330 Psychosocial Refreshment Program for Diabetes Distressed / Depressed patients -- a 3-Dimensional Approach
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Introduction
Global data showed 12-15% of diabetes people having depression. Emotional distress/depression would not only affect one's motivation and performance on disease management, but also affect individual's quality of life and their family. In 2016, Diabetes and Endocrine Centre and Health Resource Centre of Prince of Wales Hospital joint-coordinated a program called “330 Psychosocial Refreshment Program for Diabetes distressed / depressed patients”, using a 3-dimensional approach to help patients in reducing depressive symptoms so as to enhance disease self-management.

Objectives
- To develop a structured care program incorporated with a 3-dimensional approach to diabetes distressed patients
- To reduce patient's depressive symptoms and enhance disease self-management behaviors
- To provide a transitional-care measure for the depr

Methodology
Patients who underwent DM complication screening and were noted to have psycho-distressed/depression identified by Patient Health Questionnaire-9 (PHQ-9) 8 to 16 marks, were invited to attend the program.
The 3-dimensional approach of the program highlighted psycho-social health, disease self-management & peer support concepts, to be led by related experts, including social-worker, diabetes nurse specialists and trained diabetes peer supporters. The program consisted of 1 individual counselling by social worker, 4 reflective workshops & 1 reunion activity. Peer partnership concept was adopted; a trained
peer-supporter was arranged to each patient as a peer buddy. Regular caring-calls were encouraged during the program.

Workshop Content highlights:
- Positive thinking, stress management, CBT thinking pattern, mindfulness
- DM Conversation Map “Walk with diabetes”
- Diabetes Steno Card
- Reflective games and story

**Result**
The program was organized in 2-3Q 2016, 5 trained diabetes peer-supporters assisted to run the program; total 11 distressed diabetes patients (4 male and 7 female) attended. Mean Age was 55(39-76). 82% were Type 2 DM, 73% needed insulin injection, mean baseline A1c was 9%. From social worker counselling, 6 (55%) of participants reported their main psycho-stressor was related to diabetes.

After the 3-month program, PHQ-9 mean score dropped from baseline 11.1 (suspected depression), to post 7.8 marks (normal). 50% of patients improved from abnormal to normal PHQ-9 score.

Besides, the well-being WHO-5 score (<50 indicate low mood) raised from baseline 31 to post 42 marks.

For HbA1c, no significant changes were seen at the time just finished the program. However, 90% of the participants agreed that the program could promote their positive attitude towards DM care and all agreed the program could relieve their negative thought/ psycho-distress level.

To care the distressed diabetes patients by 3-dimensional approach is an innovative project to serve the rising targeted population in Hong Kong.