The Impact of Depression on Diabetes: Consequences, Treatment, & Positive Outcomes
Disclosures to Participants

Requirements for Successful Completion: For successful completion, participants are required to be in attendance in the full activity, complete and submit the program evaluation at the conclusion of the educational event.

Disclosure of Relevant Financial Relationships and Mechanism to Identify and Resolved Conflicts of Interest: There are no financial relationships or conflicts of Interest to report.

Sponsorship / Commercial Support: No sponsorship or commercial support

Non-Endorsement Of Products: Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR.

Off-Label Use: Participants will be informed if any product is mentioned for a purpose other than that for which it was approved by the Food and Drug Administration.

Activity-Type: This is a knowledge-based activity.
Learning Objectives

1. Define health psychology
2. Define frequency of comorbid depression & diabetes
3. Define results of comorbid depression & diabetes
4. Define common psychotherapy interventions & outcomes on depression & diabetes measures
5. Define relationship between depression & diabetes
Our work is serious but we are not.
Health psychology can help integrate the various elements of medical and psychological well-being into focus and provide skills, guidance, and education for the individual to actively manage diseases.

- Health promotion
- Psychological states and illness
- Cognitive factors
- Stress and illness
- Coping
- Social support
- Adherence to treatment
- Psychometric testing
Bottom Line: Not treating Mental Health issues in diabetes care equals worse outcomes.

Untreated Depression & Diabetes Outcomes

- Subjectively feel worse
- Physically less active
- More likely to smoke
- Worse eating habits
- Increased out-of-pocket cost
- Less likely to be able to work
- Increased non-compliance to treatment
- Increased risk of persistent hyperglycemia
- Increased risk of vascular complications
- *A five times higher early mortality rate*
- *Up to a 15% increased risk for diabetic retinopathy*

Sources:
2. The Impact of Knowledge about diabetes, resilience and Depression on glycemic control: a cross-sectional study among adolescents and young adults with type 1 diabetes; Diabetology & Metabolic Syndrome; 5:55, 2013.
4. Diabetes, Untreated Depression Can Lead to Serious Eye Disease; General Hospital Psychiatry, July 28, 2011.
Prevalence of Comorbid Depression in PWD (T1 & T2) 39 Study Meta Analysis N = 20,218

Estimates of rate of depression in PWD vary widely

Diabetes Care, V 24, Num 6, June 2001
Diabetes Self-Care Drops Dramatically in those with Major Depression

The Prevalence & Correlates of Eating Disorders in the National Comorbidity Survey Replication (2,980 participants)

Highly increased risk of type 2 diabetes in patients with binge eating disorder and bulimia

<table>
<thead>
<tr>
<th>Comorbid Mood Disorder</th>
<th>Comorbid Anxiety Disorder</th>
<th>Comorbid Impulse Disorder</th>
<th>Etoh Abuse / Dependence</th>
<th>CD Abuse / Dependence</th>
<th>Any Substance Abuse / Dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia</td>
<td>42%</td>
<td>48%</td>
<td>31%</td>
<td>25%</td>
<td>18%</td>
</tr>
<tr>
<td>Bulimia</td>
<td>71%</td>
<td>81%</td>
<td>64%</td>
<td>34%</td>
<td>26%</td>
</tr>
<tr>
<td>BED</td>
<td>46%</td>
<td>65%</td>
<td>43%</td>
<td>21%</td>
<td>19%</td>
</tr>
</tbody>
</table>

(1) Biological Psychology, 2007, 61 (3), 348-358. Percentages are rounded.
CBT Vs Nutritional Counseling 1 Year Post Hospital Relapse Rates

FIGURE 1. Survival Analysis of Time to Relapse for Patients With Anorexia Nervosa Who Received 1-Year Posthospitalization Treatment With Cognitive Behavior Therapy or Nutritional Counseling.

The patients receiving cognitive behavior therapy remained in treatment significantly longer without relapsing (mean session=43.79, SD=2.9) than those receiving nutritional counseling (mean session=27.21, SD=5.9) (log-rank statistic=8.39, p<0.004).

