

## INTERVIEW

# A psychologist's view of diabetes care

## Diabetes Management



### **KATHARINE BARNARD\* SPEAKS TO SARAH JONES, COMMISSIONING EDITOR:**

Professor Katharine Barnard, Chartered Health Psychologist, specializes in the psychosocial impact and management of diabetes. She has a long-standing research interest in psychosocial functioning and factors important to optimal quality of life. Through her extensive research portfolio, a greater understanding has been gained of the factors contributing to therapy choices and quality of life; behavioral interventions and theoretical underpinning; and the far-reaching impact that diabetes

has on both the individuals with the condition and their family members. Professor Barnard's research to date has made significant advances in unravelling some of the complexities associated with this multifaceted area. Professor Barnard is the founder of the Kaleidoscope Model of Diabetes Care philosophy and Behaviors for Health intervention (KALMOD Behaviors for Health), and Principal Investigator on the web-based cognitive-behavior therapy for depression in diabetes research program. She is also currently leading on psychosocial elements of multicenter randomized controlled trials evaluating diabetes technologies; is an Expert Adviser to NICE; the UK psychological lead on global diabetes attitudes, wishes and needs survey; and is exploring strategies to minimize alcohol associated risks for young adults with type I diabetes mellitus.

**Q** As a psychologist, what drew you to work in the field of diabetes?

Diabetes represents a huge burden, both in a public health and NHS context, but equally importantly in terms of the personal cost and challenges to optimal self-management. There is such a lot of work to do and I'm privileged to be able to work with healthcare professionals and people with diabetes to try and make a difference to improve the care provided and outcomes, particularly psychosocially, for people and families living with the condition.

I started working in diabetes many years ago when doing my Master's Degree in Health Psychology. I worked on a project to try and enhance patient-professional

communication in routine out-patient appointments in a specialist secondary care diabetes service. This led me to specialize fully in diabetes and my PhD was an exploration of quality of life issues associated with insulin pump therapy for children, adolescents and adults with Type 1 diabetes.

**Q** What do you think has been the biggest achievement of your career to date?

Gosh, this is a tricky one! I feel privileged to be able to work with people with diabetes and healthcare professionals who support them. I guess my biggest achievement is being in a position to be able to throw a

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new perspective on the way we deliver healthcare and an understanding of how difficult it is to live with diabetes. Our biggest challenge is to implement real change and provide holistic support in a patient-centered, collaborative way to improve biomedical and psychological outcomes.

**Q** You have been involved in studying psychosociology within a number of diabetes-related clinical trials, what impression has this work given you regarding the current state of your field?

There remains a clear need for greater psychological support for people with diabetes. Sadly there aren't enough psychologists working in this area and it is almost impossible to access psychological support in many areas of the country. This is something we are trying to address through projects such as the DAWN2 survey and bringing the web-based cognitive-behavioral therapy to a UK setting and making it widely available for people suffering from depression and diabetes.

I do firmly believe, however, that with the introduction of the best practice pediatric tariff and greater focus on the importance of psychosocial health and well-being, albeit painfully slowly, that the future of diabetes care is very promising. The development of new technologies such as bolus advisors, sensor-augmented insulin pumps and the closed loop/artificial pancreas for people with Type 1 diabetes, and new therapies and provision of structured education for people with Type 2 diabetes are very welcome steps forward.

**Q** Talking specifically about DAWN2, could you tell us about this study and what it set out to do?

DAWN2 is a global study that surveyed over 15,000 people with diabetes, their family members and healthcare professionals in 17 countries, including the UK. Participants were asked about many different aspects of diabetes care, from the general health and wellbeing of people with diabetes to the support received from family, society and healthcare teams in managing their condition. The aims of the study were to get a better insight into the views of individuals with diabetes, their family members and healthcare professionals on current diabetes care and practice in their own countries, and the potential needs and possible drivers for active self-management, but ultimately, DAWN2 aimed to identify ways to improve the care of individuals with diabetes.

