Introduction
Although there have been many advancements made in diabetes treatment, many people with diabetes (PWD) still have a difficult time achieving optimal glycemic management (1). Effective treatments only work if people follow their treatment plan and actively engage in diabetes management. The daily tasks involved in managing diabetes can be difficult, and many people have various psychosocial barriers that impact their ability to manage diabetes. Therefore, it is critical for registered dietitian nutritionists (RDNs) who work with PWD to learn about and recognize the common psychosocial barriers to diabetes care so they can help their clients identify, and support them in overcoming, these barriers.

This first article provides an overview of the most common psychosocial barriers to diabetes management. Specifically, it reviews how emotions, thoughts, lack of social support, problem-solving and coping skills can be barriers to diabetes self-care behaviors. This article then presents a framework that RDNs can use to help clients identify their barriers to diabetes care.

Psychosocial barriers are defined “as the psychological and interpersonal factors that impede diabetes management or diabetes-related quality of life” (2). Suboptimal self-management may be due to inadequate family and/or social support, misinformation or inaccurate beliefs about illness and treatment, emotional distress/depressive symptoms, or deficits in problem-solving or coping skills (3). These psychosocial barriers can be challenging to identify and oftentimes can be difficult for PWD to overcome. This reality makes it all the more important for health care providers (HCPs) to become familiar with these barriers to more effectively work with their clients.

Emotional Barriers
Emotional challenges can be barriers to optimal diabetes management. Emotions can have both a direct and indirect impact on self-care behaviors. For example, if someone is overwhelmed or burned out by the daily tasks of managing diabetes, or if they are experiencing symptoms that impact their motivation, concentration or self-worth, these emotions can have a direct impact on their diabetes care. In addition, people may experience emotions that overwhelm them and distract them from the task at hand, even if that task is diabetes care.

It is common for PWD to experience emotions that potentially impact their self-management behaviors. The experience of living with type 1 (T1D) or type 2 diabetes (T2D) is often described as frustrating and overwhelming (4) and it can feel like it requires constant attention and vigilance. These ongoing behavioral demands, combined with worry about disease progression and complications often cause people to have significant emotional distress (5). Diabetes can also increase the risk of other psychological conditions, including depression and anxiety (6). Research shows that one in four PWD have depressive symptoms (7) which include depressed mood, lack of energy and motivation, difficulty concentrating and feelings of hopelessness and helplessness. The lifetime prevalence of generalized anxiety disorder (GAD) in people with T1D or T2D has been reported to be 19.5% (8). It should be noted that these statistics do not include the people who experience symptoms of diabetes distress such as anger, frustration and guilt. Review the sidebar “Differentiating between Depression and Diabetes Distress.”

Cognitive Barriers
Thoughts and beliefs about diabetes, commonly known as cognitive distortions, can also be barriers to diabetes management. Cognitive distortions are defined as errors in thinking that negatively skew the way a person sees themselves, other people, and the world (9). Although these patterns of thinking are common in people both with and without diabetes, they are not...
accurate and cause negative emotions, making behavior change difficult. Cognitive distortions tend to take on distinct patterns. It is common for people to see things in ‘all or nothing’ terms, without recognizing that there might be a middle ground. It is also common for people to only focus on negative aspects of a situation and filter out anything positive (10). These are just two examples of cognitive distortions.

These patterns of thinking are common in PWD and have been shown to be a significant barrier to diabetes management (11). If a person has an out of range blood glucose and they have the thought, “There’s nothing I can do to get my blood glucose in range and it’s always going to be high,” they will likely be less motivated to continue working to manage their diabetes. People often also have thoughts about what having diabetes means about them as a person. For example, a person may think, “It’s my fault I have diabetes. I did this to myself because I don’t have any self-control.” This thought can be a barrier because they may believe that by trying to manage diabetes, they are setting themselves up for failure.

Social Barriers
PWD need social support to help manage diabetes. Defined as support that people receive from others, social support can take several forms, including emotional and instrumental support (12). Emotional support occurs when others do things to make us feel cared for such as providing a listening ear or helping with chores. For PWD, this can mean providing empathy and encouragement or a willingness to engage in healthy activities with the person so they do not feel alone. Instrumental support is when someone provides something tangible, like a ride to the pharmacy or babysitting while their friend or family member goes to an HCP appointment.

Research has shown that there is a positive relationship between supportive relationships and diabetes self-management behaviors (12). Conversely, when PWD feel that they lack support from others in their lives, it can be a significant barrier to self-care. People who lack support often feel isolated, like they are alone in dealing with diabetes. They may also think that diabetes makes them different when they just want to fit in and not be noticed. Others may find that the people in their lives from whom they most need support sabotage their efforts. These types of unsupportive relationships around diabetes can create an environment that make the sustained behavior change required to manage diabetes very difficult. HCPs who work with PWD can provide emotional support and teach them skills to get the support they need from others.

Coping Barriers
Coping skills are behaviors that help protect people from being overwhelmed by difficult experiences. Effective coping skills help people manage the difficulties that they face in life. There are two primary types of coping: emotional coping and problem-focused coping. Emotional coping skills are strategies that people use to deal with ongoing stressors that are difficult to change. Problem-focused coping, also known as problem solving skills, are used when a person encounters a situation that they can change (13).

Diabetes is a condition that requires both problem-focused and emotional coping skills, and people who lack these coping skills often find that this is a barrier to diabetes care (14). Managing diabetes can require people to make complex decisions that impact their health, such as what and how much to eat, how much insulin to take and how to prevent and treat hypo- and hyperglycemia. These decisions involve critical thinking and the ability to solve problems that may not always have a clear-cut answer. People who lack problem-solving skills or who are not confident in their problem-solving ability may experience challenges in making important decisions.

It is critical for PWD to find strategies to deal with the stresses of living with diabetes. People who do not have effective strategies to do so tend to avoid thinking about, and actively managing, their diabetes in an attempt to reduce this stress. Lack of emotional coping skills makes diabetes management a lot more difficult and therefore becomes a barrier to diabetes management.

Other Barriers
PWD encounter other types of barriers that impact their ability to take care of themselves. These include difficulty with accessing healthcare services, paying for diabetes-related healthcare costs and navigating insurance coverage (15). While these types of barriers are distinctly different from psychosocial barriers, it is helpful to note that people who experience psychosocial barriers may also have a harder time dealing with these other barriers. For example, people with limited social support may find it more difficult to deal with some of the logistical challenges of diabetes care, including transportation and meal planning. Also, people who feel overwhelmed, or experience other negative
diabetes-related emotions, may lack the motivation needed to find lower-cost options for their diabetes care.

**Summary**

HCPs, including RDNs, who work with PWD play many important roles in diabetes management. In addition to providing people medical care and education, they also support people in identifying and overcoming psychosocial barriers. Learning to recognize psychosocial barriers is crucial and a task that is critical to improving diabetes self-care behaviors.

**References**