an introduction into modern art surrounded the serious scientific effort of PSAD participants.

At the end of the meeting Dr Norbert Hermanns (local organiser of this meeting and Chair of the PSAD), expressed, on behalf of the PSAD, his thanks to Novo Nordisk for their generous support of this 10th Scientific Spring Meeting of the PSAD.