

Let's Talk:

Diabetes Distress, Burnout, & Stigma

Understand the impacts and signs of diabetes distress

Nobody describes living with diabetes as a walk in the park, but it is common to hear people describe the condition as overwhelming, frustrating, and exhausting. Diabetes distress is defined as the worries, concerns, and fears among people with diabetes and their families as they navigate diabetes management over time. Most people living with diabetes experience diabetes distress in their lifetime.¹ **Greater experiences of diabetes stigma, or the feelings of blame, shame, or judgment that a person may experience due to their having diabetes, are associated with increased diabetes distress.**²

If these feelings result in disengagement from one's self-care behaviors, it is known as diabetes burnout. Diabetes distress and burnout are unique from other mental and behavioral health conditions because they relate specifically to living with and managing diabetes and may impact management outcomes.^{1,3}

Having stigma-free conversations about diabetes distress

Have a plan to proactively screen for diabetes distress and explore solutions.¹

Diabetes distress is common, but screening for distress and burnout is rarely standard practice. Many healthcare providers may even feel uneasy or ill-equipped to implement screening for mental health concerns.

Make a plan for how to screen regularly with a tool like the self-report Diabetes Distress Assessment System (T1-DDAS and T2-DDAS) and have resources prepared to help, such as simplified management recommendations or connections to community support and educational resources. Find a great mental health provider directory here.

1

Choosing stigma-free language

Diabetes stigma can negatively impact outcomes and make it difficult to have safe and productive conversations about diabetes distress and other aspects of mental and behavioral health.³ Words can transform the conversation. **Choose to use language that:**

- is neutral, nonjudgmental, and based on facts, actions, or biology^{4,5}
- is strengths-based, respectful, inclusive, and imparts hope^{4,5}
- is person-centered^{4,5}
- fosters collaboration between people with diabetes and their care teams^{4,5}

For more language guidance, explore the [resources at dstigmatize.org](https://dstigmatize.org).

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Explore all factors that may contribute to someone's management behaviors and outcomes.

Diabetes distress or burnout may coincide with other challenges, such as experiencing shame or self-blame, struggling to access tools and treatments, or feeling hopeless about a recent health setback.²

Express genuine curiosity and concern and take the time to explore the barriers someone may be experiencing. Oftentimes, simply asking what challenge is bothering someone the most about their diabetes while providing a few uninterrupted moments to share can make all the difference. Noticing someone's strengths and successes can help support their management and sense of well-being. Taking the time to recognize someone's self-management efforts can go a long way to fostering collaborative decision-making and countering stigma.

2

Normalize it and keep the conversation open.

Diabetes distress is a normal part of diabetes, but most people don't know that others feel it too. Some may even feel shame for not "having it all together." Ensure people know that nobody is to blame for their diabetes and validate their feelings and challenges.

Even if someone is not experiencing distress now, they may later on.¹ Watch for signs, such as feeling the need to hide or ignore their diabetes, or feeling that nothing they do works, or that they are a burden to others. Signs like these may indicate that connecting someone to additional support or proving a referral may help.¹

3

It takes all of us to end diabetes stigma.

The first step to addressing diabetes stigma is to understand what it is and how it affects people. Visit the dStigmatize Resource Library at dstigmatize.org/resources to learn more.

Citations:

1. American Diabetes Association Professional Practice Committee (2025). 5. Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes-2025. *Diabetes care*, 48(Supplement_1), S86–S127.
2. Holmes-Truscott, E., Ventura, A. D., Thuraisingam, S., Pouwer, F., & Speight, J. (2020). Psychosocial Moderators of the Impact of Diabetes Stigma: Results From the Second Diabetes MILES - Australia (MILES-2) Study. *Diabetes care*, 43(11), 2651–2659. <https://doi.org/10.2337/dc19-2447>
3. Speight, J., Holmes-Truscott, E., Garza, M., Scibilia, R., Wagner, S., Kato, A., ... & Skinner, T. C. (2024). Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations. *The Lancet Diabetes & Endocrinology*, 12(1), 61-82.
4. Dickinson, J. K., Guzman, S. J., Maryniuk, M. D., O'Brian, C. A., Kadohiro, J. K., Jackson, R. A., D'Hondt, N., Montgomery, B., Close, K. L., & Funnell, M. M. (2017). The Use of Language in Diabetes Care and Education. *Diabetes care*, 40(12), 1790–1799.
5. J, S., T C, S., T, D., T, B., G, K., C, L., R, S., & G, J. (2021). Our language matters: Improving communication with and about people with diabetes. A position statement by Diabetes Australia. *Diabetes research and clinical practice*, 173, 108655.

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