

Title: Do pre-existing diabetes social support or depressive symptoms influence the effectiveness of a diabetes management intervention?

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Journal: Patient Education and Counseling

Date And Issue: In Press, 8/2015.

Abstract

Objective: Examine influences of diabetes-specific social support (D-SS) and depressive symptoms on glycemic control over time, among adults randomized to a diabetes self-management education and support (DSME/S) intervention or usual care.

Methods: Data were from 108 African-American and Latino participants in a 6-month intervention trial. Multivariable linear regression models assessed associations between baseline D-SS from family and friends and depressive symptoms with changes in HbA1c. We then examined whether baseline D-SS or depression moderated intervention-associated effects on HbA1c.

Results: Higher baseline D-SS was associated with larger improvements in HbA1c (adjusted HbA1c change 0.39% for each +1-point D-SS, $p = 0.02$), independent of intervention-associated HbA1c decreases. Baseline depressive symptoms had no significant association with subsequent HbA1c change. Neither DSS nor depression moderated intervention-associated effects on HbA1c.

Conclusions and practice implications: Diabetes self-management education and support programs have potential to improve glycemic control for participants starting with varying levels of social support and depressive symptoms. Participants starting with more support for diabetes management from family and friends improved HbA1c significantly more over 6 months than those with less support, independent of additional significant DSME/S intervention-associated HbA1c improvements. Social support from family and friends may improve glycemic control in ways additive to DSME/S.