American journal Psychiatry 160:11, Nov 2003
Prevalence of Anxiety Disorders Among PWD (T1 & T2) 18 Study Meta Analysis N = 2,584

- Generalized Anxiety Disorder: 14%
- Anxiety Disorder NOS: 17%
- Subclinical Significant Anxiety Symptoms: 40%

Robust empirical evidence strongly supports counseling as effective in increasing diabetes self-care & improving outcomes.
Counseling Benefits People Living With Diabetes

- More active coping behaviors
- Much higher probability of meeting treatment goals
- Significant variable in better quality of life & metabolic control
- Predicted future A1c
- Slower rate of worsening A1c
- Increased self-care behaviors
- Less likely to be bothered by disease symptoms even if they worsen

“Positive Thoughts Lead to Positive Results.”
- Maria V. Snyder
Patients with both conditions often have unfavorable outcomes. Collaborative care has been shown by numerous studies to be more effective treatment than primary care alone.

- Higher rates of adherence to diabetes medications
- Higher rates of adherence to antidepressant medications
- Improved prognosis for both depression and diabetes

Huang et al. *BMC Psychiatry* 2013, 13:260
37 YO, Married White Male, w/ a College Degree Presenting Problems

- T1
- B.E.D.
- O.C.D.
- Major Depression
- Chronic Pain
- Central Sleep Apnea
- (On disability for T1, Chronic Pain & Obesity)
• Dx X 14 years
• Insulin pump X 6 years
• Severe insulin resistance (Dr. Self)
• A1C > 8.0 X 3 years up to 13.0
• March 2016 A1C = 8.1
• Neuropathy L & R feet X 3 years ‘I can’t feel anything.’
• Consistent w/ blood glucose checks
• Feels like a failure
Binge Eating Disorder

- Like bulimia but no regurgitation
- Weight > 300 lbs since 2010
- 335 lbs, 5’9” March 2016
- March 2016 3,500 + calories daily
- 5 meals daily
- Candy bars, Kit Kat, several daily
- Seven 20 oz Soft drinks daily
- McDonalds breakfast burrito daily
- Never full & always hungry
- Family of origin: Eat out family dinners 2 X wkly & special occasions
- Can’t resist carbs & desserts during family gatherings
- Family business candy distributorship ‘Candy Man’
- Grew up eating out 3 -4 X wkly
- Candy ALWAYS around & a reward
- Mayo & Dr. Self concur bariatric surgery
Relevant Comorbidities

**Obsessive Compulsive Disorder**
- 1-2 hours daily
- Racing thoughts
- Germ phobia
- Generalized

**Major Depressive Disorder**
- Severe
- Chronic
- No psychotic features
- Med sensitive
- Severe w/out psychotic features
Support System

• Family of origin: positive emotional support
• Behavioral culture of food a challenge
• Spouse: Very supportive
• Healthy eater
• Exercises
• Emotionally encouraging

Prognosis

• Initial prognosis poor due to chronicity, severity, & comorbidity

Developed over last 6 Months

• Motivated
• Intelligent
• Internal Locus of Control
• Grit
• Open to influence
• Desire to succeed
An Unknown: Unknown Allergic Reaction

- Unknown
- Effect on A1C
- Effect on energy ‘No energy’
- Swelling
- Joint pain
- Chronic flu like symptoms
- Was helping w/ OCD symptoms
- Generally feeling like ____!

After discovering his psychiatrist had left w/out follow up instruction I referred him to Kelly White, APRN for a DNA swab which indicated the allergic reaction. Presently he is on Venlafaxine. OCD behaviors down to one hour daily. Fighting food cravings which are a side effect of Venlafaxine.
JP reports that Stephanie’s major contributions are:
1. Calorie management
2. Encouraged to talk with Karl about emotional eating

Good Morning!

New Ref: [redacted] DOB: [redacted]

Patient is 335 pounds & 59' & Dx as morbidly obese. His present A1C = 8.1 & he is T1 x 14 yrs with a pump x 6 years.

