Implementing Diabetes Distress Screening for Adolescents

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Center for Clinical Excellence

Nationwide Children's
When your child needs a hospital, everything matters.

Preventative Care for Diabetes Distress

Diabetes distress screening is vital to providing early identification and treatment of diabetes burnout

Project Objective

- Increase diabetes distress screening in adolescents (ages 12-18) from **0% to 50%** of our patient population by **end of 2025**

Goal

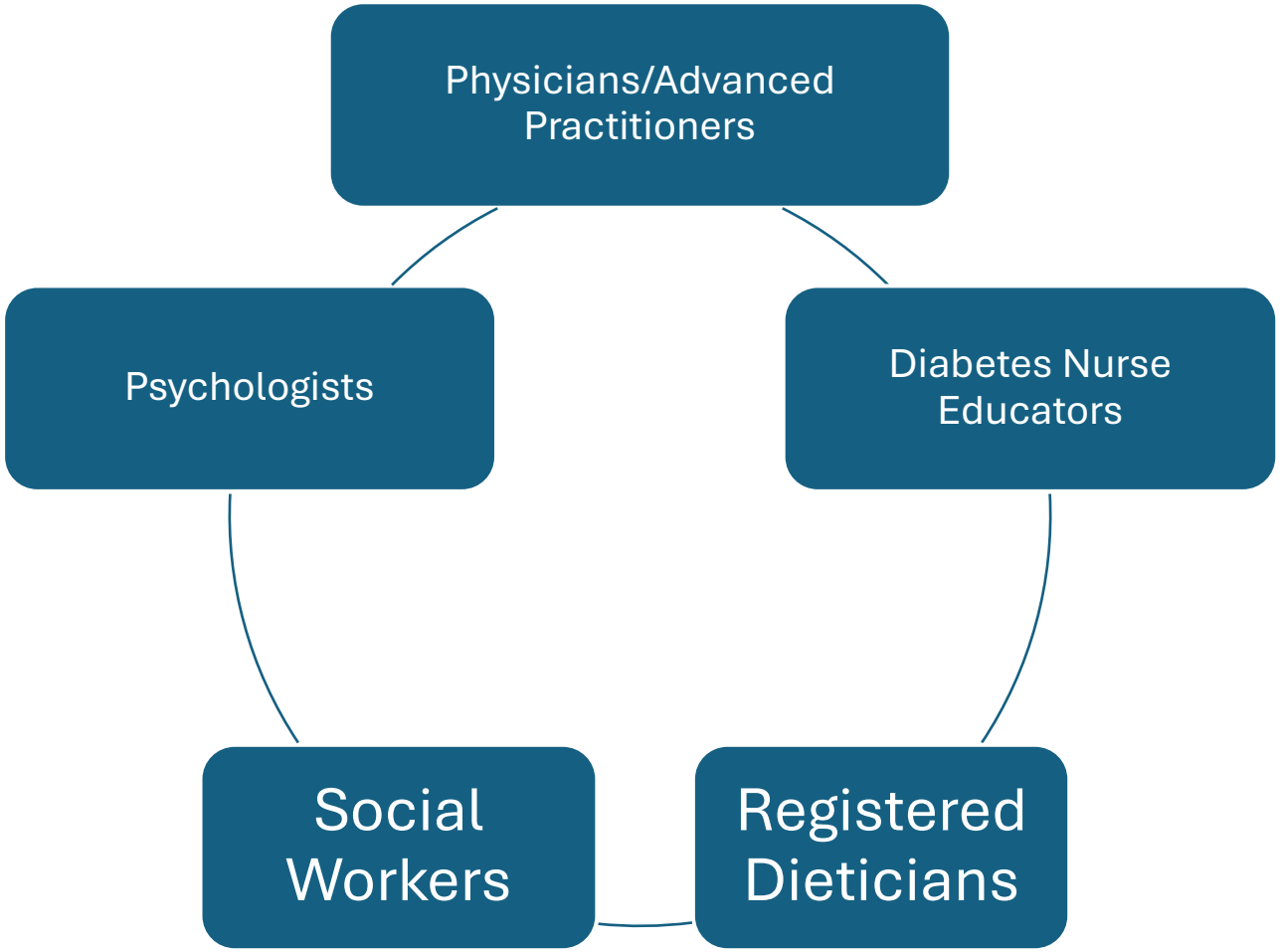
- Identify moderate/severe diabetes distress to reduce medical nonadherence and long-term complications