**Q** Could you give us a brief overview of the study's findings, in particular those of interest to you as a psychologist?

DAWN2 provided valuable insight into the effect of diabetes on the lives of individuals with diabetes and those who take care of them. Of particular interest to me were the barriers to active self-management and the impact that diabetes has on the well-being and day-to-day life of people with diabetes and their family members. At the Diabetes UK professional conference this year I presented a poster on the impact of diabetes on the family members of those individuals with diabetes. It showed that family members feel the burden of diabetes and worry about the future and the long-term complications of diabetes, just like those individuals with diabetes. But, it was interesting that diabetes could also have a positive impact on the relationship between family members and those individuals with diabetes that they care for.

To effectively manage their diabetes, individuals need to have the right support and education at the right time. At the moment, psychosocial and psychological support for individuals is lacking, as is the availability and uptake of structured education programs; however, if these needs could be addressed, individuals may then have the support that they need to manage their diabetes effectively and improve their lives and long-term outcomes.

**Q** Based on these findings, an action plan has been put together. Please could you give us an overview of this?

Based on the findings from the study, the DAWN2 National Action Plan for the UK highlights the key unmet needs and barriers to self-management for people with diabetes and outlines the proposed initiatives and actions required to address these in the UK. Patient associations, national experts in diabetes, healthcare professionals involved in the care of people with diabetes and commissioners are collaborating on various projects, including publications, congress activities, education and commissioning packs and web-based tools. The aims of these initiatives are to increase the involvement of people with diabetes in their own care and self-management, and to encourage their uptake of the resources available to help them manage their diabetes, but also to promote awareness among healthcare professionals of the need for people with diabetes, and their carers, to

receive psychosocial support and education and to refer them for structured education or to discuss psychosocial aspects of care. For example, one initiative that our group at the University of Southampton (UK) has been involved with in collaboration with Diabetes UK is the validation of a Dutch web-based cognitive-behavioral tool for depression. We have already initiated a pilot study to test the feasibility and acceptability of this tool in the UK population and hope that positive outcomes from this pilot will lead to further investigation and acceptance of the value of this tool, which is already used in The Netherlands.

**Q** Moving away from DAWN2, you have recently looked at alcohol consumption in diabetics, particularly young adults. Could you tell us some more about your work in this field to date?

I am leading an ongoing program of research into alcohol health literacy with a view to minimizing the risks associated with alcohol for people with Type 1 diabetes. We have published a systematic review and conducted a survey of young adults with Type 1 diabetes to find out more about their levels of alcohol health literacy and how they adapt their diabetes self-management to stay safe whilst drinking. Currently we are critically appraising tablet and smartphone apps allegedly providing information around diabetes and alcohol, and we will publish the results of that piece of work later this year. Our next steps are to survey healthcare professionals about the resources they would find useful to best help people with diabetes to increase awareness of alcohol-associated risk and tools to stay safe whilst drinking. We are embarking on this phase of the research program very soon. We know that taking a prohibitionist approach is ineffective and are looking

for ways to provide support so that people with diabetes can stay safe.

**Q** What do you hope to work on next?

My main focus currently is to develop the KALMOD Behaviors for health intervention and hopefully change the way we deliver care for people with diabetes, to focus on a more holistic approach to healthcare that delivers patient-centered, collaborative care at every consultation, be it in primary or secondary care.

**Q** Where do you envisage your field progressing in the next 5–10 years?

The psychosocial aspects of diabetes are hugely important. Being able to live with diabetes, to be able to engage in all the self-management tasks that are necessary for optimal glycaemic control and to fit that into a good quality of life cannot be underestimated. I see my field expanding over the next 5–10 years to both provide more support to people living with diabetes, but also to provide greater support to healthcare professionals providing support for people with diabetes. We need both if we are going to progress.

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#### **Financial & competing interests disclosure**

*K Barnard has no relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript. This includes employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties.*

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