Dx: 1) Major depressive disorder, recurrent severe w/out psychotic features & 2) Binge Eating Disorder (BED), severe.

Can you please work in at your earliest convenience?

Thank You,
**MCMI – II/III Profile**

### Client:

John Park

### ID:

John Park

### Test Date: 04/01/2016

**Page 2**

#### Norms:
- General Medical
- Not Indicated

**Medical Problems:**
- Not Indicated

**Code:** BB CC AA // 3 **-** // C B A **E** F + // **G** K //

### Response Patterns

<table>
<thead>
<tr>
<th>X</th>
<th>Y</th>
<th>Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure</td>
<td>Desirability</td>
<td>Debasement</td>
</tr>
</tbody>
</table>

### Negative Health Habits

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Drug</th>
<th>Eating</th>
<th>Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caffeine</td>
<td>Inactivity</td>
<td>Smoking</td>
<td></td>
</tr>
</tbody>
</table>

### Score Range

<table>
<thead>
<tr>
<th>Score</th>
<th>RAW</th>
<th>PS</th>
<th>0</th>
<th>55</th>
<th>75</th>
<th>85</th>
<th>100</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Profile of Prevalence Scores

<table>
<thead>
<tr>
<th>Score</th>
<th>0</th>
<th>55</th>
<th>75</th>
<th>85</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Scales

- Anxiety-Tension
- Depression
- Cognitive Dysfunction
- Emotional Lability
- Guisiness
- Introversion
- Inhibited
- Depressed
- Cooperative
- Sociable
- Nonconforming
- Forceful
- Respectful
- Oppositional
- Denigrated
- Illness Apprehension
- Functional Deficits
- Pain Sensitivity
- Social Isolation
- Future Pessimism
- Spiritual Absence
- Interventional Fragility
- Medication Abuse
- Information Discomfort
- Utilization Excess
- Problematic Compliance
- Adjustment Difficulties
- Psych Referral

### Modifying Indices

- Disclosum: 52
- Desirability: 51
- Debasement: 52

### Clinical Personality Patterns

- Schizoid: 62
- Adolescent: 72
- Depressive: 77
- Dependent: 81
- Hostile: 40
- Narcissistic: 28
- Antisocial: 0
- Aggressive/Borderline: 0
- Compulsive: 68
- Passive-Aggressive: 64
- Self-Defeating: 58

### Severe Personality Pathology

- Schizotypal: 61
- Borderline: 56
- Paranoid: 68

### Clinical Syndromes

- Anxiety: 94
- Somatoform Disorder: 103
- Bipolar: Lithic Disorder: 60
- Dysthymic: 97
- Alcohol Dependence: 40
- Drug Dependence: 9
- Post-Traumatic Stress Disorder: 69

### Severe Clinical Syndromes

- Thought Disorder: 69
- Major Depression: 91
- Delusional Disorder: 9
Personality Assessment Inventory™ Clinical Interpretive Report

Full Scale Profile

Subscale Profile

Plotted T-scores are based upon a census matched standardization sample of 1,000 normal adults.
• Indicates that the score is more than two standard deviations above the mean for a sample of 1,246 clinical patients.
+ Indicates that the scale has more than 20% missing items.
Positive use of good virtues and personality strengths:

Firstly, I believe my honesty is a good virtue to have. I pride myself on being forthright and transparent in all facets of my life. I try my best to be honest; regardless of the potential outcome of a situation. I want people to be honest in their assessments of me, so in return I try to be honest with them. I think that telling the truth usually makes for a better ending.

Secondly, I have the belief and have been told by others that I am a genuine person. I'm "real" in the sense that I don't act differently around certain groups, I am pretty consistent in my behaviors. I am not phony or a backstabbing individual, rather people can know with me I'm on the same even keel level most days.

Thirdly, I think that being humble is one of my best virtues. I'm not a fan of arrogant and overly proud of themselves people. I was raised to appreciate what you have because it can be gone in an instant literally. I have always been told I'm too humble, if there is such a thing, because I don't brag even when my accomplishments are grand. I like to take good things in stride because change could be lurking around the corner.