Problem Areas in Diabetes for Teens (PAID-T)

Empirically validated measure of diabetes distress for patients ages 12-18

	Not A Problem		Moderate Problem		Serious Problem	
1. Feeling sad when I think about having and living with diabetes.	1	2	3	4	5	6
2. Feeling overwhelmed by my diabetes regimen.	1	2	3	4	5	6
3. Feeling angry when I think about having and living with diabetes.	1	2	3	4	5	6
4. Feeling “burned-out” by the constant effort to manage diabetes.	1	2	3	4	5	6
5. Feeling that I am not checking my blood sugars often enough.	1	2	3	4	5	6
6. Not feeling motivated to keep up with my daily diabetes tasks.	1	2	3	4	5	6

Diabetes Multidisciplinary Clinic



Diabetes Distress Intervention

PAID-T administered to all eligible adolescents (12-18) once per year

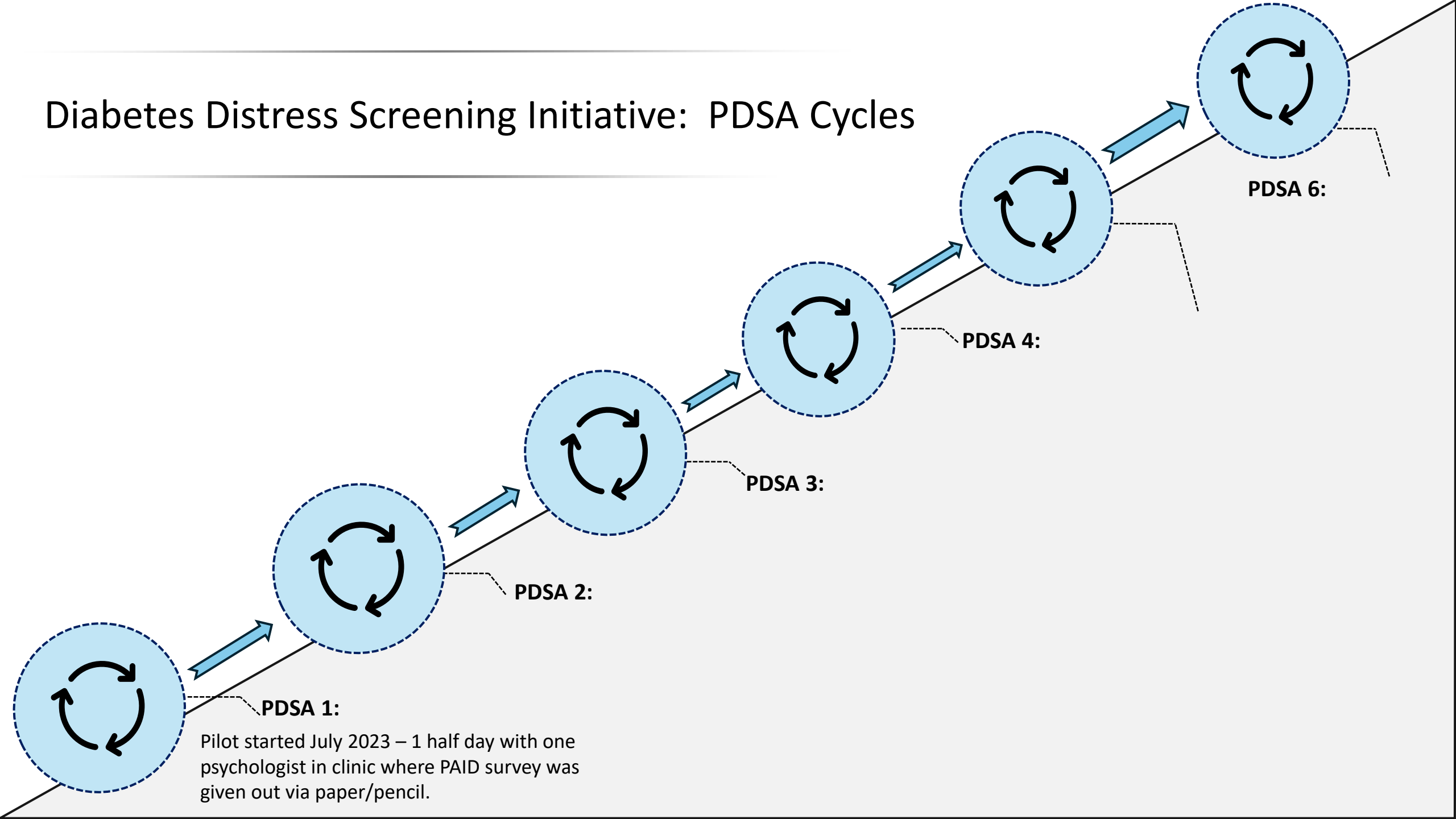
Patients complete questionnaire at home or in waiting room

