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# Managing Type 2 diabetes as a couple: The influence of partners' beliefs on diabetes distress over time

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## ABSTRACT

**Aims:** Partners and spouses have an important role in supporting healthy self-care in adults with Type 2 diabetes. While evidence has shown that the beliefs held by people with diabetes influence emotional wellbeing, little is known about the long-term impact of partners' illness beliefs on diabetes distress.

**Methods:** Persons with Type 2 diabetes (pwt2d) and their partners completed a questionnaire at baseline (N = 75 couples) and 12 months later (N = 45 couples). Measures included demographic/clinical parameters, the Revised Illness Perception questionnaire, and the Diabetes Distress Scale. A repeated measures ANOVA was used to examine change in measures over time. Multiple regression and moderation analysis were used to explore the indirect influence of partners beliefs on diabetes distress at baseline and follow-up.

**Results:** Illness perceptions and diabetes distress in pwt2d and partners did not change overtime. Partners' beliefs about the controllability, chronicity, and predictability of symptoms of diabetes moderated the relationship between the corresponding pwt2d beliefs and diabetes distress. These indirect effects were observed across both time points.

**Conclusions:** Conflicting illness perceptions about the controllability and chronicity of diabetes, and congruous negative perceptions about diabetes symptoms among couples sustain distress overtime. Targeting the beliefs of couples to improve communication and understanding may reduce diabetes distress.

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## 1. Introduction

Receiving a diagnosis of Type 2 diabetes can impact entire families as well as the person involved. With Type 2 diabetes being an almost entirely self-managed condition, it is inevitable that partners will influence diabetes self-management. Relationship quality, specifically the degree

to which couples living with Type 2 diabetes disagree on matters [1,2] or have conflicting views about Type 2 diabetes [3], can influence emotional wellbeing and diabetes self-care. Psychosocial adaptation among couples living with Type 2 diabetes is hugely important in shaping health-related outcomes; and a key ingredient of this is good communication.

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Understanding the nature of communication between couples, and how specific dialogues can lead to greater distress, is a complex process. One way that we can attempt to understand the conversations that take place is through the beliefs couples hold about the condition. How partners identify with or attach meaning to their loved one's condition has been shown to influence adjustment. Wu and colleagues found that when spouses of people with prostate cancer perceived their loved one to have greater control over their condition, this also incited the belief that their loved one's illness would be impermanent [4]. This, in effect, predicted better quality of life in patients 6 months later [4]. Similarly, Dempster et al. found that Oesophageal cancer survivors' stronger perceptions about the consequences of their condition on day to day life was associated with increased anxiety, and that this association is especially potent when their partners also perceived the cancer to have serious consequences on daily life [5]. A poor understanding of their condition was associated with higher levels of depression. Interestingly they found that this association was strongest when partners held an opposing belief, that their loved one had a *good* understanding of their condition [5].

Likewise, incongruous beliefs between people with Type 2 diabetes and their partners can negatively impact diabetes self-management [6]. Specifically, when couples hold conflicting perceptions about personal control and understanding of Type 2 diabetes, self-care behaviour diminishes [6]. Other work demonstrates how partners' beliefs about the controllability and consequences of Type 2 diabetes mediates the positive relationship between the corresponding patient beliefs and monitoring of blood glucose [7]. Furthermore, Dimitraki and Karademas found that the association between higher consequence beliefs among partners and partner anxiety is more pronounced when their loved ones with diabetes perceive their own condition to have less of an impact on day to day life [8].

Aside from the evidence described, little is known about the influence of partners' illness perceptions on diabetes distress overtime. Diabetes distress is associated with long term blood glucose and therefore is clinically meaningful [9–11]. Exploring interactions between people with diabetes' and partners' beliefs would provide a greater understanding of the mechanisms underpinning poor communication, and which sustain distress. Indeed, previous evidence has shown that illness perceptions among people with Type 2 diabetes do not change over time [12]. This suggests the impact that illness beliefs have on diabetes distress (whether positive or negative) is a *lasting* one in the absence of an appropriate intervention. On the basis of this previous work it is predicted that there will be little to *no change* in illness perceptions among couples in the absence of an appropriate psychosocial or family-based intervention. This would provide necessary evidence in support of the *need* to intervene.

Research Aims:

1. To examine whether illness perceptions in people with Type 2 diabetes and their partners are useful predictors of diabetes distress.

2. To explore the indirect effect of partners' illness perceptions on diabetes distress
3. To compare illness perceptions and diabetes distress in people with Type 2 diabetes and their partners at baseline and 12 months later.
4. To examine whether partners' illness perceptions have an enduring impact on diabetes distress in people with Type 2 diabetes—are similar interaction patterns observed 12 months later?

## 2. Methods

### 2.1. Subjects

Persons with Type 2 diabetes (pwt2d) and their partners (defined as a spouse, romantic partner, family member, or close friend who lives with the pwt2d) were recruited using the databases of five General Practices in Northern Ireland. A total of 950 adults with a diagnosis of Type 2 Diabetes were posted out an information sheet, a consent form, a battery of questionnaires for themselves (pwt2d) and a battery of questionnaires for their partner (if appropriate) to complete and return in a freepost envelope. Twelve months later, all couples who completed and returned the first questionnaires were posted a follow-up study pack.

### 2.2. Materials

The pwt2d and partner questionnaire scales comprised the following outcome measures (original measures were adapted for partners):

- *Demographics and Clinical Parameters*: Gender, age, ethnicity, relationship status, children living at home, relationship with person completing the partner questionnaire, duration since diagnosis, diabetes-related complications, diabetes treatment taken (pwt2d questionnaire). Gender, age, ethnicity, partner has/has not got diabetes, and diagnosis of other type of chronic physical illness (partner questionnaire).
- *Diabetes Distress Scale (DDS)* [13]: 17-item validated questionnaire assessing emotional distress across four sub-domains—partners were administered a partner adjusted version of the validated scale due to the lack of availability of a comparable scale at the time of baseline data collection (more information below). Sub-domains are as follows: 'physician-related distress', 'emotional burden', 'interpersonal distress', and 'regimen-related distress'. Each DDS scale item was reworded for partners, for example "Feeling that I am not sticking closely enough to a good meal plan" was reworded as "Feeling that my partner is not sticking closely enough to a good meal plan" and "Feeling that my doctor doesn't know enough about diabetes and diabetes care" was rephrased as "Feeling that my partner's doctor doesn't know enough about diabetes and dia-

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