Fourthly, love of learning and further education runs deep within me. I think a good strength to have is a thirst for knowledge. I take foreign policy continuing education courses to quench my need to learn new ideas on worldly events. I enjoyed being in "the classroom" when I was in college particularly and continuing ed provides a sense of that again as well as being with a group of highly educated folks.

Lastly, my ability to be a kind and generous person is a strength of mine that I try to exhibit daily. I was voted "most polite" in the eighth grade yearbook by fellow classmates. Being kind should come naturally, not be forced, and I enjoy helping and caring for those who need it or can't do it on their own. Ironically, I spent years assisting handicapped and undervalued people and now I'm the one who needs extra help and understanding.

OPTIMISM TEST: LEARNED OPTIMISM EXPLANATORY STYLE

Take Seligman’s Optimism test for free
www.authentichappiness.org

Found that Optimists interpret life situations in a specific way

GREAT NEWS! We can all learn how to do this.

Two Tests:
1. Learned Optimism
2. Signature Traits (VIA)
   Long Version
Rational Emotive Behavioral Therapy (CBT)

John Pasker
Coping With Life Tools
- Structure
  - Daily
  - Distraction
  - Reading
  - Compartmentalizing
  - Task-oriented
  - One day at a time
  - Daily 7-minute meditation
  - Life on Saturday meeting
  - Book of meditations
  - Serenity prayer
  - Devotions

ACTIVATING Event
- Son returns home and goes to room without speaking

BELIEF (attitude, opinion, expectations)
- "He is ungrateful and discourteous"

THOUGHT: "He is ungrateful and discourteous"

STOP DISPUTE
- Am I jumping to conclusions?
- Is there a possible alternative explanation?

CONSEQUENCE (action)
- Have argument with son.

CONSEQUENCE
- Go to son's room and have friendly talk with him.
<table>
<thead>
<tr>
<th>Situation</th>
<th>Thought</th>
<th>Emotion CAUSE</th>
<th>Behavior EFFECT</th>
<th>Alternative Thought</th>
<th>Alternative Emotion</th>
<th>Possible Alternative Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>McDonalds on the way home</td>
<td>I'm Hungry, I really like fast burritos, low $$$</td>
<td>Intense desire, depression, satisfaction</td>
<td>Stopping @ the drive thru &amp; ordering a large value meal</td>
<td>B/S increase, it will cause me to feel a fog, not really economical, actually costs more in healthcare, fruits &amp; veggies better for immune system</td>
<td>Feels more in control, less depressed, mental clarity, more reinforcement from those who love me</td>
<td>Driving hope different route, cooking @ home, making my own burito &amp; will know content, will eat more eggs</td>
</tr>
<tr>
<td>Stopping @ Thornton's</td>
<td>convenience, hungry for quick snack</td>
<td>fulfill a need, desire to not be hungry</td>
<td>intend to buy fruit get candy, buy more food than planned</td>
<td>more expensive for snacks healthier choices @ Paul's</td>
<td>feel better saving &amp; fruit &amp; veggies make me feel less &quot;foggy&quot;</td>
<td>don't rent Redbox, get Netflix buy more bulk snacks @ costco</td>
</tr>
<tr>
<td>Pain</td>
<td>go to Paul's or Thornton's can't walk grocery store</td>
<td>depressed about pain constantly, need a distraction for the pain</td>
<td>often don't go to weekly grocery runs due to leg, back pain so get fatty fast foods</td>
<td>blood sugars trend higher mind not as lucid, feel more tired</td>
<td>make better decisions on kinds of foods more self-confidence following a plan</td>
<td>use the store scooter with no shameful feelings</td>
</tr>
<tr>
<td>Boredom</td>
<td>the food is available, go eat it</td>
<td>deprrssed intense need for feeling full</td>
<td>mindless eating in front of tv</td>
<td>extra snacks will take me over calorie daily goal</td>
<td>be proud of myself if under cal goal</td>
<td>make sure to have pre-portioned healthy snacks @ home</td>
</tr>
<tr>
<td>Bad health outcome</td>
<td>may forget briefly about results fast food is on way home</td>
<td>depressed feeling negative sorry for myself</td>
<td>get a drive-thru as fast way to combat hunger</td>
<td>make me feel worse, tired &amp; down emotions</td>
<td>taking more care of body with good food choices</td>
<td>take a pre made small meal to dr. App't, go straight home</td>
</tr>
</tbody>
</table>
DIABETES AND NUTRITION CARE
INITIAL NUTRITION ASSESSMENT