Patients who endorse a 4, 5, or 6 on any item are flagged for Psychology

Psychology Interventions

- Diabetes Distress Psychoeducation
- Collaborative Problem Solving
- Diabetes Communication Strategies
- Referral to Diabetes Psychology

Diabetes Distress Screening Initiative: PDSA Cycles



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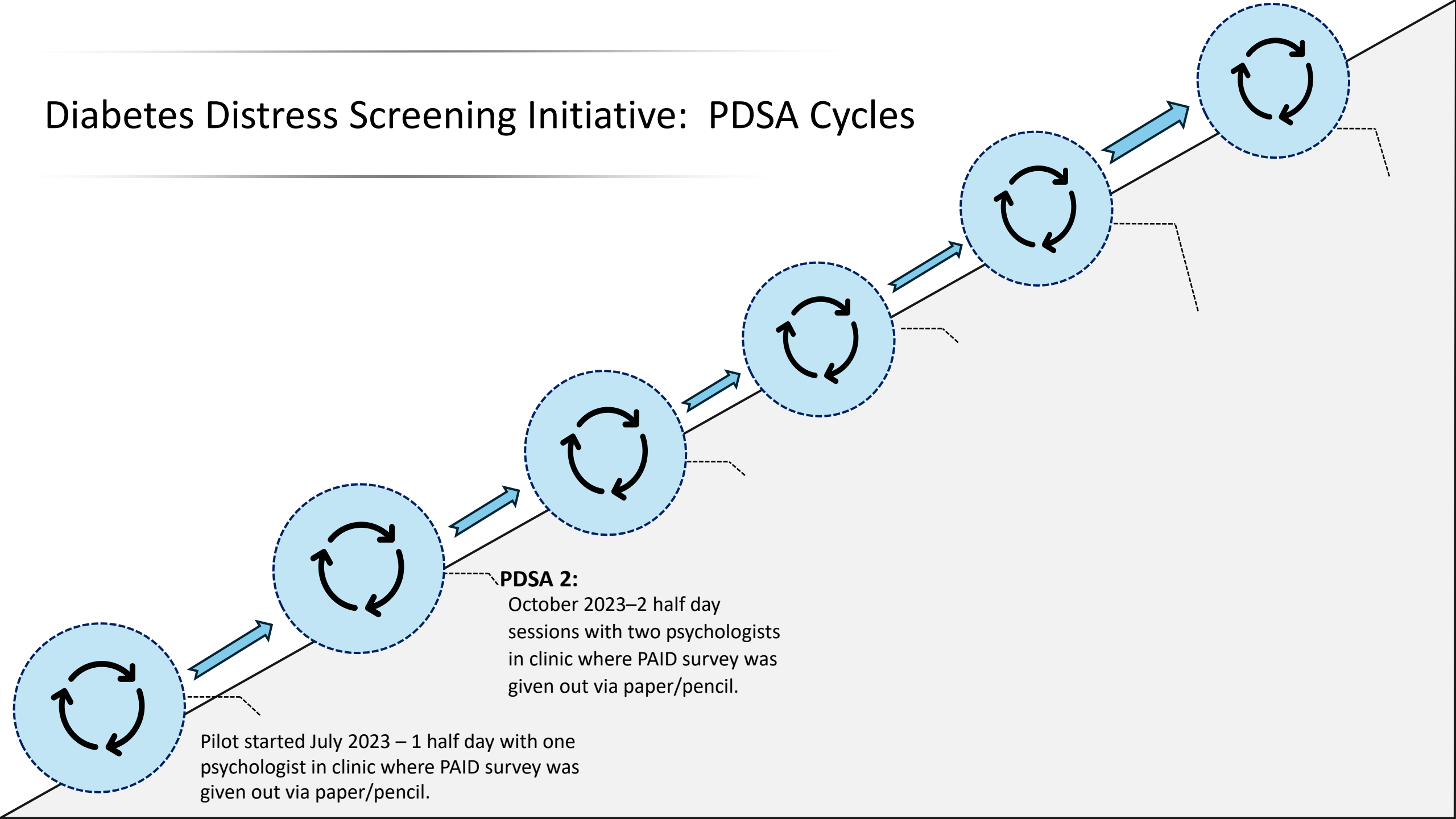

