Patient Perception of Family Response to the Diagnosis of Type 2 Diabetes

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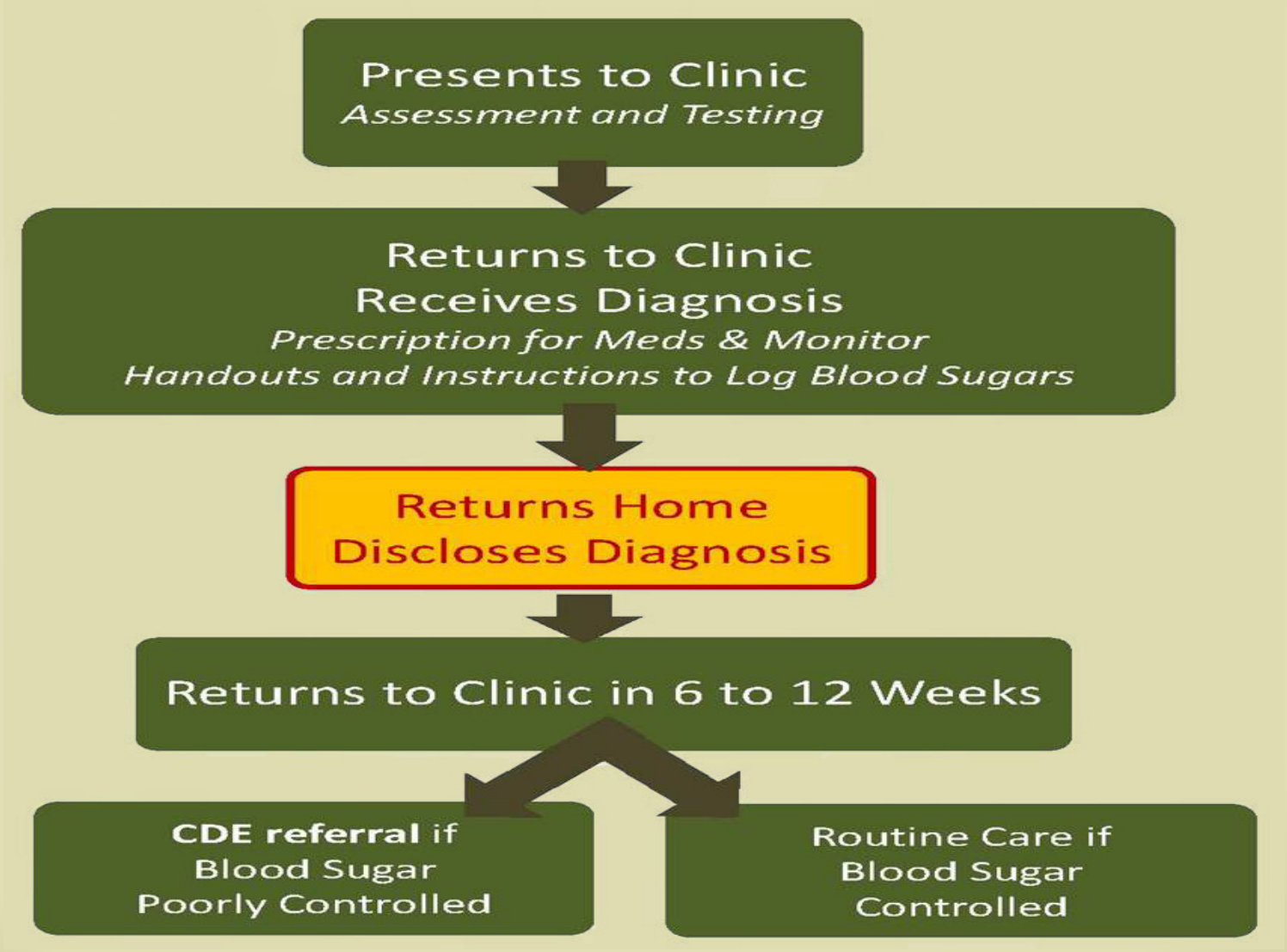
Significance