NAME: John Park
DOB: [redacted]

REFERRING PHYSICIAN: [redacted]
MED DX/CODE: [redacted]

DIETITIAN APPROVED

Patient Status: chief complaint:
Struggling to lose weight

Pertinent Patient History:
Ht: 5'10" Wt: 330# BMI: 47.1# ISW: 116# DBW: 209#

Medical Hx:
See chart

Personal/ Social Hx:
Diabetes diagnosed, insulin pump, basal 3 units, prandial 40 units/day

Weight/Diet Hx:
Has been on insulin since 2002. Only lost 11#. Considering gastric bypass

Physical Activity (Indicate type, duration, frequency):
Very active on bike

Additional Pertinent Information:
Has a上有 difficulty getting it below 7.8 per

Food & Nutrition History:
B: Gallons of Orange juice, turkey salad on wheat
L: Grilled chicken, cheese, vegetables
D: Turkey sandwich, fruit, veggie, milkbar
Snacks: [redacted]

BIOCHEMICAL/ MEDICAL TESTS/PROCEDURES:

<table>
<thead>
<tr>
<th>Glucose</th>
<th>RESULTS</th>
<th>DATE</th>
<th>LDL</th>
<th>RESULTS</th>
<th>DATE</th>
<th>Other</th>
<th>RESULTS</th>
<th>DATE</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C</td>
<td>[redacted]</td>
<td>[redacted]</td>
<td>HDL</td>
<td>[redacted]</td>
<td>[redacted]</td>
<td>Other</td>
<td>[redacted]</td>
<td>[redacted]</td>
<td>Other</td>
</tr>
<tr>
<td>Total Cholesterol</td>
<td>[redacted]</td>
<td>[redacted]</td>
<td>Triglycerides</td>
<td>[redacted]</td>
<td>[redacted]</td>
<td>Other</td>
<td>[redacted]</td>
<td>[redacted]</td>
<td>Other</td>
</tr>
</tbody>
</table>

Estimated Calculated Caloric/Nutritional Needs: 2100 Kcal/day

NUTRITION DIAGNOSIS

#1 Nutrition Di: Obesity
As Evidenced By:

MET: NOT MET

Ongoing

#2 Nutrition Di: Excessive energy intake
As Evidenced By:

MET: NOT MET

Ongoing

NUTRITION INTERVENTION

#1 Intervention: Caloric and Cholesterol diet
Goal: Snack no more than 15 g CHO

#2 Intervention: General Healthy diet
Goal: Low Fat, 2100 Kcal/day. Starting NUTRITION PLAN for weight loss

MONITORING & EVALUATION

Criteria (intake amount, mg/dl): 1. 150 g CHO/day
                                      2. 2100 Kcal/day
                                      3. At least 60 minutes of activity

Education Provided (handouts):
Nutrition Basics, Diabetes Precautions

Comprehension: Good  Fair  Poor
Compliance: Good  Fair  Poor

Stages of Change:
Pre-contemplation  Contemplation  Preparation  Action  Maintenance

Date: 8/17/11
Beginning Time: 10:00 AM  Ending Time: 11:00 AM  Total Minutes: 60

I DON'T ALWAYS DRINK TUBE FEEDING

BUT WHEN I DO, ITS JEVITY 1.2
Cognitive Behavioral Therapy – Adherence Therapy (CBT-AD)
## Initial Goal Setting

