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BRAIN HEALTH for all, for life.

Implementation gaps for disordering eating behaviors treatment among adult primary care patients with type 2 diabetes: A mixed-methods analysis

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Up to 20% (or 7,000,000 adults) concurrently experience disordered eating behaviors in type 2 diabetes

Brief cholesterol abnormalities, menstrual/hormonal disruptions, poor short-term metabolic control

Highly comorbid with mental health issues
Unclear if cause or consequence

Disregarded by medical providers and patients

Not a treatment focus to improve diabetes self-management

Parry et al. Nutrients. 2017;9:818
Kornstein et al. Prim Care Companion CNS Disord. 2016;18
Nicolau et al. Acta Diabetol. 2015;52:1037-44.
Young-Hyman et al. Diabetes Care. 2016;39:2126-40.

Balanced and Empowered EaTing in Diabetes: The BEET Diabetes Study

Supported by the NIH-funded Building Interdisciplinary Research Career's in Women's Health (BIRCWH) K12 Program

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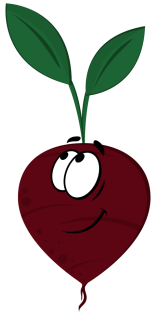


- Convergent parallel mixed-methods design
- Hypothesis: Providers will agree/strongly agree on the need for special diabetes training, seriousness of T2DM, the need to address psychosocial impact of diabetes, and to support patient autonomy but qualitative data will indicate limited knowledge and treatment experience with DEB in T2DM.
- Diabetes Attitudes Survey and semi-structured interview on implementation gaps for BH and DEBs treatment in type 2 diabetes
- Quantitative data were analyzed as descriptive statistics. Qualitative data were analyzed using a rapid thematic approach[1].

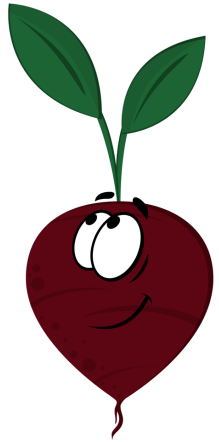
1. Hamilton AB. Qualitative methods in rapid turn-around health services research. PowerPoint Present 2013 VA HSRD Cyberseminar Spotlight Womens Health. Published online 2013

Study Demographics (n = 22)	N (%)
Race (White)	18 (81.8%)
Females	21 (95.5%)
Role	
Medical Provider	12 (54.5%)
Behavioral Health Provider	3 (13.6%)
Other Clinical Specialist (care manager, RN, dietitian, PharmD)	5 (22.7%)
% of time spent treating diabetes	
1-5% of visits	3 (13.6%)
6-20% of visits	6 (27.3%)
21-40% of visits	4 (18.2%)
41-60% of visits	4 (18.2%)
61-80% of visits	2 (9.1%)
81-100% of visits	3 (13.6%)
Clinical Setting	
Anschutz Internal Medicine	9 (40.9%)
UCHealth Endocrinology	7 (31.8%)
WISH Clinic	6 (27.3%)

Diabetes Attitudes Survey	M (SD)
Need for Special Training	4.59 (0.36)
Seriousness of Diabetes	4.15 (0.48)
Psychological Impact of Diabetes	4.51 (0.46)
Patient Autonomy	4.41 (0.38)
Value of Tight Control	4.21 (0.41)

- DEBs are revealed after patients have seen BHPs for general mental health (depression, anxiety) that could interfere with diabetes management

- Providers want to refer for BH support in diabetes care but are limited by:
  - Patient level: stigma of mental health (generally) and in type 2 diabetes (specifically)
  - Provider level: limited in clinic BHP support, BHP session limits, lack of standard workflow to integrate BHP
  - Setting level: available time with patients and competing treatment demands



Patients experience significant psychosocial needs and DEBs in diabetes

Providers want to support behavioral health needs in diabetes but competing demands, limited BHP support, and patient barriers interfere with consistent referrals

Research on effective implementation strategies are urgently needed to improve integration of BHPs and DEB treatment in diabetes.

Thank You!

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- Bethany Kwan, PhD
- Katherine Sauder, PhD

Research Team

- Paul Dormand-Brooks, BA (PRA)
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THANK YOU

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