Pilot started July 2023 – 1 half day with one psychologist in clinic where PAID survey was given out via paper/pencil.

PDSA 2:
October 2023–2 half day sessions with two psychologists in clinic where PAID survey was given out via paper/pencil.

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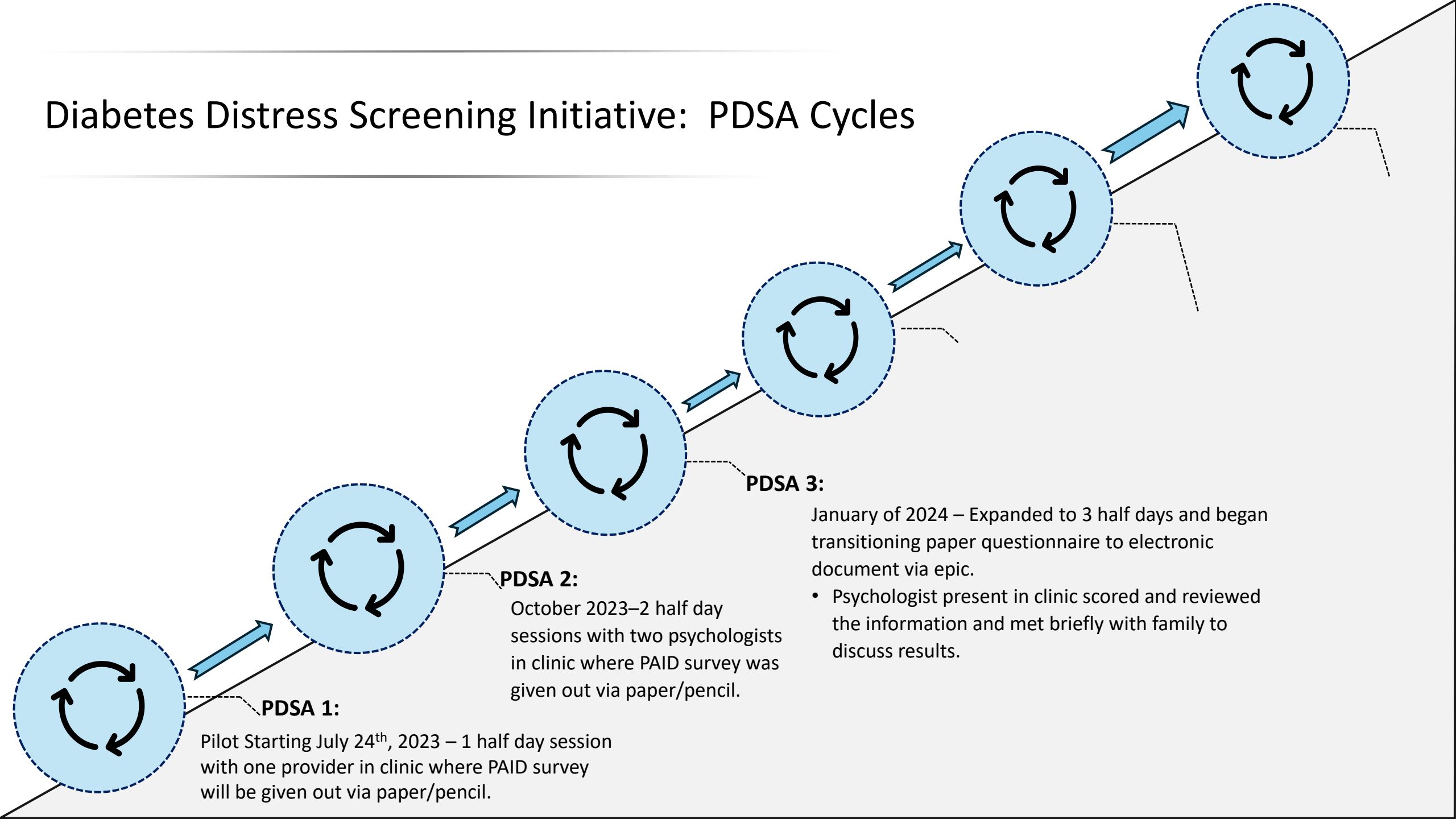

