

Addressing Diabetic Distress in the Clinic Setting: Can it Affect Patient Outcomes?

Patricia Sunderhaus, DNP, EdD, RN

pattie.sunderhaus@wgu.edu



Purpose:

- The purpose of this project was to describe the application of the PHQ-9 Patient Depression Questionnaire to identify/treat patients with diabetes distress.

PICOT:

- Does the implementation of an established screening tool (PHQ-9) for all diabetic patients at a Regional Diabetes Center, identify diabetic distress (depression) and enable healthcare providers to facilitate referrals for extended care to improve patient outcomes?

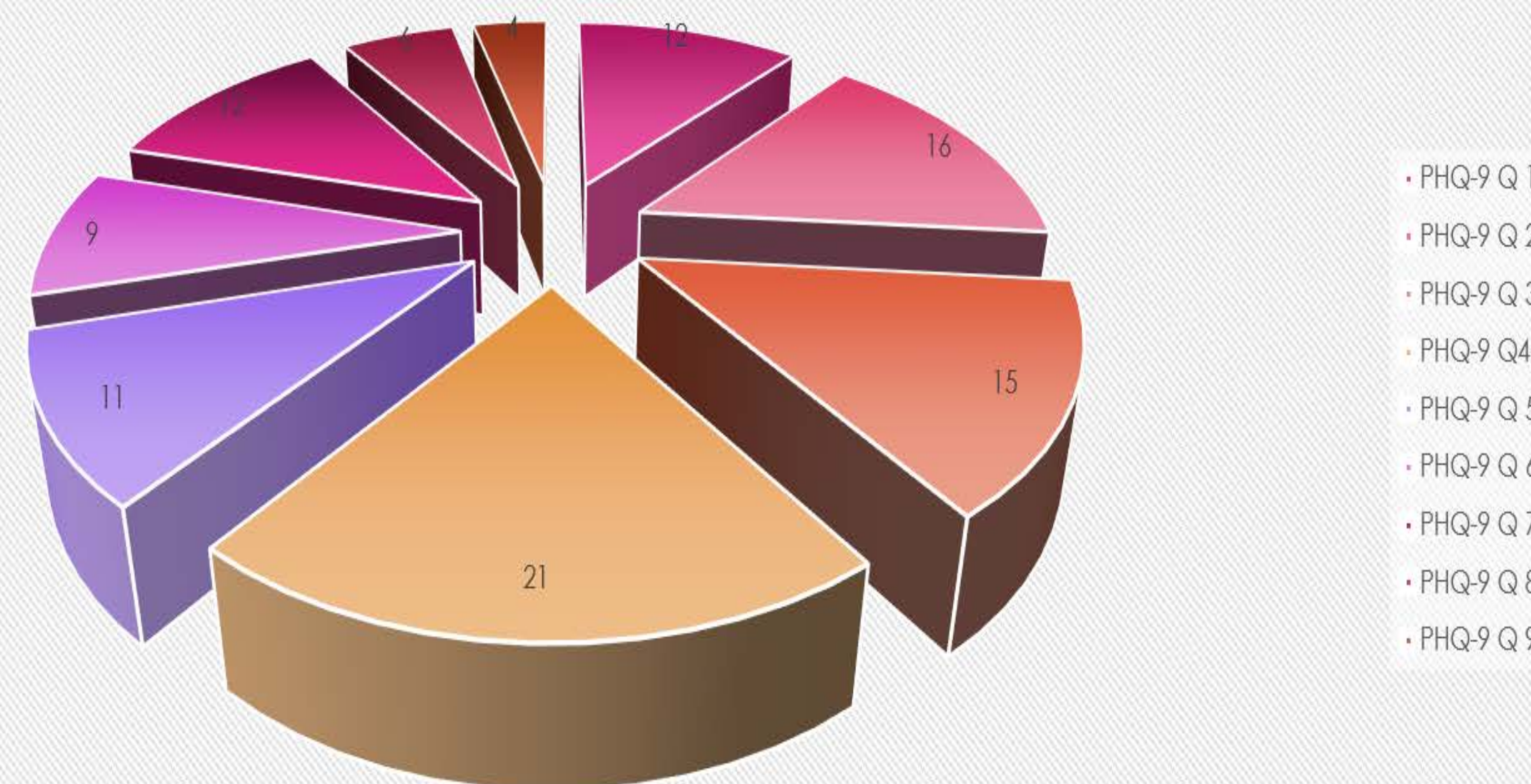
Theoretical Framework:

Change model to be utilized for this project was Lewin's Change theory. In addition, Pender's Healthcare Promotion Model was utilized.

