Self–Management of Patients with Diabetes and Comorbid Depression at St. John’s Well Child & Family Center

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Diabetes is a *serious* health problem in the United States with an insidious onset that delays its diagnosis and management.

It has been estimated that more than 50% of people with type 2 diabetes will die from cardiovascular disease.

According to the International Diabetes Federation, 189 million individuals have diabetes worldwide.

The United States ranks third in the world with an estimated 36 million people to be living with diabetes by the year 2030.
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<th>COUNTRY/TERRITORY</th>
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**Top 10: Number of people with diabetes (20–79 years), 2010 and 2030**
In 2011, 48.1% of residents of Los Angeles County reported that they were of Hispanic or Latino origin.

Studies have shown that Hispanic and African-American patients in the United States have nearly two times the prevalence of type 2 diabetes as non-Hispanic whites.

St. John’s Well Child and Family Center (SJWCFC) is located in the heart of Los Angeles and the demographic of its patients represent the city that it serves with 74% of the patients identifying themselves as Hispanic/Latino.
Less known about diabetes is the increased risk for depression: the risk of depression is nearly doubled in individuals with type 2 diabetes.

Even in the absence of a diagnosis of clinical depression, previous studies have demonstrated that depressive symptoms and heightened distress are associated with worse diabetes self-management and uncontrolled diabetes.

These findings suggest that in order to identify challenges that hinder the self-management of diabetes, patients with comorbid depression must be included to account for the effects of depression on diabetes self-management.
Diabetes self-management education has many dimensions beyond just helping people monitor their blood glucose, or take their medication as prescribed.

Diabetes education needs to be an ongoing process like the one established at the weekly Diabetes Class at St. John’s Well Child and Family Center (SJWCFC).

Similar to other patients living with chronic diseases, diabetes patients are less concerned with clinical biomarkers such as hemoglobin A1c, blood pressure, or lipid levels, but instead are more concerned with the effects of their disease on their emotional and mental health, and ultimately the strain the disease and its treatments will have on daily life.
In this project, I conducted one 30-minute focus group interview with diabetic patients at the SJWCFC with comorbid depression.

The purpose of the focus group interview was to learn about the perspectives of people living with diabetes and depression to identify the barriers that exist in the self-management of their diabetes.

The following topics were addressed:
- What do you think is the cause of your Diabetes?
- What are some factors in your life that make it hard for you to control your Diabetes?
- What makes it easier for you to take care of your Diabetes?
- Where do you get the most information about your health in general?
- What kind of support would you like to help you manage your Diabetes?
- What changes would you like to see around you to help you manage your Diabetes?
Results

- **Perceived Causes of Diabetes**
  - Genetics and Diet

- **Perceived Barriers to Self-Management**
  - Food
  - Stress: “There are many medical problems that I can’t pay for—also dental. I need glasses, and I need to fix my teeth, and to wear proper shoes. But I have no money and cannot pay for these services”
  - Family Members
  - Unemployment

- **Factors that make Self-Management Easier**
  - Family
  - St. John’s
  - Wake-Up Call from other Family Members
  - Church and Community

- **Suggested Changes and Perceived Needs**
  - Nutritionist
  - Mental Health Counselor and Psychotherapy
  - Need for Jobs: “If we get money, money will be gone. But jobs will keep the money supply [for us]”
  - Flexible Services
  - Expanded Pharmacy
Most focus group participants identified that food and stress were one of the greatest barriers that existed in the management of their diabetes.

This study suggests that in addition to holding a nutritional seminar during the weekly diabetes class, Community Health Centers like St. John’s could host “Supermarket Tours.”

Another way for Community Health Centers to engage their diabetic patients in improved self-management is to host periodic Job Fairs and Mock-Interview sessions.

Study Limitations

Based on the present findings, it appears that St. John’s is on the right track in supporting its patients with diabetes and depression. However, much work needs to be done to ensure that the barriers that currently impede self-management in diabetics with depression are eliminated and the existing health disparities among this vulnerable group of patients are reduced.
References