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Pilot Starting July 24th, 2023 – 1 half day session with one provider in clinic where PAID survey will be given out via paper/pencil.

PDSA 2:

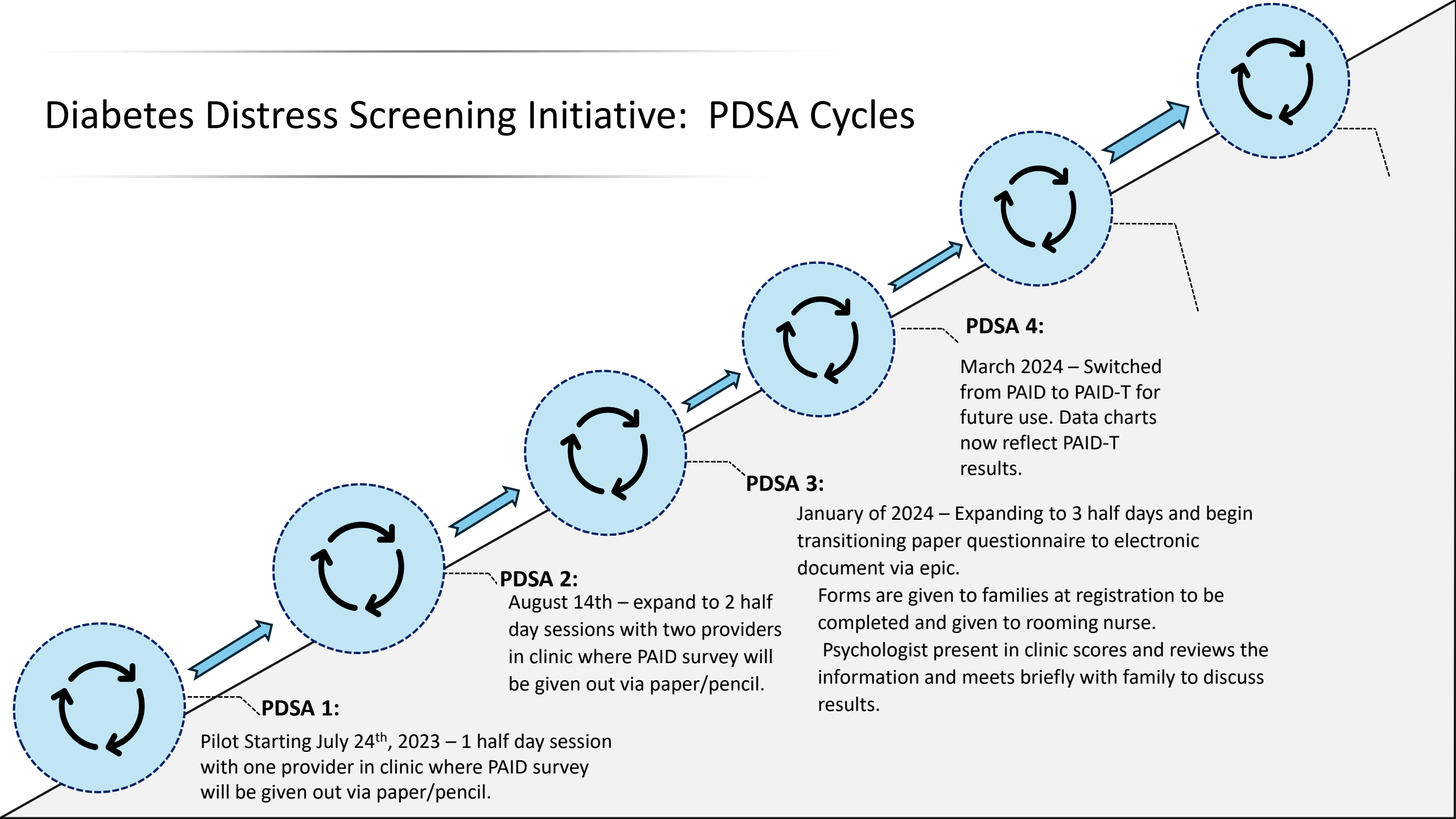
October 2023–2 half day sessions with two psychologists in clinic where PAID survey was given out via paper/pencil.

