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Diabetes Distress Is Common in Newly Diagnosed Families in the 4T Study and Families are Receptive to Psychological Services

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Abstract:

Psychosocial states significantly impact T1D care and management for youth and their families. As part of a clinical pragmatic study, we report the number of elevated Patient Reported Outcomes (PROs) in newly diagnosed families and track their progress to psychological care. Parents/guardians (PG, n=125/133 4T Study 1 participants) and youth ≥11 years (n=60) were eligible to complete baseline, 3-, and 6-month PROs. PG completed Diabetes Distress Scale - Parent (DDS-P) and youth completed Diabetes Distress Scale (DDS-2) and PROMIS Pediatric Global Health Scale (PGH). Elevated PROs were based on published guidelines and were referred to the clinic's psychological services. Survey completeness was verified by staff to identify false flags. Staff reapproached the participant's psychologist for re-flagged PROs >3 months after the last visit.

Over the three study time periods, a total of 99 PROs flags were evaluated (**Table**). At baseline, there were 32% flagged PROs, which decreased to 27% and 23% at 3 and 6 months, respectively. Elevated DDS-P was the most common reason for referral (75%). Early psychological intervention may explain the reduction in elevated PROs over the study period.

With the implementation of systematic PROs in this new onset population, we observed it was common to have diabetes distress and families were receptive to psychological services.

	Baseline	Month 3	Month 6
Parent/Guardian	n=92	n=87	n=83
Youth (≥11 years)	n=36	n=32	n=30
Elevated PROS*	41	32	26
DDS-P	29	16	17
DDS-2, PGH	3	2	3
DDS-P, DDS-2, PGH	3	1	1
DDS-2	2	3	1
DDS-P, PGH	2	3	0
DDS-P, DDS-2	1	1	0
PGH	1	1	2
False flag**	0	5	2
Referral not triggered			
Psychology services not in place	13	2	0
Psychology already involved	2	13	15
Eligible for intake	26	17	11
Intake scheduled	14	8	2
Attended appointment	13	6	2

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