DAWN2 study findings: psychosocial support and structured education need to be more widespread

In 2001, the global Diabetes, Attitudes, Wishes and Needs (DAWN) survey demonstrated that psychosocial problems can have a negative impact on glycaemic control, and that people with diabetes lack psychological support. Recognition of the psychosocial burden of diabetes, however, remains limited.

The second DAWN (DAWN2) global study included 17 countries across four continents, with the aims of: (1) improving our understanding of the unmet needs of people with diabetes and those who care for them; (2) facilitating dialogue and collaboration among all key stakeholders to strengthen active patient involvement and self-management; and (3) establishing a validated multinational survey system for assessing and benchmarking psychosocial and educational aspects of diabetes care delivery.

More than 15,000 participants took part in the study, including 8596 people with diabetes and 2057 family members, as well as 4785 health care professionals (2066 primary care physicians/general practitioners, 1350 diabetes specialists, 827 nurses and 542 dietitians). The initial core global data from the DAWN2 study have recently been published in three articles in Diabetic Medicine providing the perceptions of living with and managing diabetes of these three key stakeholder groups.

Impact of diabetes and health care support

A novel finding from the study is the impact of diabetes on the whole family, with high diabetes distress affecting 45% of people with diabetes and 40% of family members, and 46% of people with diabetes and 45% of family members reporting a negative impact on their emotional well-being.

For many people with diabetes, family members have an important role in their care (88% reported their families as being somewhat, or very, supportive), though many family members want to do more to help, either through improved emotional support for the person with diabetes (46%), or through being more involved in their care (39%). However, 37% of family members feel frustrated at not having enough knowledge about how to help the person with diabetes they care for.

Across all countries surveyed, many people with diabetes (86%) find their health care teams supportive, although only 47% consider their care well organised. The DAWN2 study highlights some differences in perceptions of care between people with diabetes and their health care teams. Many health care professionals felt that they provided person-centred care and high levels of practical or communicative support during regular clinic visits. However, whereas 52% of health care professionals reported that they ask their patients on a regular basis how diabetes impacts on their lives, only 24% of people with diabetes reported that they have been asked this. In addition, although 72% of people with diabetes reported having their HbA1c measured in the previous 12 months, only 45% had received a foot examination and fewer (32%) reported being asked if they were anxious or depressed over the same period. This suggests that some health care professionals may consider a good level of care for people with diabetes to relate mainly to good HbA1c control rather than to wider issues.

Importantly, DAWN2 highlights that better outcomes and quality of life are associated with receiving psychosocial support from others, and health care professionals are aware that improved resources are required to deliver preventive care, education and psychosocial support. Further, better provision of services was called for by the majority of health care professionals, in particular, prevention of type 2 diabetes (79%), early diagnosis and treatment (68%), and the availability of more specialist diabetes nurses (64%).

Self-management and diabetes education

In general, health care professionals also recognise the value in patients and their families being more actively engaged in self-management, and the need for improved access to education programmes. Many (≥ 60%) health care professionals would like to see better self-management by people with diabetes through monitoring of HbA1c levels, dealing with emotions, and taking medication as prescribed, believing that more can be done by people with diabetes to increase physical activity levels, maintaining healthy weight and taking more responsibility for managing their condition. It is understood by health care professionals that major improvements are needed in the provision of diabetes self-management education in order for people with diabetes and their family members to make such changes. However, people with diabetes say they are rarely asked about their diet, exercise and mental health during medical visits.

Promisingly, over 50% of health care professionals recognise their own need for more training in provision of effective self-management education and support to people with diabetes. Currently, only 20% of health care professionals have attended training in the management of psychological aspects of diabetes. Diabetes education is also essential for people with diabetes and their family, and DAWN2 demonstrates that significant improvements are needed in the provision of such programmes – 49% of people with diabetes and only 23% of family members have attended any kind of diabetes education, but of those individuals who have undertaken education programmes, 81% of people with diabetes and 72% of family members found them helpful.

