W05-02 - MONITORING OF INDIVIDUAL NEEDS IN DIABETES (MIND) STUDY'

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Background: It is well-established that depression is common among people with diabetes, with adverse effects on well-being and glycemic outcomes. International clinical guidelines therefore advocate screening for depression and periodic monitoring of well-being as part of routine practice. Implementation of psychological screening/monitoring can be facilitated by brief, easy-to adminsiter screening tools, incorporated in routine clinical practice.

Method: The Monitoring of Indiviual Needs (MIND) procedure is a computer-based tool, that generates scores and red flags, allowing diabetes profesionals to identify poor emotional well-being (WHO-5 index) and diabetes-related distress (PAID scale). Administration: 7-15 minutes. Nurses/physicians are trained to discuss outcomes with the patient and agree on an action plan (e.g. follow-up, referral). Time: 10-15 minutes. MIND allows diabetes teams to monitor well-being outcomes as integral part of ongoing care.

Results: MIND was implemented in 8 diabetes clinics as aprt of annual review across Europe and Israel, including 1567 patients. Virtually all patients were able to self-complete the questions on the computer; 23% were identfied as ´case´, suffering from either likely depression or diabetes-distress. Of those, only 17% were receiving psychological care. 1-year follow-up measurement showed significant improvements in psychological status in the ´cases´ (ES d=.48), irrespective of refferal to psychologist/psychiatrist. Teams were satisfied with MIND but would prefer shortening of the assessment.

Practice Implications: MIND can be integrated succesfully into diabetes care, helping medical professionals to improve recognition and management of co-morbid depression. Combining depression screening with assesment of diabetes-specific related distress has advantages over simple depression screening in this complex population.