<table>
<thead>
<tr>
<th>Changing</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working to improve depression</td>
<td>• Learn how to eat healthier foods that help my blood sugars lower</td>
<td>• I may not continually meet calorie restricted goal daily</td>
</tr>
<tr>
<td>• Feel less depression, chronic ailments can improve</td>
<td>• My diabetic health and blood sugars might not improve</td>
<td></td>
</tr>
<tr>
<td>• Better overall diet can lead to weight loss &amp; more self-confidence</td>
<td>• Might not lose a good amount of weight and get more depressed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not changing</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping things the way they are</td>
<td>• Able to keep eating “bad food choices”</td>
<td>• Not able to see good healthy eating makes me feel</td>
</tr>
<tr>
<td>• Don’t have to face reality of diabetic health issues</td>
<td>• Not able to improve my A1c next appt.</td>
<td></td>
</tr>
<tr>
<td>• Not having to re-work my entire dietary life</td>
<td>• Continue to have low self-body image &amp; be depressed &amp; down on myself</td>
<td></td>
</tr>
</tbody>
</table>

### Goals

1. Decrease calories by 10% presently at 2500 to 3300 daily calories before I see Food.
2. Getting through checkout line without sweets impulse buying.
3. Exercise 4 times a week for 75 minutes.
4. No weight gain.
5. Do something enjoyable everyday.

### AIM

Articulate, ID, & Make Plan
Weekly Goal Adherence

Weekly Adherence Assessment Form: 6/27 - 7/14/16

You will complete this form at the start of every session. You will work with your therapist to determine your adherence goals during the Life-Steps intervention (module x) of this treatment program.

Thinking about the PAST WEEK on average how would you rate your ability to adhere to your goal of decrease daily calories by 10% to 2,200

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

going from 2,500 - 2,200 has been a slow progression

Thinking about the PAST WEEK on average how would you rate your ability to adhere to your goal of getting through checkout line with impulse buying

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

only got candy 1 time out of about 5 opportunities

Thinking about the PAST WEEK on average how would you rate your ability to adhere to your goal of exercise 4 times weekly for 75 minutes

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

went to the Y, went mini-golf outside, vacuuming

Thinking about the PAST WEEK on average how would you rate your ability to adhere to your goal of no weight gain

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

was up 2 pounds this week to 375 lbs.

Too much sodium daily intake

Thinking about the PAST WEEK on average how would you rate your ability to adhere to your goal of do something enjoyable everyday

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

went out with friend, wife's baby party, bookstore

Weekly Adherence Assessment Form: 9/21/16

You will complete this form at the start of every session. You will work with your therapist to determine your adherence goals during the Life-Steps intervention (module x) of this treatment program.

Thinking about the PAST WEEK on average how would you rate your ability to adhere to your goal of decrease calories to 2,200 daily

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

6 days over out of 7 left for hunger obsession

Thinking about the PAST WEEK on average how would you rate your ability to adhere to your goal of getting through checkout line with impulse buy

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

2 impulse buys

Thinking about the PAST WEEK on average how would you rate your ability to adhere to your goal of exercise 4 x week

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

back pain all week

Thinking about the PAST WEEK on average how would you rate your ability to adhere to your goal of do something enjoyable everyday