- U.S. has 25.8 million individuals diagnosed with diabetes with 95% being type 2
- Cost is $174 billion annually
- AR has greater than average incidence at 212,953 or 9.6% of our population
- Applying incidence of 95% yields estimate of 202,306

Background

- Family medicine clinic in Southwest Arkansas
- Estimated 11,000 with type 2 diabetes (T2DM) in the region
- Outpatient care, community education, medical resident training
- Five physician faculty, one APRN, 23 residents
- 1700 patients diagnosed with T2DM
- One diabetic educator

Usual Care Flowchart



Research Question

- *What is the patient's perception of his/her family's response to the diagnosis of diabetes?*





Specific Aims

1. Explore the patient's perception regarding his/her family's response to the diagnosis of diabetes.

2. Examine the patient's reaction to his/her own perception and how it has affected the management of their disease.

3. Identify and explore individual needs for emotional and educational support.

Theoretical Framework: Social Cognitive Theory

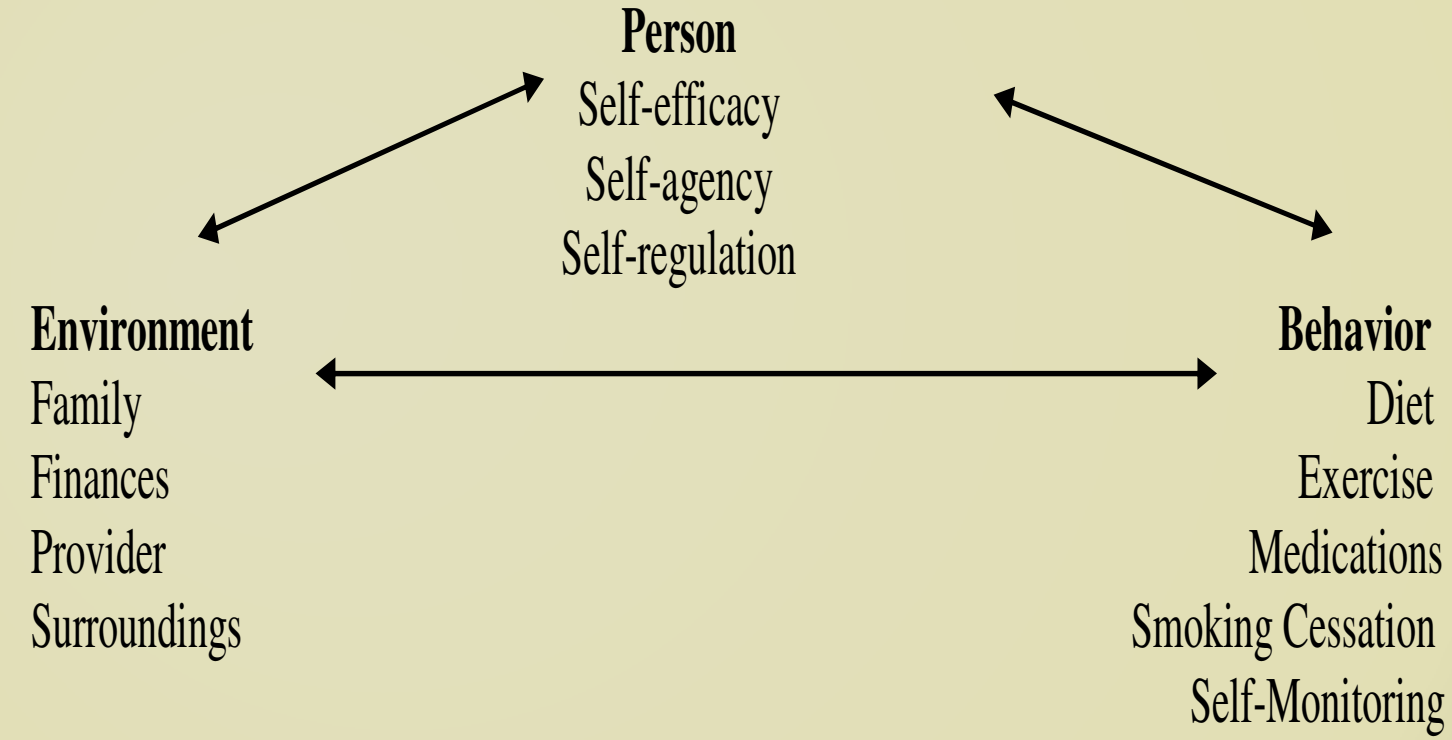


Figure 1. Sensitizing Framework Adapted from Bandura, 2004

Study Design

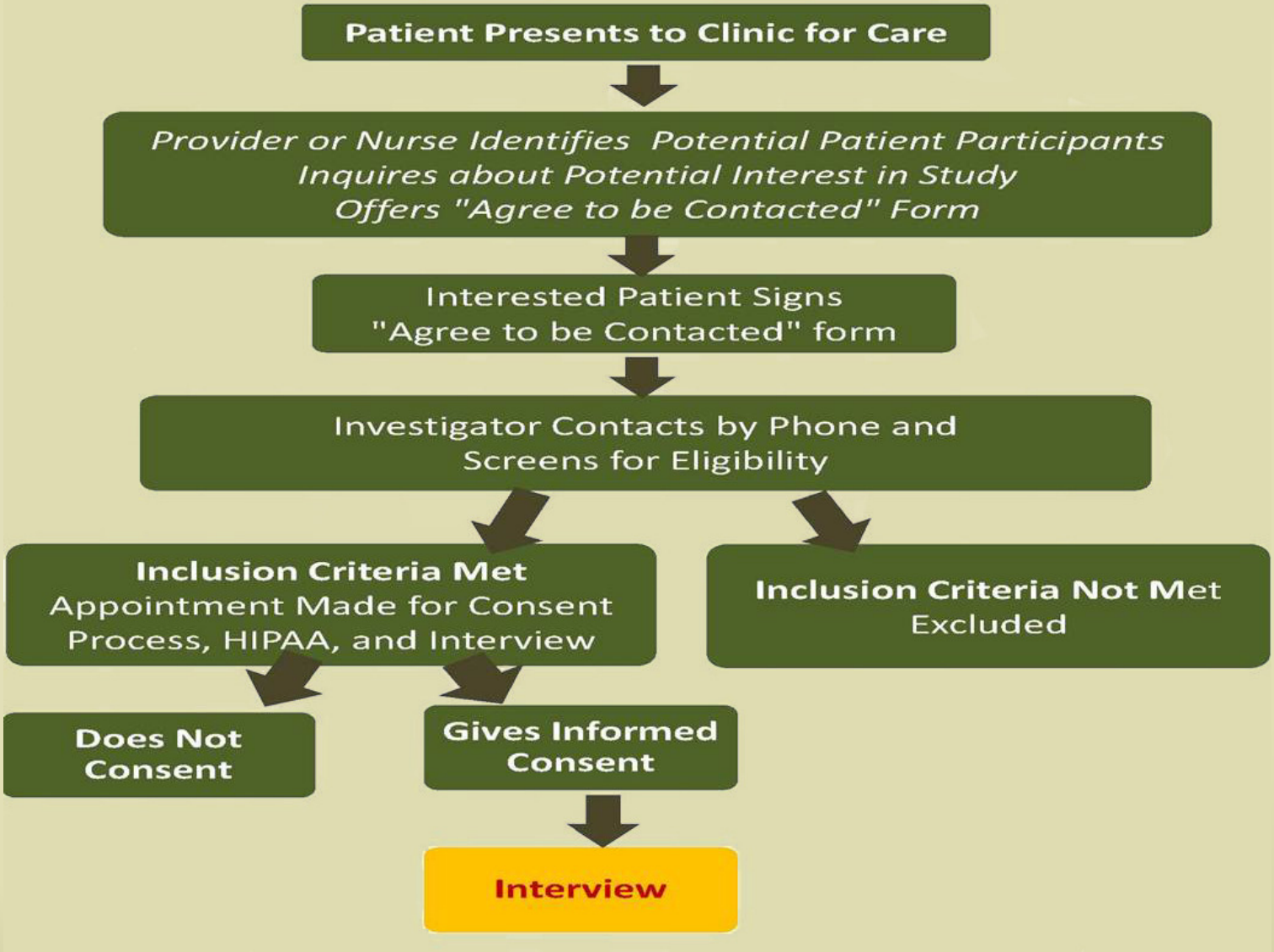
- Qualitative, interpretative phenomenology
- Sensitizing framework: Social Cognitive Theory
- Purposive sampling
- Semi-structured Interview Guide



