EMOTIONAL AND PSYCHOLOGICAL DIFFICULTIES OF INDIVIDUALS WITH DIABETES MELLITUS

DIFICULDADES EMOCIONAIS E PSICOLÓGICAS EM INDIVÍDUOS COM DIABETES MELLITUS

DIFICULTADES EMOCIONALES Y PSICOLÓGICAS EN INDIVIDUOS CON DIABETES MELLITUS

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ABSTRACT

Objective: To assess the psychological and emotional attitudes of individuals with diabetes mellitus (DM).

Method: We selected 222 individuals with DM from five strategic family health units. All participants were given the ATT-19 questionnaire, validated for the Brazilian population and divided into six factors: stress associated with diabetes, receptivity to the treatment, confidence in the treatment, personal efficacy, perception of health, and social acceptance. Factor analysis was used to verify the inter-relations among the variables.

Results: Two processes were expressed in the first two factors: the first characterized issues related to the emotional acceptance of the disease and how it affects the expectations regarding the lives of individuals with DM; the second process was characterized by how subjects perceive the disease, the limitations resulting from it and feelings of incapacity and inability that accompany DM.

Conclusion: Individuals with DM presented emotional and psychological difficulties in coping with the disease.

Descriptors: Diabetes Mellitus; Health Knowledge, Attitudes and Practice; Psychology.

RESUMO

Objetivo: avaliar atitudes psicológicas e emocionais em indivíduos com diabetes mellitus (DM).

Método: foram selecionados 222 indivíduos com DM em cinco Unidades de Estratégia da Saúde da Família. Todos responderam ao questionário ATT-19, validado para população brasileira e dividido em seis fatores: estresse associado ao DM; receptividade ao tratamento; confiança no tratamento; eficácia pessoal; percepção sobre a saúde e aceitação social. A análise de fatores foi utilizada para verificar inter-relações entre variáveis.

Resultados: dois processos ficaram expressos nos dois primeiros fatores, sendo o 1º caracterizado quanto a questões relacionadas à aceitação emocional da doença e repercussões nas expectativas referentes à vida dos portadores da DM2, e o 2º caracterizado quanto ao modo como o sujeito percebe a patologia, as limitações decorrentes dela e os sentimentos de incapacidade e inabilidade que acompanham DM.

Conclusão: indivíduos com DM apresentaram dificuldades emocionais e psicológicas no enfrentamento da doença.

Descritores: Diabetes Mellitus; Conhecimentos; Atitudes e Prática em Saúde; Psicologia.

RESUMEN

Objetivo: evaluar actitudes psicológicas y emocionales en individuos con diabetes mellitus (DM).

Método: fueron seleccionados 222 individuos con DM en cinco Unidades de Estrategia de Salud de la Familia. Todos respondieron al cuestionario ATT-19, validado para población brasileña y dividido en seis factores: estrés asociado a DM; receptividad al tratamiento; confianza en el tratamiento; eficacia personal; percepción sobre la salud y aceptación social. Se utilizó análisis de factores para verificar interrelaciones entre variables.

Resultados: dos procesos quedaron expresados en los dos primeros factores; el 1º relacionado a cuestiones relacionadas a la vida del portador de DM, y el 2º relacionado al modo en que el sujeto percibe la patología, las limitaciones derivadas de ella y sentimientos de incapacidad e inapropiación que acompañan a DM.

Conclusión: los individuos con DM muestran dificultades emocionales y psicológicas para enfrentarse a la enfermedad.

Descritores: Diabetes Mellitus; Conocimientos; Actitudes y Práctica en Salud; Psicología.
INTRODUCTION

There is an epidemic of diabetes mellitus (DM) currently underway. The prevalence of DM in Central and South American countries has been estimated at 26.4 million people and projected to reach 40 million in 2030. In Brazil, an analysis of the health situation and national and international priority health agendas, conducted by the Ministry of Health, showed an increase in DM with population age: 21.6% of Brazilians over 65 years old reported having the disease, a much higher rate than individuals between the ages of 18 and 24 (6%). According to the regional results of the study, Fortaleza was the capital city with the highest number of people with DM, with 7.3% of occurrences. Vitória presented the second highest rate (7.1%), followed by Porto Alegre, with 6.3%. The lowest rates were recorded in Palmas (2.7%), Goiânia (4.1%) and Manaus (4.2%). Among the different types of DM, type 2 represents 90% of the disease in the world and is intimately related with excess weight and sedentarism.