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

bookstore I walked outside
### Some Pertinent Goals & Facilitating Objectives

<table>
<thead>
<tr>
<th>Issue</th>
<th>Baseline (March 2016)</th>
<th>Present (9/23/16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>McDonalds b-fast burrito</td>
<td>Daily</td>
<td>Zero</td>
</tr>
<tr>
<td>Stopping at Thorntons</td>
<td>Daily</td>
<td>Zero</td>
</tr>
<tr>
<td>Kit Kats and Now &amp; Laters</td>
<td>Multiple per day</td>
<td>Usually 1 X WKLY</td>
</tr>
<tr>
<td>Eating out with family</td>
<td>2 X wkly or &gt;</td>
<td>Usually 2 X MO</td>
</tr>
<tr>
<td>Daily calories</td>
<td>&gt; 3,500</td>
<td>2,200 (60%) &lt; 2,600 (100%)</td>
</tr>
<tr>
<td>Weight Change</td>
<td>Static to increasing</td>
<td>Has lost same 6 - 12 lbs (fluid)</td>
</tr>
<tr>
<td>Bariatric surgery</td>
<td>Felt compelled / shame</td>
<td>Believes more of a health choice</td>
</tr>
<tr>
<td>Exercise 4 X wkly for 75 min</td>
<td>1 - 2 weekly</td>
<td>Meets goal about 70%</td>
</tr>
</tbody>
</table>
We also suggest reviewing the patient’s responses across all items, regardless of mean item scores. It may be helpful to inquire further or to begin a conversation about any single item scored 3 or higher.

JD 6/27/16

Total DDS Score:

a. Sum of 17 item scores.
   \[ \frac{55}{12} = 3.25 \geq 3 \checkmark \]

b. Divide by:

\[ \frac{5}{4.6} = 3.04 \geq 3 \checkmark \]

c. Mean item score:

A. Emotional Burden:

a. Sum of 5 items (1, 3, 8, 11, 14)
   \[ \frac{23}{5} = 4.6 \geq 3 \checkmark \]

b. Divide by:

c. Mean item score:

B. Physician-related Distress:

a. Sum of 4 items (2, 4, 9, 15)
   \[ \frac{6}{4} = 1.5 \geq 3 \checkmark \]

b. Divide by:

c. Mean item score:

C. Regimen-related Distress:

a. Sum of 5 items (5, 6, 10, 12, 16)
   \[ \frac{19}{5} = 3.8 \geq 3 \checkmark \]

b. Divide by:

c. Mean item score:

D. Interpersonal Distress:

a. Sum of 3 items (7, 13, 17)
   \[ \frac{7}{3} = 2.3 \geq 3 \checkmark \]

b. Divide by:

c. Mean item score:

We also suggest reviewing the patient’s responses across all items, regardless of mean item scores. It may be helpful to inquire further or to begin a conversation about any single item scored 3 or higher.

 JP 9/21/16

Total DDS Score:

a. Sum of 17 item scores.
   \[ \frac{44}{17} = 2.59 \geq 3 \checkmark \]

b. Divide by:

c. Mean item score:

A. Emotional Burden:

a. Sum of 5 items (1, 3, 8, 11, 14)
   \[ \frac{20}{5} = 4 \geq 3 \checkmark \]

b. Divide by:

c. Mean item score:

B. Physician-related Distress:

a. Sum of 4 items (2, 4, 9, 15)
   \[ \frac{6}{4} = 1.5 \geq 3 \checkmark \]

b. Divide by:

c. Mean item score:

C. Regimen-related Distress:

a. Sum of 5 items (5, 6, 10, 12, 16)
   \[ \frac{14}{5} = 2.8 \geq 3 \checkmark \]

b. Divide by:

c. Mean item score:

D. Interpersonal Distress:

a. Sum of 3 items (7, 13, 17)
   \[ \frac{4}{3} = 1.33 \geq 3 \checkmark \]
<table>
<thead>
<tr>
<th>Date</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/14/16</td>
<td>8.8</td>
</tr>
<tr>
<td>3/8/16</td>
<td>8.1</td>
</tr>
<tr>
<td>11/30/15</td>
<td>8.2</td>
</tr>
</tbody>
</table>

**Present A1c Estimate**
7.9 – 8.1
# PHQ – 9 Depression Scores

<table>
<thead>
<tr>
<th>Date</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/25/16</td>
<td>17</td>
<td>Moderately Severe Depression</td>
</tr>
<tr>
<td>8/2/16</td>
<td>19</td>
<td>Moderately Severe Depression</td>
</tr>
<tr>
<td>9/21/16</td>
<td>14</td>
<td>Moderate Depression</td>
</tr>
</tbody>
</table>
Why Counseling

“Depression is very treatable. Treatment compliance increases and the quality of life is greatly improved.”