



## Interim Report on Pathfinder Project: Berkshire West IAPT Service - Diabetes Wellbeing Group

### **Introduction:**

Type 2 Diabetes Mellitus (T2DM) is a rising problem in the developed world and currently accounts for 10% of the NHS budget, with direct health costs at around £8.8bn. Of this, 79% is estimated to be spent on diabetic complications. Indirect costs from diabetes are estimated at £13.9bn per annum and are projected to rise by 65% by 2035/6. (Premature) diabetic related deaths in 2010/11 accounted for 325,000 lost working years (The National Diabetes Information Service). Diabetes complications are well correlated to the long-term blood sugar marker known as the IFCC marker (International Federation of Clinical Chemistry).

A 2010/2011 Pilot sponsored by South Central Strategic Health Authority (now part of NHS SoE) allowed for the modification of an existing effective and cost-effective IAPT generic psychological intervention, the wellbeing group (WBG), to be tailored to a T2DM population. This modified intervention not only successfully treated depression and anxiety but also linked emotional feeling and behavioural consequences (e.g. disinhibited eating patterns, barriers to physical activity, motivation to exercise) to that patient's control of their T2DM.

In 2012 Berkshire West became a national pathfinder site for the IAPT/LTC (Long Terms Conditions) programme and this has resulted in a much more extensive RCT (Randomised Control Trial) evaluating the standard Well Being Group (sWBG) and the modified one, the diabetic Well Being Group (dWBG). Preliminary results from the first three cohorts are described in this short paper.

### **Aims of pathfinder project:**

Offer a group place to a minimum 128 T2DM adult patients over 16 groups with special attention to hard to reach groups i.e. older clients, patients from BME backgrounds and male clients. The group is to be equally split between sWBG and dWBG.

### **Methods:**

The intervention consists of equally matched courses (6, weekly sessions) of either sWBG or dWBG delivered by PWP's (Psychological Wellbeing Practitioners) for Step 2 level presentations. Measures include i) general psychological measures as per IAPT programme and quality of life measurement ii) T2DM specific psychological markers iii) diabetes blood sugar control marker IFCC.

### **Results:**

171 patients expressed interest to date, 140 (109% of target) suitable to be offered a place. Fourth cohort is in progress at time of report. Available results from first three cohorts: 73/89 attended at least one session (83%), 52/73 (71%) completed the course (attended at least 4/6 sessions) and 39/52 (75%) moved to recovery based on standard IAPT measures for depression and anxiety (PHQ9 and GAD7) compared to the local Berkshire West recovery rate for generic Well Being Groups of 56%.

Specific to the aims stated above comparing dWBG vs. sWBG as baseline average:

- dWBG attracted older clients, the average age 62.6yrs (vs. baseline of 43.4yrs sWBG)
- dWBG was equally well attended by both genders M:F =1:1 (vs. baseline of M:F = 1:2 sWBG)
- dWBG was better attended by BME groups as
  - significantly higher uptake by BME population 14% (vs. baseline of 7% of sWBG)
  - significantly less BME dropout 0% (vs. 3%. Baseline of sWBG)