Study Design: A quantitative study using PHQ-9 Depression Scale.

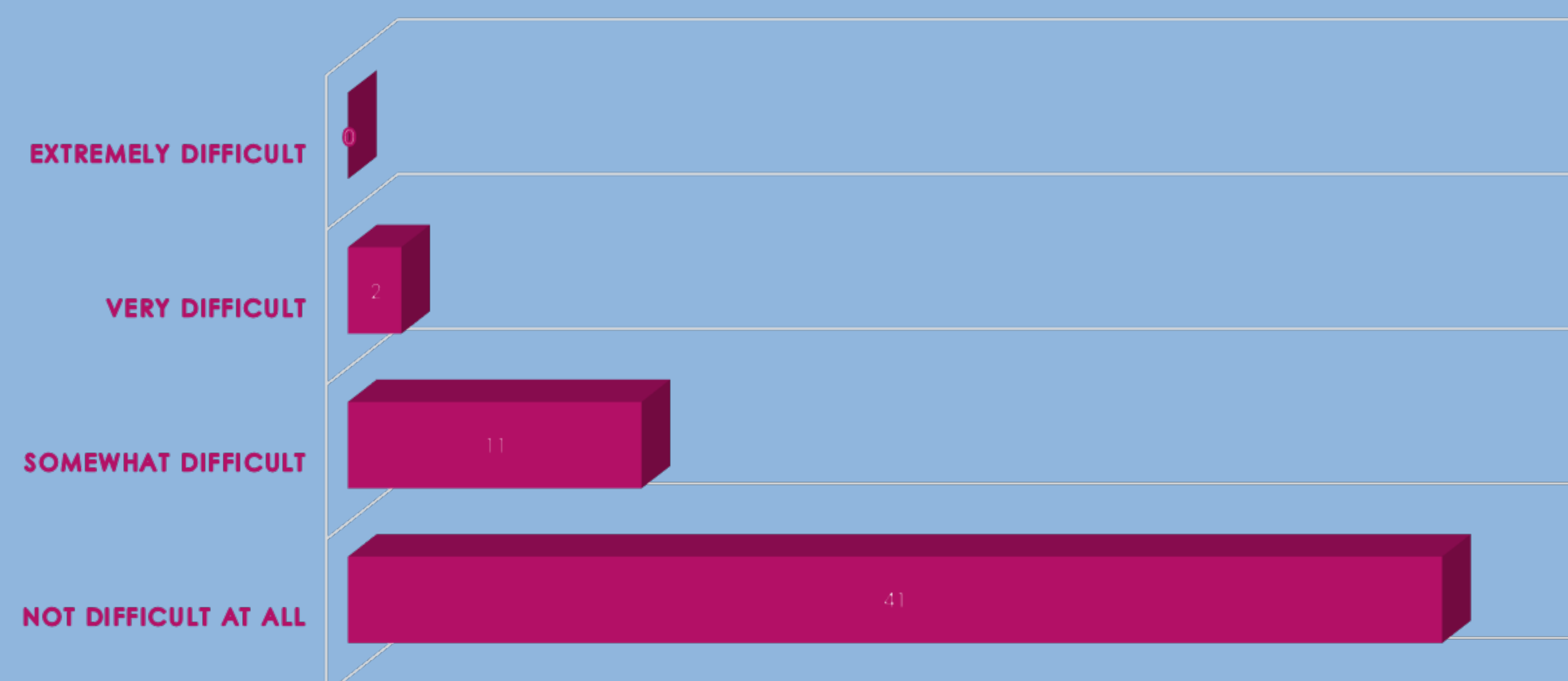
Results

Number of Patients Rating Each PHQ-9 Question



NUMBER OF PATIENT RESPONSES

■ Number of Patient Responses



Sample:

The total population was 78 patients with a diagnosis of diabetes with appointments. 54 patients met the inclusion criteria, 12 were rejected due to incomplete responses and 2 were rejected for lack of ID. The sample was limited to 1 practitioner.

Results:

- The correlation between the total score (PHQ-9) and the patient rating of the subscale of how difficult these items affect ADLs was low (Figures 2 & 3). This pattern suggested that the subscale ratings describe different patient perspectives in the overall of diabetes distress (depression).

Implications:

- Improve the overall management of goals for patients living with diabetes mellitus.
- Identify strategies practitioners use to address DD with their patients.
- Determine long-term effectiveness of each intervention.
- Side effect- revenue