PDSA 3:

January of 2024 – Expanded to 3 half days and began transitioning paper questionnaire to electronic document via epic.

- Psychologist present in clinic scored and reviewed the information and met briefly with family to discuss results.

Diabetes Distress Screening Initiative: PDSA Cycles



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PDSA 2:

August 14th – expand to 2 half day sessions with two providers in clinic where PAID survey will be given out via paper/pencil.

PDSA 3:

January of 2024 – Expanding to 3 half days and begin transitioning paper questionnaire to electronic document via epic.

Forms are given to families at registration to be completed and given to rooming nurse.

Psychologist present in clinic scores and reviews the information and meets briefly with family to discuss results.

PDSA 4:

March 2024 – Switched from PAID to PAID-T for future use. Data charts now reflect PAID-T results.

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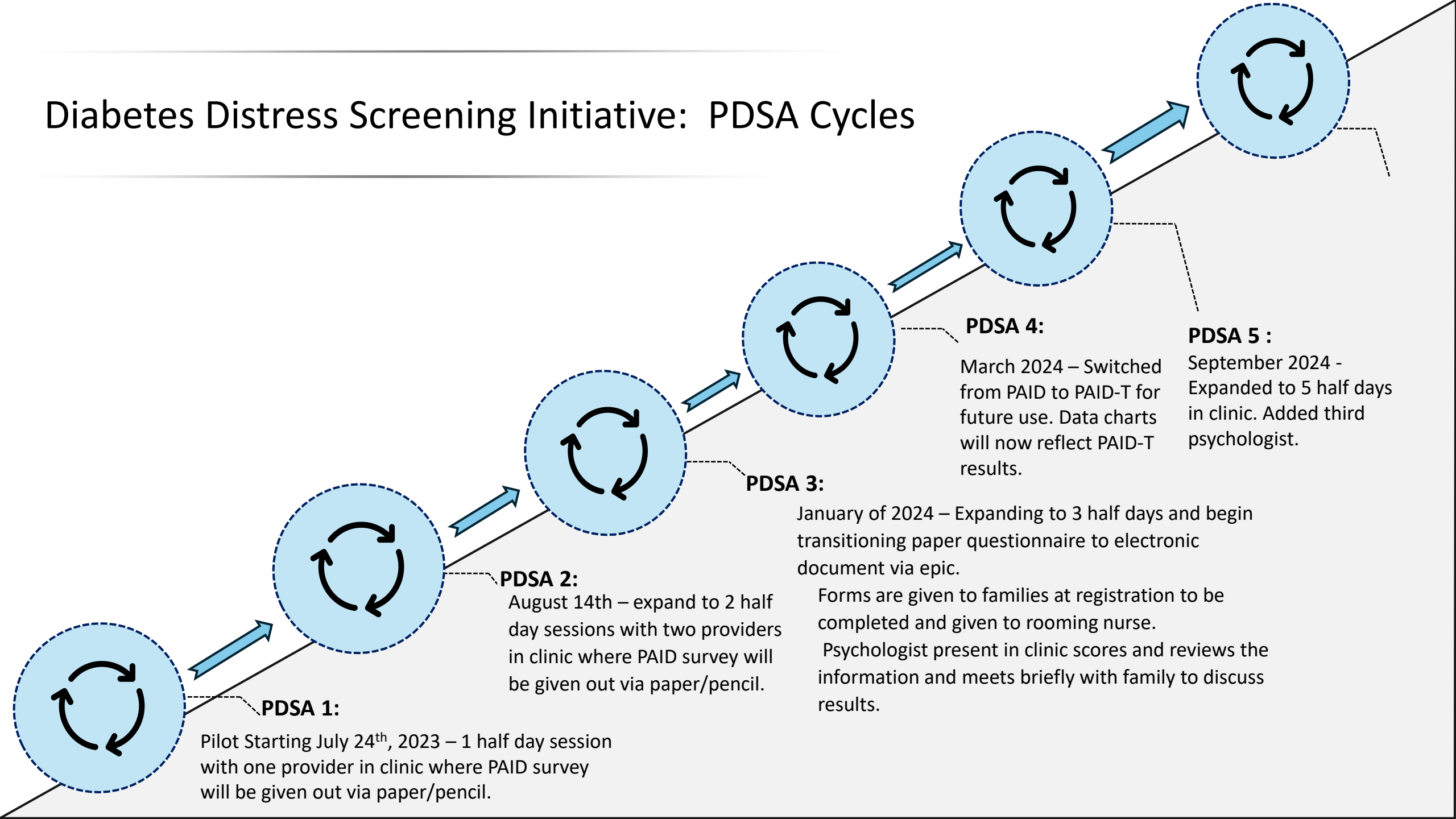

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PDSA 5 :

September 2024 - Expanded to 5 half days in clinic. Added third psychologist.