Knowledge, skills and strategies of health professionals can positively impact changes in the attitude of individuals with DM in terms of adherence to dietary plans, physical exercise, monitoring blood sugar, and the ongoing use of oral medication and/or insulin, which allow for proper metabolic control. Treatment adherence helps reduce chronic complications of the disease and the need for hospitalization.

Studies have associated positive attitudes towards the disease with better treatment adherence. Attitude can be influenced by cognitive, motivational, and emotional issues. Its alleged power to influence subjects’ response to an object, in this case, DM management, has sparked the interest of several researchers in search of measuring techniques and the promotion of attitude change. The commitment to follow through or the desire to interrupt treatment, translated in a positive or negative attitude toward the disease, is always present in the daily lives of individuals with DM. Therefore, the objective of this study was to assess the psychological and emotional attitudes in individuals with type 2 diabetes mellitus (DM2).

METHOD

This was a quantitative cross-sectional study conducted in five family health strategy units (FHS) in the city of Itau, Minas Gerais, Brazil. The present study is part of a larger study for a master’s thesis, with other general and specific objectives. Data were collected between October 2013 and May 2014. As part of the thesis, we applied three questionnaires validated for use in Brazil, among them the ATT-19.

The nutritionist researcher randomly invited subjects to participate in the study during routine FHS consultations and by sending invitation letters to the home of individuals with DM2 via community health agents. The questionnaires were filled out with the help of the researcher and/or health agents, as the pilot study showed that subject had difficulties to understand the item headings and were confused regarding answer choices. Most participants filled out the questionnaires at the FHS units and, in some cases, the researcher had to carry out home visits to collect data.

Based on the population of 524 individuals with DM2 diagnosis registered in the Computerized Register and Monitoring System of Individuals with Systemic Arterial Hypertension and Diabetes Mellitus (HIPERDIA, as per its acronym in Portuguese) in the municipality of Itau, we calculated a representative sample, with a 5% margin of error and a confidence level of 95% using DIMAM 1.0 software. Inclusion criteria for participation were: individuals with a DM2 diagnosis, receiving care from the municipality’s FHS, registered in the HIPERDIA, being 19 years old or older, and accepting to participate in the study. We excluded individuals with a diagnosis of gestational DM and DM1. Individuals with DM who did not fill out the questionnaire completely or refused to participate in the study while filling out the questionnaire were excluded.

The ATT-19 was used as the data collection instrument. It consists of a self-report questionnaire validated for the Brazilian population that investigates how individuals feel about DM, developed as a response to the need to assess psychological and emotional issues related to diabetes. It comprises 19 items that measure six factors: stress associated with diabetes, receptivity to the treatment, confidence in the treatment, personal efficacy, perception of health, and social acceptance. Each response is scored on a five-point Likert scale (disagree completely - scored 1; to agree completely - scored 5).

Emotional and psychological difficulties of...
Emotional and psychological difficulties of…

We assessed 222 individuals with DM2 registered in the five FHS units in the municipality of Itaú. Mean age of the participants was 62 ± 12 years, with a minimum age of 17 and a maximum age of 91. Mean time of diagnosis was 11 ± 8 years, with a minimum of one year and a maximum of 40. Most participants were women, with 148 (66.7%). Furthermore, most individuals with DM2 only made use of oral hypoglycemic drugs (n= 136, 61%), some used a combination of hypoglycemic and insulin (n= 30, 13.5%), others used only insulin (n= 43, 19%) and only 13 individuals (6%) with DM2 used neither hypoglycemic drugs nor insulin.

Factor analysis revealed two independent processes described in Table 1. The first process was characterized by questions that could be related to the emotional acceptance of the disease and how it effects expectations regarding the life of DM2 patients. The second process was characterized by issues that investigate how individuals affected by DM2 perceive the disease and the limitations acquired as a result and feelings of incapacity and inability.

