

Diabetes Distress Call, Wednesday June 21, 2023

Adult	Pediatric
1. Boston Medical Center: Devin Steenkamp, Liz Brouillard	1. Seattle Children's: Alissa Roberts
2. OHSU: Caleb Schmid	2. University Wisconsin (invited but not on call) Liz Mann
	3. University of Alabama: Mary Scott
	4. Indiana: Tammy Hanon
	5. Nationwide Children's: Manu Kamboj, Heather Yardley, Don Buckingham
	6. University of Michigan (invited but not on call) Joyce Lee
T1DX team: Nicole Rioles, Emma Ospelt, Ann Mungmode, Don Buckingham, and Margaret Gillis	

Discussion topics:

- Representation on the workgroup
 - Two adult centers and six pediatric. Recognition that, perhaps, intervention design has a peds focus to meet the needs of the group
- Scales available
 - DDS (the "original.") 17 item screener. Validated instrument for T1D or T2D adults ages 19 and older
 - T1-DDS. 28 item screener. Validated instrument for T1D adults ages 19 and older
 - T2-DDAS. 29 item screener. Validated instrument for T1D adults ages 19 and older
 - PAID-11. 11 item screener. Validated in adults.
 - PAID (original) 20 item screener.
 - (PAID-T) Problem Areas in Diabetes-Teen. 14 item screener. Validated as reliable in 2018 for youth ages 12-18.
- Scales being used
 - PAID-T: Seattle, Nationwide
 - DDS: Boston Medical, OHSU to begin using this fall. OHSU using PHQ-2 now.
- Scales feedback
 - DDS is broader than PAID
 - Clinics said that they will continue using PHQ scales for depression and do distress scales separately (separate needs and uses)
- Goals and challenges in practice for screening & follow up
 - Happening now
 - Some centers are starting with paper with hopes of incorporating into EMR later
 - UAB is working with younger kids with distress with social workers
 - Nationwide: education on distress to start

Commented [NR1]: Shapiro JB, Vesco AT, Weil LEG, Evans MA, Hood KK, Weissberg-Benchell J. Psychometric Properties of the Problem Areas in Diabetes: Teen and Parent of Teen Versions. J Pediatr Psychol. 2018 Jun 1;43(5):561-571. doi: 10.1093/jpepsy/jsx146. PMID: 29267939; PMCID: PMC6454555.

- BMC is using DDS. Found PHQ-9 (suicide ideation question) challenging because there is a lack of resources to refer people who are in need to mental health resources in real time.
 - OHSU working with Larry Fisher now and planning to implement DDS.
- Goals: Try to validate PAID-T for the 8–12-year-old population. This is important research since not done yet.
- Next meeting: Mary Scott will present

Resources/scales discussed during call:

https://aci.health.nsw.gov.au/_data/assets/pdf_file/0007/632860/Problem-Areas-In-Diabetes-PAID-Scale.pdf (pdf link conveniently includes PAID, HFS-II W, PHQ-Q, GAD-7)

T1-DDS validated 19+:

<https://diabetesdistress.org/t1-dds-intro?>

[Validation of the type 1 diabetes distress scale \(T1-DDS\) in a large Danish cohort: Content validation and psychometric properties - PMC \(nih.gov\)](#)

PAID-11

[PAID-11: A brief measure of diabetes distress validated in adults with type 1 diabetes - ScienceDirect](#)

-cut off score of ≥ 18 indicates high DD

Pediatrics (validated in ages 12-18):

Group discusses using this scale for patients who are 8-12 years old to validate it for a cohort younger than the (12-18)

14- item PAID-T

[Psychometric Properties of the Problem Areas in Diabetes: Teen and Parent of Teen Versions - PubMed \(nih.gov\)](#)

-cut off score of ≥ 44 indicates high DD

Note: page 19 of this article has a helpful summary of scales:

https://discovery.ucl.ac.uk/id/eprint/1559259/1/Hamilton_Authors%20last%20copy%20Manuscript.pdf