Inclusion Criteria

- Adults 21 years or older
- Diagnosed with type 2 diabetes within 3 months to 2 years
- Family members living in the home
- Able to read, speak, write, and understand the English language

Recruitment Process



Interview Process

- Investigator conducted all interviews
- Demographic form
- Audio-recording
- Semi-structured interview guide
- General broad questions
  - *"What is it like being recently diagnosed with diabetes?"*
  - *"What does diabetes mean to you?"*
- Probe questions

Demographics (N = 14)

Characteristic		Frequency (%)
Diagnosed with T2DM	Less than 6 months	4 (28%)
	6 months - 11 months	5 (36%)
	12 months - 24 months	5 (36%)
Race	African American/Black	6 (43%)
	Caucasian/White	6 (43%)
	Native American	1 (7%)
	Hispanic	1 (7%)
Family Members Living in the Home	Spouse	8 (57%)
	Child/Step-child	11 (78%)
	Parent/Sibling	5 (36%)
Income	less than 10,000	7(50%)
	10,00 to 14,999	3(21%)
	15,000 to 24,999	2(14%)
	25,000 to 34,999 or more	2(14%)
Insurance	Medicare	1(7%)
	Medicaid	6(43%)
	Medicare and Medicaid	2(14%)
	Private/None	5(35%)

Description of Analysis Process

Unit	Category	Theme
"Have family counseling, let them know how important it is" "Until they start learning more about it, they don't know how big a thing it is.."	*Family Counseling*	**Education**
"New diabetics need concise, understandable information" "They say, 'Here's this medicine, go' and with zero, zero education"	*Classes*	
"Get together and ask questions" "Have a meeting, all get together and just talk"	*Support group*	
"Encourage me on my eating habits"	*Follow-up on education*	

Patient Feelings about T2DM

"What is it like to be recently diagnosed?"