Benchmarking care delivery

One of the opportunities from DAWN2 is to assess how different countries are performing in certain aspects of care, and to benchmark
against the more favourable results to consider how improvements can be made. Overall, many of the UK data for people with diabetes, their family members and health care professionals, are numerically similar to overall adjusted mean scores. However, there are some areas which merit further consideration, with relatively low rankings versus other countries (data shown as cluster-adjusted individual country score vs cluster-adjusted overall mean score and rank across the 17 countries [ranking 1–17, where a rank of 1 is the better outcome; see supplementary tables in Nicolucci et al., 5Kovacs Burns et al., 6 and Holt et al.7]).

Psychological well-being for the UK was numerically lower than the overall adjusted mean score (53.9% vs 57.1%; UK rank 12), and a numerically higher percentage of people with diabetes assessed themselves as having likely depression (17.3% vs 14.8%; UK rank 12) and a poor quality of life (16.3% vs 13.4%; UK rank 15). This is perhaps reflected by the numerically lower percentage of UK health care professionals who ask people with diabetes about how diabetes affects their lives (45.6% vs 52.0%, respectively; UK rank 13).7

Diabetes negatively impacts on leisure activities (43.9% vs 36.1%; UK rank 16), family/friend relationships (22.0% vs 19.7%; UK rank 14) and emotional well-being more than might be expected (47.0% vs 44.8%; UK rank 11) for people with diabetes in the UK compared with the overall adjusted mean score. Interestingly, for many measurements where improvements could be made, family members from the UK scored very close to the overall adjusted mean scores.6

Compared with the overall adjusted mean score, a higher proportion of health care professionals feel that health care for diabetes is well organised (44.9% vs 27.6%; UK rank 4), and that it would be helpful for people with diabetes to seek more information on self-management for themselves (82.1% vs 72.0%, respectively; UK rank 4), although a lower percentage of UK health care professionals claimed they felt the need for improvements by people with diabetes in aspects of self-care such as checking blood glucose levels (50.4% vs 64.7%; UK rank 4) or dealing with diabetes-related emotions (55.5% vs 65.2%; UK rank 5). While many UK health care professionals have been trained in medical management of diabetes (69.3% vs 64.5%; UK rank 6), only a few have undergone training for dietary/nutritional management of diabetes (40.3% vs 52.5%; UK rank 14) or management of psychological aspects of diabetes (12.3% vs 18.4%; UK rank 14).7

Conclusion

The DAWN2 study demonstrates that, from the perspective of people with diabetes and their families, good diabetes care requires more than control of HbA1c. Service provision is currently inadequate, particularly in terms of psychosocial and educational support, and there are indications of a disconnect in the perceptions of health care professionals versus people with diabetes about the provision of some aspects of their care.

DAWN2 highlights that there is an opportunity to redesign diabetes services specifically to include better access to psychology and structured education in conjunction with patients and their families, though mechanisms to achieve this remain unclear. Potential strategies to overcome the barriers to more widespread implementation of structured education and psychosocial support are needed. These might include:

- Inclusion of structured education and self-management programmes in diabetes commissioning packages.
- Providing the evidence base for structured education and self-management and disseminating this more effectively particularly to commissioners and health care professionals.
- Designing a mechanism to deliver additional psychological support, including developing a Quality and Outcomes Framework, and a Commissioning Outcomes Framework, i.e. improved incentives.
- Improved advocacy by people with diabetes as well as health care professionals.
- Utilisation of alternative modalities of information, including web-based and paper-based methods.
- More resources directed to assist families in supporting people with diabetes.
- Increased access for health care professionals to training in the psychological aspects of diabetes.

Through the identification of current barriers to care, new opportunities for improvements in health care provision can be identified which will support improved self-management, psychosocial services and education for people with diabetes and their family members.

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Acknowledgement

UK DAWN2 advisory board

Declaration of interests

The DAWN2 study is funded by Novo Nordisk A/S. The authors received editorial assistance from Bioscript Medical financially supported by Novo Nordisk Ltd. Novo Nordisk had no editorial input into the article.

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