

Supplementary appendix - Depression and diabetes distress in adults with type 2 diabetes: results from the Australian National Diabetes Audit (ANDA) 2016

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Supplementary Appendix

Supplementary Table 1: Participating diabetes centres by state or territory

State/Territory	Participating centres (n)	Adults with T2DM (n)
Australian Capital Territory	1	78
New South Wales	10	480
Queensland	10	699
South Australia	2	111
Tasmania	3	129
Victoria	22	969
Western Australia	2	86
Total	50	2552

Supplementary Table 2 Factors associated with the sub categories of diabetes distress

Multivariable analyses, variables included if $p < 0.1$ on univariable analyses, age and gender always included

Emotional distress	Odds Ratio	[95% Conf. Interval]	P>z
Age	0.98	0.97 0.99	0.001
Sex	1.27	0.96 1.69	0.098
Insulin	1.73	1.23 2.43	0.001
Current_Smoking	0.76	0.51 1.13	0.181
Interpret	2.57	1.06 6.20	0.036
Medications_Forget	0.97	0.71 1.32	0.837
Diet_Difficulty	2.34	1.73 3.15	<0.001
HbA1c Percent	1.14	1.05 1.22	0.001
Sufficient_physical_activity	1.12	0.82 1.54	0.482
BCD_depression_likely	3.04	2.26 4.09	<0.001
antidep_and/or_counselling	1.43	1.06 1.92	0.019
DiabetesSpecialist	1.26	0.91 1.73	0.167
Checks_glucose			
Yes	0.75	0.55 1.02	0.068
Unsure of recommended testing	0.68	0.35 1.32	0.251
Own Health State Rating	0.97	0.96 0.98	<0.001

Physician-related distress	Odds Ratio	[95% Conf. Interval]	P>z
Age	0.98	0.96 0.99	0.012
Sex	1.53	0.97 2.41	0.07
Insulin	1.46	0.88 2.40	0.141
Medications_Forget	1.44	0.90 2.32	0.131
Diet_Difficulty	1.09	0.67 1.76	0.733
Sufficient_physical_activity	0.53	0.30 0.96	0.037
BCD_depression_likely	3.50	2.10 5.85	<0.001
Own Health State Rating	0.98	0.97 0.99	0.004

Regimen-related distress	Odds Ratio	[95% Conf. Interval]	P>z
Age	0.98	0.97 0.99	0.003
Sex	1.20	0.88 1.63	0.246
Insulin	1.10	0.78 1.53	0.590
Current_Smoking	0.84	0.56 1.26	0.402
Interpret	4.55	1.36 15.18	0.014
Medications_Forget	1.70	1.24 2.32	0.001
Diet_Difficulty	3.00	2.15 4.17	<0.001
HbA1c Percent	1.17	1.09 1.27	<0.001
Sufficient_physical_activity	0.77	0.54 1.10	0.148
BCD_depression_likely	2.96	2.15 4.07	<0.001
antidep_and/or_counselling	1.57	1.14 2.16	0.005
Check_glucose			

Yes	0.39	0.28	0.54	<0.001
Unsure of recommended testing	0.59	0.31	1.12	0.108
Own Health State Rating	0.98	0.97	0.98	<0.001

Interpersonal distress	Odds Ratio	[95% Conf.	Interval]	P>z
Age	0.98	0.97	1.00	0.009
Sex	1.58	1.11	2.26	0.011
Insulin	1.72	1.13	2.62	0.011
Current_Smoking	0.84	0.52	1.35	0.459
Medications_Forget	1.26	0.87	1.83	0.224
Diet_Difficulty	2.32	1.58	3.40	<0.001
HbA1c Percent	1.13	1.03	1.23	0.007
BCD_depression_likely	2.93	2.00	4.30	<0.001
antidep_and/or_counselling	1.51	1.05	2.17	0.027
Check_glucose				
Yes	0.93	0.63	1.36	0.700
Unsure of recommended testing	0.45	0.17	1.21	0.116
Own Health State Rating	0.97	0.96	0.98	<0.001



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Section 1. Patient Demographics

Medical Record No.	<input type="text"/>	Centre ID	<input type="text"/>	Site Staff Identifier	<input type="text"/>
1.1 Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	1.2 Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female #FEMALE	→ 1.2.1 Currently pregnant	<input type="checkbox"/> No <input type="checkbox"/> Yes
1.3 Date of visit	<input type="text"/> / <input type="text"/> / <input type="text"/>	1.4 Initial visit	<input type="checkbox"/> No <input type="checkbox"/> Yes	1.5 Aboriginal/Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes
1.6 Interpreter required	<input type="checkbox"/> No <input type="checkbox"/> Yes	1.7 DVA patient	<input type="checkbox"/> No <input type="checkbox"/> Yes	1.8 NDSS member	<input type="checkbox"/> No <input type="checkbox"/> Yes
1.9 Country of birth	<input type="text"/>				