**RESULTS**

**DISCUSSION**

Process 1, which refers to the emotional acceptance of the disease and how it affects expectations towards the lives of individuals with DM2, emphasizes the disease as something that modifies the subject and affects their identity and experiences as an alterity and a productive person, inserted in a family and social context. For the most part, illness is perceived as a threat from fate that alters the relationship of subjects with themselves and the world around them, triggers feelings of helplessness, apprehension, hopelessness, among others, and, for this reason, puts their human existence into question.12

Sigmund Freud, known as the father of psychoanalysis, wrote an interesting article in the beginning of the 20th century to this regard called “On Narcissism: an Introduction”. In it, he suggests that suffering makes man lose interest in things of the external world as they do not speak of his pain, and goes through a process of introspection: “so long as he suffers, he ceases to love”.14 Despite the invariance of the process, each person deals with their pain according to the specificities of the pathology and the personality characteristics.14

Table 1. Items from the ATT-19 questionnaire about emotional and psychological aspects of 222 individuals with diabetes mellitus.

<table>
<thead>
<tr>
<th>ATT-19 Questionnaire Items</th>
<th>Process 1 (%)</th>
<th>Process 2 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I did not have diabetes, I think I would have been a different person</td>
<td>0.7263</td>
<td>-0.0059</td>
</tr>
<tr>
<td>I don’t like to be called a diabetic</td>
<td>0.6585</td>
<td>0.0709</td>
</tr>
<tr>
<td>Having diabetes is the worst thing that happened in my life</td>
<td>0.8041</td>
<td>0.0964</td>
</tr>
<tr>
<td>Most people find it difficult to adapt to the fact of having diabetes</td>
<td>0.5692</td>
<td>0.0467</td>
</tr>
<tr>
<td>Being diagnosed with diabetes is the same as being sentenced to a lifetime of diseases</td>
<td>0.6068</td>
<td>0.1369</td>
</tr>
<tr>
<td>It seems there is not a lot I can do to control my diabetes</td>
<td>0.1149</td>
<td>0.7790</td>
</tr>
<tr>
<td>There is little hope in leading a normal life with diabetes</td>
<td>0.4044</td>
<td>0.6622</td>
</tr>
<tr>
<td>I usually think it’s unfair that I have diabetes and other people have such good health</td>
<td>-0.0452</td>
<td>0.6895</td>
</tr>
<tr>
<td>Percentage of variance per factor (%)</td>
<td>26.34</td>
<td>18.34</td>
</tr>
</tbody>
</table>

English/Portuguese

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Kubler Ross (1995) observed some factors that interfere with the experience of illness, such as the form the pathology that manifests itself (brief or long-lasting; presence or absence of pain, physical changes, etc.), personality and frustration tolerance of the affected individual, and the patient’s relationship with health professionals. In this sense, based on a qualitative reading and interpretation of the data, some relevant issues emerge that contribute to the understanding of DM from the psychological point of view and capture some characteristics that lead patients to develop a negative attitude toward the disease.

In the literature, there are studies corroborating this perception. For example, a qualitative study with eight men with DM had the objective of describing their perceptions toward treatment and found that it was difficult for these men to adhere to treatment, primarily in terms of behavioral changes and self-care actions that needed to occur. Among the reasons for such treatment adherence difficulty, the results pointed to lack of recognition of their needs, in addition to personal culture that rejects the possibility of being ill and an absence of actions of the Brazilian health system directed at men.

One of the issues raised in the study was that the need for changing habits is perceived by most DM patients as an essential part of treatment, but actually making the change is a challenge. Following this line of reasoning, the findings of the present study are in consonance and reveal the singularities of this illness process. There are temporary experiences, which concern curable diseases. In these, “being ill” is provisional and characterized by “not feeling well” and then getting better; there is the possibility of cure and a change in health status. On the other hand, there is the permanent experience of “being ill”, typical of chronic diseases such as DM.

In chronic diseases, “not feeling well” precedes the realization of “being ill” and based on some situations, leads the individual to perceive and incorporate the “I am ill” status. From the medical point of view, what characterizes the transformation of an individual who is subject to illness into a “subject-of-the-illness” is the diagnosis process, which incorporates clinical and laboratory tests, among others.

As observed with the ATT-19, the subjects of this study created a “presentation card”; DM was assimilated into their existence accompanied by great unease. Even though they incorporated the “label”, they did not always have a precise understanding of the meaning and implications of the terms used. Many individuals with DM do not seem to perceive the seriousness of their condition and postpone lifestyle changes until the complications of DM emerge. We also verified a dissociation between the disease, in so far as the individuals perceived themselves as “subject-of-the-illness”, and treatment; as if the latter had been externally imposed and were not an inherent condition of DM. In these cases, subjects expressed feelings of indignation with the situation: in addition to being “diabetic” they must also take several precautions.