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Fear Shock Sadness

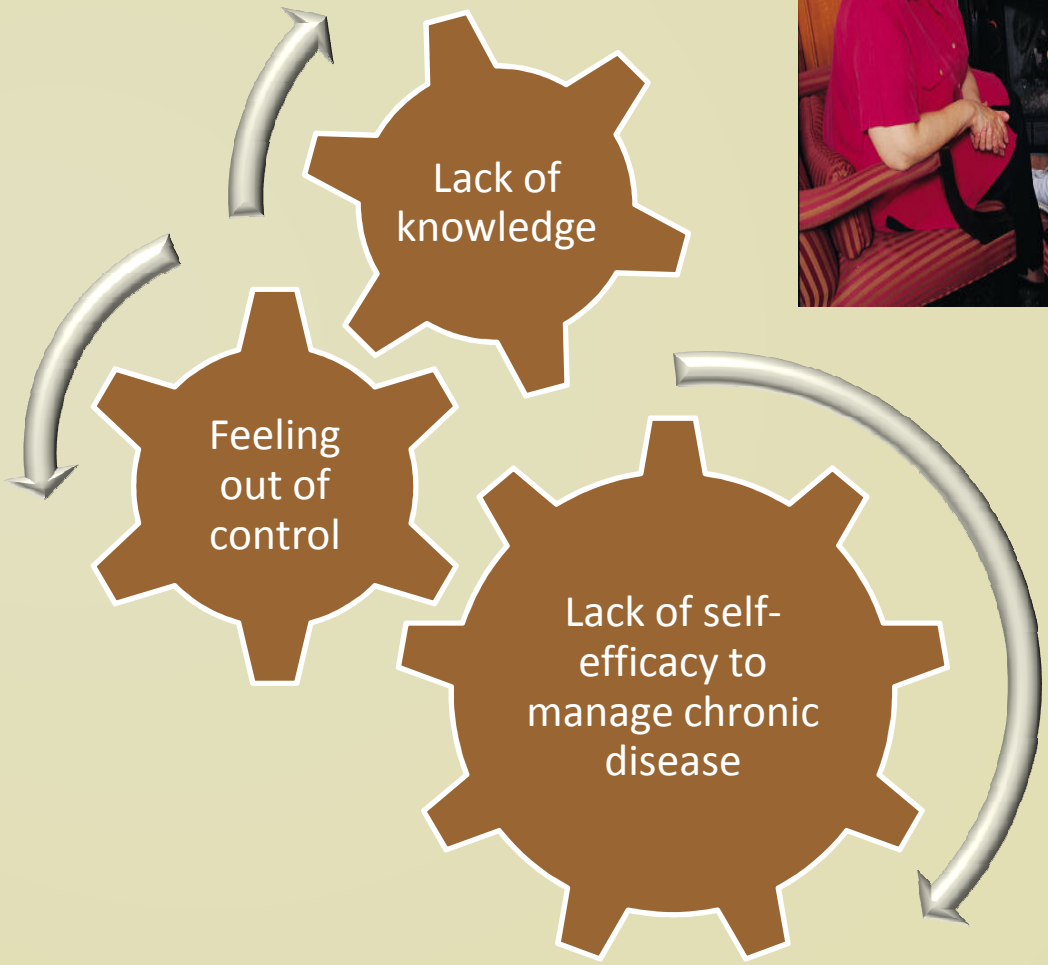
"Diabetes runs on my mom's side of the family and my mom has to take shots every day. She has suffered over the years and I'm just scared of that. She had to have surgery on her eyes and had to have the diabetic stents put in her heart – it was scary."

Examples of Frequencies

Code	Count (%)
Feeling scared	7 (50%)
Feeling scolded by family	7 (50%)
Feelings of Anger	5 (36%)
Lack of support	5 (36%)
Feelings of sabotage	3 (21%)

Cycle of Feelings





Family Response Types

"How did your family react to the news?"

- **Supportive** - reacted appropriately and works with collaboration to help patient manage diabetes
- **Panicked** - lack of empathy, concerned how it would affect them and not the patient
- **Challenged** - unconcerned, problem can be solved by knowing, sees it as pretty normal
- **Scolding**- nagging, scolding, criticizing
- **Worried** - concerned but not helping
- **Sabotaging** - offering or preparing poor food choices or making changes difficult for patient

Patients' Recommendations for Providers

- **Timing** – "The doctors need to not drop it in your lap and then just leave you sitting. They should give you something right there and then."
- **Action** – "Tell us how to talk to our family members to tell 'em about the difference in our diets, the changes that we have to make, because … a lot of people don't take it that serious…"
- **Tools** – "about keeping records and stuff, … for your sugar, everybody should have those meters…"