Section 2. Diabetes Type & Management & Lifestyle Issues

2.1 Year of diagnosis	<input type="text"/>	2.2 Type of diabetes	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> GDM <input type="checkbox"/> Don't Know <input type="checkbox"/> Other
2.3 Management method	<input type="checkbox"/> Diet Only <input type="checkbox"/> Injectables <input type="checkbox"/> Insulin+Tablets+Injectables <input type="checkbox"/> Insulin #INSULIN	→ 2.3.1 How long ago was insulin started?	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> >5yrs
	<input type="checkbox"/> Tablets <input type="checkbox"/> Injectables+Tablets <input type="checkbox"/> Insulin+Tablets <input type="checkbox"/> Nil		
2.4 Physical activity sufficiency	<input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient <input type="checkbox"/> Sedentary		
2.5 Have you had a flu vaccination in the last 12 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
2.6 Have you had a pneumococcal vaccination in the last 12 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
2.7 Smoking status	<input type="checkbox"/> Current smoker #CURRENT → 2.7.1 Have you tried to stop smoking? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> Past smoker #PAST → 2.7.2 Which of the following methods did you use?	<input type="checkbox"/> Just stopped - no intervention <input type="checkbox"/> Nicotine replacement <input type="checkbox"/> Acupuncture	
	<input type="checkbox"/> Never smoked	<input type="checkbox"/> Medication <input type="checkbox"/> Hypnosis <input type="checkbox"/> Other	
2.8 Glycated Hb result	<input type="text"/> % AND <input type="text"/> mmol/mol		

Section 3. Medication Use

3.1 Do you ever forget to take your medications?	No	Yes
#YES → 3.1.1 How many times per week?	<input type="text"/>	<input type="text"/>
3.2 Do you usually take all your medications?	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Do you sometimes stop taking your medications when you feel better?	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Do you sometimes stop taking your medications when you feel worse?	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Are you using a complementary therapy or dietary supplement or over the counter (OTC) Rx?	<input type="checkbox"/>	<input type="checkbox"/>
#YES → 3.5.1 Have you told your doctor or educator about using complementary, dietary supplement or OTC Rx?	<input type="checkbox"/>	<input type="checkbox"/>

Section 5. Patient Self Care Practices

5.1 Do you have difficulties following your recommended diet?	No	Yes
#YES → Do the following apply?		
5.1.1 I don't have enough time to prepare healthy meals	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2 It costs too much to eat well	<input type="checkbox"/>	<input type="checkbox"/>
5.1.3 I don't know what foods are best to	<input type="checkbox"/>	<input type="checkbox"/>
5.1.4 I eat out a lot and find it hard to eat	<input type="checkbox"/>	<input type="checkbox"/>
5.1.5 If Type 1 - it is too hard to count carbs/weigh food	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Do you check your blood glucose level as often as recommended?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure of recommended testing	
5.3 If you are on injectables or insulin, do you rotate your injection site?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Section 7. Quality of Life Assessment

Part A: Self-assessment of health status

7.1 Own health state rating (0-100)	<input type="text"/>
7.2 Screening Scale Q1	<input type="text"/>
7.3 Screening Scale Q2	<input type="text"/>

#IF Q1 or Q2 is ≥ 3, complete Part B

Part B: Diabetes Distress Scale 17

7.4 DDS 17 Questionnaire done	<input type="checkbox"/> No <input type="checkbox"/> Yes
#YES → complete 7.4.1 - 7.4.5 below:	
7.4.1 Total DDS 17 Score	<input type="text"/> - <input type="text"/>
7.4.2 Emotional Burden (A)	<input type="text"/> - <input type="text"/>
7.4.3 Physician-related distress (B)	<input type="text"/> - <input type="text"/>
7.4.4 Regimen-related distress (C)	<input type="text"/> - <input type="text"/>
7.4.5 Interpersonal distress (D)	<input type="text"/> - <input type="text"/>

Section 4. Health Professional Attendances

Has the patient attended any of the following in the last 12 months?			
	No	Yes	
4.1 Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>	4.6 Diabetes Specialist
4.2 Diabetes Educator	<input type="checkbox"/>	<input type="checkbox"/>	4.7 Ophthalmologist
4.3 Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	4.8 Optometrist
4.4 Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	4.9 Dentist
4.5 Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	4.10 Exercise Physiologist

Section 6A. BCD

Over the last couple of weeks has the patient been:		
	No	Yes
6A.1 Having restless or disturbed nights	<input type="checkbox"/>	<input type="checkbox"/>
6A.2 Feeling unhappy or depressed	<input type="checkbox"/>	<input type="checkbox"/>
6A.3 Feeling unable to overcome difficulties	<input type="checkbox"/>	<input type="checkbox"/>
6A.4 Dissatisfied with their way of doing things	<input type="checkbox"/>	<input type="checkbox"/>

Section 6B. Treatment

	No	Yes
6B.1 Is the patient taking antidepressants	<input type="checkbox"/>	<input type="checkbox"/>
6B.2 Psych. treatment/counselling - past	<input type="checkbox"/>	<input type="checkbox"/>
6B.3 Psych. treatment/counselling - now	<input type="checkbox"/>	<input type="checkbox"/>