In this last mode of action toward DM, there is not even a conscious awareness that the pathology was partly due to previous choices and life styles of the now “sick person”. This experience of emotional disassociation results in changes to several dimensions of the subject’s daily life, such as the social and intimate domains, changes that need to be processed in order for DM patients to recover their full functioning. In the social ambit, when these individuals perceive themselves as “normal people”, they feel inserted in society and they work, produce, take action. Feeling in good health is a necessity of productive humans; for DM patients, the movement of “normalizing the disease” and being able to incorporate the changes and adjustments that DM imposes on their daily lives minimizes the impact of the disease on their identity and gives them an opportunity to maintain their roles in society. In the intimate context, the individual’s capacity of resignation and naturalness in their self-observation grants them permission to compare themselves with other DM patients in search of a subjective meaning for this status and acceptance. Living with the disease and accepting the consequent changes to “normality”, given that its negative effects cannot be ignored, require a global learning process by the subject.

The second process consisted of issues that investigate how individuals with DM2 perceive the disease and the limitations and feelings of incapacity and inability that result from it. As a sick person, diabetes patients are faced with some challenges. They fear the disease and are afraid of the complications that can emerge and they are aware that treatment is essential; however, all of the behavioral changes required are referred to as “difficult”, with emphasis to drug therapy which is mandatory and non-drug therapy as restrictions.
The literature has shown that the fears of DM patients are complex in nature and accompany the diagnosis and the course of the disease. According to common sense, there is the knowledge that DM causes significant vascular damages and is associated with worrisome situations such as “strokes”, lower limb amputations, eyesight problems, and others that reduce quality of life and life expectancy. Dietary changes also have a high impact on their routine, in addition to all the transformations recommended to these subjects in order to treat the disease: fighting sedentarism, not smoking, not drinking, and the need for routine. The deterioration of work capacity and fear of losing income and economic importance is also among the list of feared limitations.²¹

Thus, being “diabetic”, i.e., being sick, involves a series of consequences that, whether pertinent or not, make reference to a situation of marginality and difference, which implies the need for a psychological process of elaboration and consequent acceptance. This situation makes the sick person feel constantly off balance and thus inept to continue with their activities authentically, as the disease imposes the constant need for precautions and monitoring. Furthermore, the adaptation process also requires the acceptance of working in partnership with professionals and significant others who take on this role.²²

Other aspects of this second nucleus of the questionnaire can also be understood through psychosomatics. Several decades ago, psychology and medicine have been interested in how each subject experiences their emotion and how these interfere in their body. Emotions (fear, rage, love) are new situations before which the organism loses its equilibrium and prepares itself to unload through the body’s voluntary muscles.²³ However, when this mechanism fails due to personality issues, involuntary muscles, such as the stomach, intestines, heart and blood vessels spring into action. Psychosomatic diseases appear when thinking about or crying out the emotion is not possible, or in other words, elaboration is hindered.²³

The results showed that the subjects presented scarce symbolic representation of the disease and a tendency towards victimization. The language of the organs was not accompanied by the perception of correlate emotions and when a given organ is diseased, it is the individual’s unconscious way proclaiming their suffering, as they are incapable of doing so in another way.²⁴ The emotional dynamics of individuals with DM is characterized by difficulties in loving and losing; dealing with frustration. According to a meta-analysis, negative perceptions towards DM are associated with debilitated emotional health, resulting in flawed self-care and the emergence of depression.²⁵

**CONCLUSION**

Individuals with DM presented two central processes counter to positive forms of coping that could result in adaptation to the disease and better treatment adherence, thus reducing comorbidities and optimizing quality of life. Difficulties relative to the disease involve the subject’s totality, which includes their bio-psycho-social dimensions, negatively affect their psychological and emotional condition, and decrease quality of life.

Psychological pain, so common among individuals with DM, leads to feelings of anxiety relative to health, self-destructive ideas and prejudiced relationships with the surrounding world. Thus, emotional aspects play a central role in the genesis of DM2 and how it is experienced. They are of utmost importance, as such aspects can make the processing and acceptance of the disease easier, thus leading to better quality of life.

**REFERENCES**


Emotional and psychological difficulties of...