Patients' Recommendations for Providers *Cont'd*

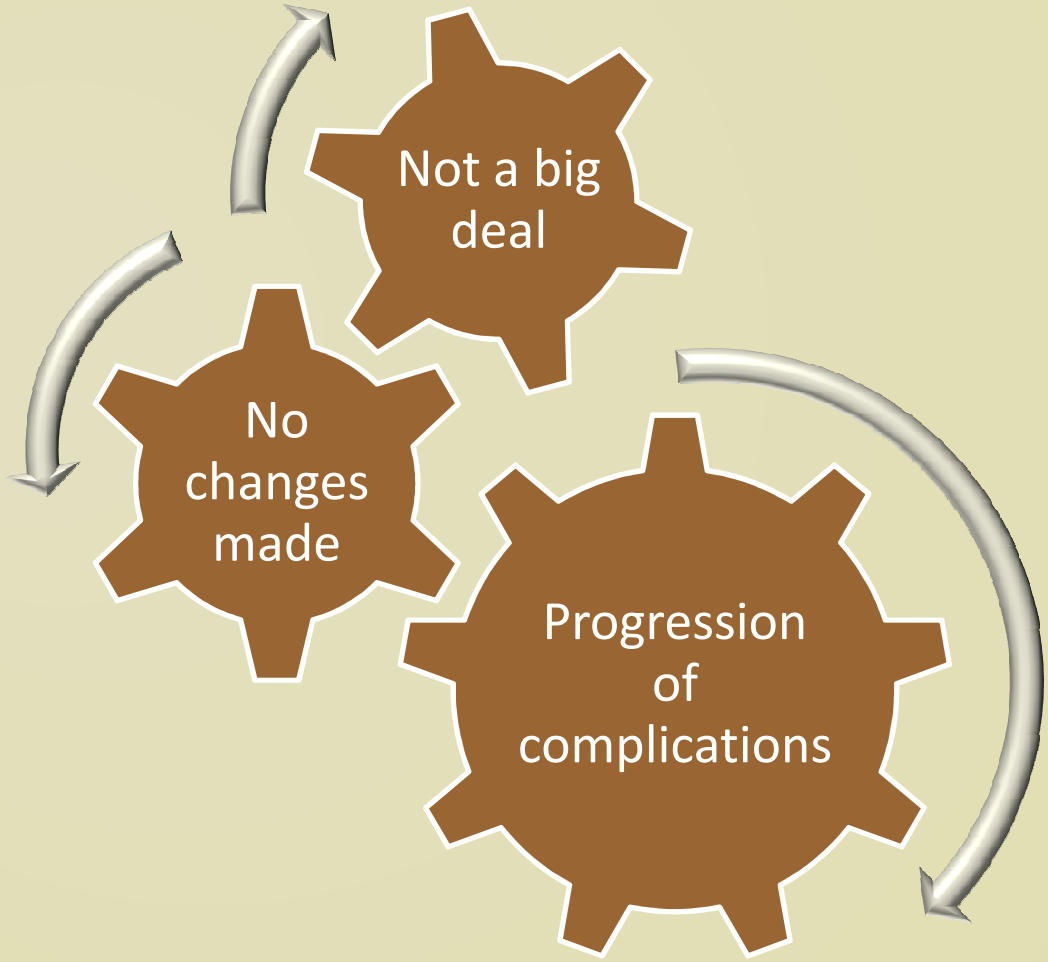
- **Education** – "I wish they had given me a nutritionist or something, I've had to do this all on my own."

- **Individualization** – "… set up a film or something for them to watch … you know, pick up information by hearing it and everything, pick it up better, and they could get a better understanding of what's going on with them."

Discussion

- Lack of education affects the way that patients present the news to their family members.
- Patients who feel unsupported by their family members also lack self-efficacy.
- If the provider “glosses over” the diagnosis, the patient may also discount the seriousness of the diagnosis, leading to lag time in control and increase in complications.

Potential Results of Provider Action



Limitations

- Low health literacy
- Distraction of cell phones
- Communication styles
- Family configuration

Conclusions

- Increasing numbers of people with T2DM
- Numbers of uncontrolled T2DM
- Affordable Care Act





Implications for Healthcare Providers

- Focus on patients' individual circumstances during diagnosis disclosure
- Assess and address learning styles, education needs, and family composition
- Use CDEs to assist in the busy healthcare environment.

Long-term Goals

- Develop interventions
- Test interventions
- Disseminate successful interventions

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