

# The evolving landscape: Type 2 diabetes management and diabetes-related mental health

## What is the relationship between T2D and mental health?<sup>1</sup>



There is a **bidirectional relationship** between T2D and mental illness



People with T2D have a **nearly twofold higher** rate of diagnosed mental health disorders than those without T2D



Living with diabetes may lead to emotional stress, which can exert adverse effects on an individual's mental wellbeing

## What is diabetes distress?

Diabetes distress refers to the worries, fears and emotional burden associated with living with diabetes<sup>2</sup>

### Elements of diabetes distress



Feeling powerless<sup>3</sup>



Feeling hopeless<sup>4</sup>



Fear of low blood sugars<sup>3</sup>



Fear of complications<sup>3</sup>



Burnout and medication overload<sup>3,5,6</sup>



Communication difficulties with caregivers<sup>3</sup>

### Consequences of diabetes distress<sup>5</sup>



Less likely to follow dietary advice



Less likely to take regular exercise



Sub-optimal/ unstable HbA1c



Missed healthcare appointments



Poorer quality of life



Less likely to take medications

## Diabetes UK 7 As model for identifying and managing diabetes distress<sup>7</sup>



### Identifying diabetes distress:

- Be **aware** that people with diabetes may experience diabetes distress
- **Ask** about emotional and mental health problems
- **Assess** diabetes distress using a verified screening questionnaire



### Managing diabetes distress:

- **Advise** and explain about diabetes distress
- **Assign** to another HCP/specialist referral
- **Assist** with developing an action plan
- **Arrange** follow-up care and additional support

## Language matters when discussing T2D and mental health



**Build relationships** – understand the person's life, goals and values<sup>7,8</sup>



**Avoid fear-based language:** use supportive, person-centred communication<sup>8</sup>



**Normalise challenges** without minimising the difficulty of diabetes<sup>7</sup>



**Use active listening** – open-ended questions and attentive body language<sup>7</sup>



**Know available supports** – signpost to psychology, community or third-sector services<sup>7</sup>



**Seek feedback** from people in your care and colleagues to improve practice<sup>7</sup>

## Case snapshots (fictional cases)

### Susan (aged 58 years)



**History:** T2D for 12 years, HbA1c over last four years: 65–79 mmol/mol, CKD G3aA2, cancelled three diabetes review appointments over the last two years

**Glucose-lowering medications:** Metformin 1 g BD, SGLT2i 10 mg OD, Linagliptin 5 mg OD, insulin

**Last review:** Stopped doing finger pricks due to feeling like it was pointless, as the results are not what her nurse would like to see, and feels ashamed, guilty and worried about future complications

**To support Susan, first listen and then respond. Remember to normalise but don't minimise. For example:**

"It sounds like you're having a difficult time with your diabetes. The problems you describe are quite common... they often have a big impact on how you feel and how you take care of your diabetes. If you like, we could take some time to talk about what we can do to reduce your worries. What do you think?"<sup>7</sup>

**Recommended actions: no medication changes in this case**

### Eric (aged 75 years)



**History:** Hypertension, CKD (eGFR 46 mL/min/1.73 m<sup>2</sup>), living with overweight (BMI 26.5 kg/m<sup>2</sup>), HbA1c increased over last two years: 46 mmol/mol to 60 mmol/mol, hypoglycaemic episodes, missed last two medical appointments

**Medications:** Metformin 1 g BD, gliclazide 80 mg BD, ramipril 10 mg OD

**Last review:** Did not bring any glucose self-monitoring results, would like to try lifestyle measures before drug intensification, and is fearful of being judged because "it's not my fault."

**To support Eric, first listen and then respond. Remember to involve Eric's wishes in decision-making. For example:**

"Thank you for sharing how you feel. This isn't about telling you off—managing diabetes can be demanding. If frequent glucose checks feel overwhelming, we can reduce them for now, and we can also focus on lifestyle changes before adding medication in a way that feels manageable for you."<sup>7,8</sup>

**Recommend actions: Stop gliclazide and replace with DPP-4 inhibitor such as Linagliptin, due to CKD<sup>3,9,10</sup>**

Linagliptin is indicated in adults with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control as<sup>10</sup>:

- monotherapy when metformin is inappropriate due to intolerance, or contraindicated due to renal impairment
- in combination with other medicinal products for the treatment of diabetes, including insulin, when these do not provide adequate glycaemic control.

**BD:** twice daily; **BMI:** body mass index; **CKD:** chronic kidney disease; **eGFR:** estimated glomerular filtration rate; **HbA1c:** glycated haemoglobin; **HCP:** healthcare professional; **OD:** once daily; **SGLT2i:** sodium-glucose co-transporter 2 inhibitor; **T2D:** type 2 diabetes.

**Please review the Summary of Product Characteristics for Linagliptin for the full information on dosing, adverse events, contraindications, special warnings and precautions for use before prescribing. Available at: [www.medicines.org.uk](http://www.medicines.org.uk) (UK) and <https://www.medicines.ie> (ROI).<sup>10</sup>**

1. Busili A, et al. *Heliyon* 2024;10(7):e28782; 2. Diabetes UK. Diabetes education and self-management. Available from: <https://www.diabetes.org.uk/professionals/resources/shared-practice/diabetes-education>; 3. Skinner TC, et al. *Diabet Med*. 2020;37(3):393–400; 4. Morales-Brown LA, et al. *J Diabetes Res*. 2024;2024:3946553; 5. Diabetes UK. Chapter 3 – Diabetes distress. Available from: <https://www.diabetes.org.uk/professionals/resources/shared-practice/psychological-care/emotional-health-professionals-guide/chapter-3-diabetes-distress>; 6. Aziz MA, et al. *J Multidiscip Healthc*. 2026;19:588965; 7. Diabetes UK. Diabetes and emotional health. A practical guide for healthcare professionals supporting adults with Type 1 and Type 2 diabetes. 2019. Available at: [https://www.diabetes.org.uk/sites/default/files/2019-03/0506%20Diabetes%20UK%20Australian%20Handbook\\_P4\\_FINAL\\_1.pdf](https://www.diabetes.org.uk/sites/default/files/2019-03/0506%20Diabetes%20UK%20Australian%20Handbook_P4_FINAL_1.pdf); 8. NHS. Language matters: Language and diabetes. 2023. Available at: <https://www.england.nhs.uk/long-read/language-matters-language-and-diabetes/>; 9. National Institute for Health and Care Excellence. Gliclazide. Available at: <https://bnf.nice.org.uk/drugs/gliclazide/>; 10. Linagliptin Summary of Product Characteristics. Available at: [www.medicines.org.uk/emc/](http://www.medicines.org.uk/emc/) (UK), and [www.medicines.ie/medicines](http://www.medicines.ie/medicines) (IRE) (all URLs accessed May 2026).

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) (UK) or <https://www.hpra.ie/homepage/about-us/report-an-issue> (IRE). Adverse events should also be reported to Boehringer Ingelheim Drug Safety on 0800 328 1627 (freephone) (UK) or 01 2913960 (IRE), or by email: [PV\\_local\\_uk\\_ireland@boehringer-ingelheim.com](mailto:PV_local_uk_ireland@boehringer-ingelheim.com)