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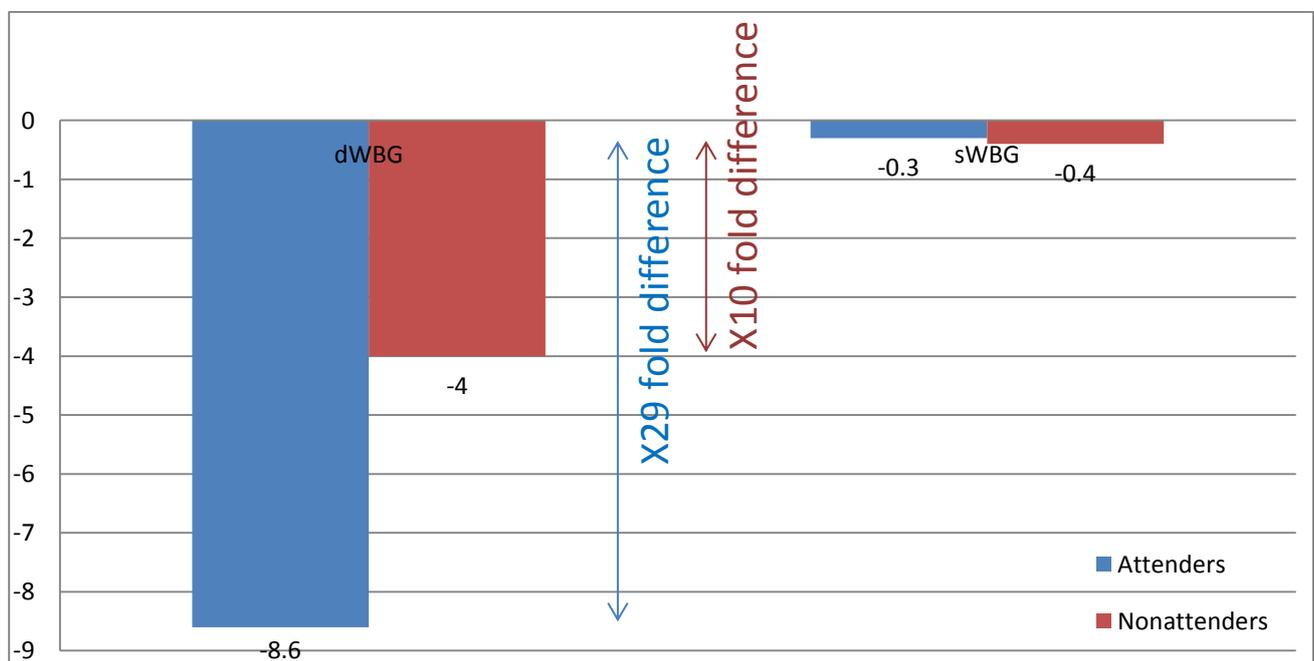
On general psychological measures both (dWBG & sWBG) groups significantly improved in depression and anxiety symptoms:

- PHQ: 11.31 to 6.38 (significant improvement,  $p < 0.001$ ) dWBG & sWBG
- GAD: 8.21 to 5.62 (significant improvement,  $p < 0.005$ ) dWBG & sWBG
- WSAS: 13.09 to 10.09 (significant improvement,  $p < 0.05$ ) dWBG & sWBG
- QOL Measures Eq5D3L: Significant improvement ( $p < 0.05$ ) dWBG & sWBG

On specific diabetes psychological measures:

- Self-Caring Activities e.g. diet, exercise significant improvement ( $p < 0.05$ ) dWBG **only**
- Diabetes-specific emotional distress (PAID) Significant improvement ( $p < 0.05$ ) dWBG **only**

### Graph of Diabetes Control IFCC for 0-5m following the group attendance for both dWBG and sWBG.



### Conclusions:

T2DM is a rising problem with rising prevalence. Poor control is related to premature development of complications correlated with early cessation of work, premature death and increased healthcare utilisation. Blood sugar control, as well as self-caring behaviours, in addition to medication and good healthy lifestyle behaviours are the bedrock of good diabetic control as measured by IFCC. Depression is twice as common in T2DM patient than background population. Although physical checks are well met nationally through the primary care system there is no specialised psychological service to meet this common mental health problem.

dWBG project thus far demonstrates

- Attracting older clients on average +20yrs older
- Equal attendance M & F alike (1:1)
- Better attendance by BME groups (14% BME, 0% dropout)
- Recovery rates high 75% vs 56%
- dWBG demonstrates non-inferiority to sWBG regarding general depression and anxiety measures
- dWBG demonstrates superiority to sWBG regarding diabetes specific measures



- Diabetes specific measures appear to translate to improvements in IFCC which has good correlation to longer complication rates

In conclusion, T2DM patients improve on psychological measures for control of depression and anxiety symptoms in both types of intervention. However, specifically exploring 'living with diabetes' improves diabetes psychological markers particularly with regard to disinhibited eating, motivation to exercise and increased self-caring activities. Significantly, the dWBG attendees show an improvement in diabetes control in 0-5month follow-up which is not found in the standard wellbeing group suggesting a specific psychological programme needs to be tailored to a clinical group rather than a generic version.

It seems one size does not fit all with regards to psychological health for people with T2DM.