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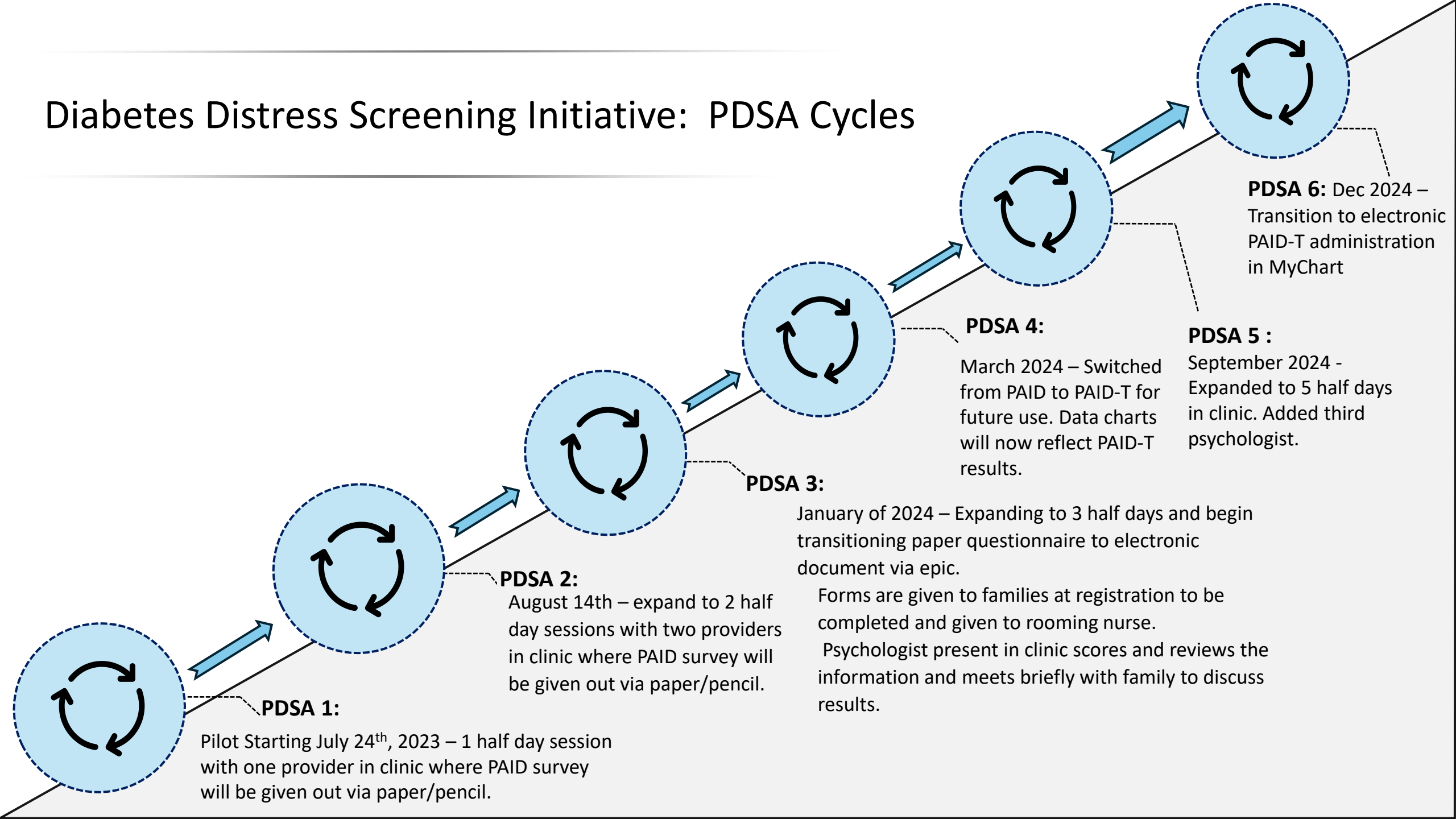

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September 2024 - Expanded to 5 half days in clinic. Added third psychologist.

PDSA 6: Dec 2024 – Transition to electronic PAID-T administration in MyChart

Results

- 237 youth screened (48% males); mean age: 15.3 yrs.
- Mean Distress Score = 25.2 (SD = 13), in the low distress range
- Several patients reported moderate/severe distress on several questionnaire items.
- These results highlight significant distress in both emotional and management aspects.
- All patients identified as having moderate/severe distress on an individual item were promptly linked with appropriate resources

PAID T Scoring Scale
0-70: Low distress
70-90: Moderate distress
> 90: High distress

Individual scoring scale
1-2 No Problem
3-4 Moderate
5-6 Serious

Discussion/ Conclusion

- Routine distress screenings are essential for addressing psychological barriers in adolescents with T1D.
- Implementing the PAID-T Distress questionnaire significantly enhances the ability to identify patients with diabetes distress and identify specific areas causing distress.
- The presence of a psychologist in the clinic to review these scores and triage patients experiencing distress is crucial, as it may reduce wait times for psychological services and address immediate needs.

Discussion/ Conclusion

- We anticipate that reducing diabetes related distress will lead to improvement in adherence and health outcomes.

- We plan to expand the presence of psychologists in our diabetes clinics, ensuring that more patients have timely access to the care they need.

- Future research will examine the relationship between diabetes distress and:
    - Time since diagnosis
    - HbA1c
    - Management type (CGM, Insulin Pump, Insulin Injections)
    - Insurance type