

Peer support can help curb acute care for persons with depression and diabetes

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Andrea Cherrington, M.D. Credit: UAB



A new study published by University of Alabama at Birmingham researchers shows that community health workers and peer support can help those suffering from depression and diabetes.

Many studies have shown that people with <u>diabetes</u> have a greater risk of <u>depression</u>. The stress of daily diabetes management can build. Diabetes complications such as nerve damage or difficulty managing blood sugar levels can at times make those suffering feel overwhelmed and trapped.

Published in *Diabetes Care*, the study describes the impact of a peer coach intervention on hospitalizations and emergency room visits for individuals with diabetes and depression. Lead author Andrea Cherrington, M.D., professor in the Division of Preventive Medicine, says the results of this research are extremely important because there is a <u>diabetes epidemic</u> in the Southeast and co-morbid depression is prevalent and associated with worse outcomes.

"Diabetes is a costly disease," she said. "We need to come up with strategies to enhance an individual's self-management and improve health outcomes, all while simultaneously managing cost."

The study was a cluster-randomized controlled trial conducted from 2010-2012, with the clusters' being practices and their surrounding communities. Adults with Type 2 diabetes who wanted help with self-management were eligible to participate. Those without a doctor, with limited life expectancy, with plans to move within the next year and with an unwillingness to work with a peer adviser were excluded. Intervention participants received education plus one year of peer support. Control participants received education only. Some 424 participants from eight rural southern Alabama counties were selected.

Alabama has a disproportionately high prevalence of diabetes, ranking first in 2016, with a rate of diagnosed diabetes close to 16 percent.



Despite the high burden, diabetes-related resources are scarce; at the time the study was implemented, there was a single certified diabetes educator covering all eight counties.

In 2015, the American Diabetes Association recognized emotional support as a critical component of comprehensive diabetes management, based on mounting evidence of its impact on health behavior, health outcomes, and cost and utilization.

"We found that, for those with diabetes and mild to severe depression, peer support reduced hospitalizations by 70 percent and acute care by 50 percent," Cherrington said.

Why peer support?

Peer support is defined as assistance with disease management, provision of emotional support and linkages to resources. Trained community health workers offered individualized support for self-management behaviors including diet, physical activity, medication adherence and stress management. It is important to note that community health workers are not health professionals—they support recommendations given by health professionals and help identify areas of support.

"Understanding population health is a big challenge, and in many areas of Alabama, access to care and resources is quite limited," Cherrington said. "Community health workers are one promising strategy for helping individuals overcome barriers to managing their diabetes."

Cherrington believes peer support is most beneficial for individuals who have chronic disease and are isolated with a lack of social support.

As the U.S. population ages and the number of individuals with diabetes and comorbid depression increases, the burden on the <u>health</u> care system



to provide care for these individuals also grows.

"Health systems and providers must consider new strategies that simultaneously improve health outcomes and attend to the patient experience while managing costs," Cherrington said in the study. "For me, this research provides evidence that peer support is one strategy that has the potential to achieve each of these aims in the setting of diabetes and comorbid depression."

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