

Request for applications – Research to identify the potential benefits of preventing, identifying and managing diabetes distress in routine diabetes care pathways

Summary

Programme Grants for Applied Research (PGfAR) is partnering with Diabetes UK in Competition 40, launching in October 2022. Co-funding is available for programmes of applied research which aim to better prevent and/or support people with diabetes distress. These may be new interventions, implementation of proven interventions, or other approaches that complement existing programmes in order to optimise engagement or effectiveness.

Background

In 2019, Diabetes UK organised a 2-day international research workshop, bringing together researchers, healthcare professionals, and people affected by diabetes to identify key gaps in the research evidence base that could help to improve the emotional and mental wellbeing of people with diabetes. The workshop highlighted a need to identify the potential benefits of preventing, identifying and managing diabetes distress in routine diabetes care pathways.¹

Diabetes distress is the emotional response to living with diabetes, including the demands of self-management, the threat of complications,² the social impact of stigma and discrimination,³ and the financial costs of treatment.⁴ This response can fluctuate over time and may peak during challenging periods such as soon after diagnosis, during major changes in treatment, during the development or worsening of long-term complications, or during stressors unrelated to diabetes.⁵

A meta-analysis of over 50 studies found that 1 in 4 people with type 1 diabetes and 1 in 5 people with type 2 diabetes have a level of diabetes distress which is likely to negatively impact their outcomes,⁶ including sub-optimal self-management,⁷⁻⁹ elevated HbA_{1c},¹⁰⁻¹² more frequent severe hypoglycaemia,^{7,13} and impaired quality of life.^{8,14}

The cause of diabetes distress is likely to be multifactorial: for example, linked to being given a diabetes diagnosis, concerns about management, fear of hypoglycaemia, and fear of future complications. However, distress might also be inadvertently enhanced by social interactions with family and friends and by negative interactions with health professionals. Whilst services or pathways which could help to improve the emotional and mental wellbeing of people with diabetes distress exist in some areas of the UK,¹⁵ consistent and effective services have yet to be implemented across the UK. There is a need both for evaluation of approaches and interventions to prevent and reduce diabetes distress, including ascertaining which components of a psycho-social intervention are most helpful, as well as determining how to configure existing services to ensure they reach those who are most at risk

and who might benefit most. Furthermore, there is still a need for quantitative and qualitative longitudinal studies to provide robust evidence to underpin the development of the most effective approaches for preventing and treating diabetes distress. This knowledge would inform and enable the national rollout of effective therapies to support people with diabetes distress in the future.

Scope

NIHR Programme Grants for Applied Research (PGfAR) and Diabetes UK are inviting applications for collaborative, multidisciplinary and multiagency programmes of applied research which aim to improve the understanding, prevention and management of diabetes distress. Examples of potential programmes of research are given below, but this list is not exhaustive and other programmes linked to this overall research priority will be welcomed.

Examples:

- What is the biopsychosocial impact of diabetes distress on patients, carers, and families?
- What groups are at highest risk of experiencing diabetes distress in terms of age, ethnicity, complications, and co-morbidities?
- What should we do when individuals express high levels of distress? E.g., should management differ if there is comorbid depression; how can we positively impact social interactions; what is the most helpful language for health care professionals to use; and how can we ensure 'attentive listening'?
- How can we effectively and acceptably implement existing international programmes for diabetes distress within a UK context, across both primary and secondary care, and for all types of diabetes? E.g., how can we equip healthcare professionals with the competencies to address diabetes distress in routine practice; and how can we explore the role of digital technologies?
- What are the barriers to implementing and accessing these programmes?

Applications should fall [within the remit of the PGfAR programme](#), and clearly identify the research context in terms of recent and currently funded UK/international research, together with the potential impact of the proposed research for patients/service users, carers, communities, the NHS and social care settings.

The inclusion of clear plans for real world implementation, knowledge mobilisation and dissemination of accrued outcomes and benefits should be considered. Outcomes should be relevant to patients, the public and/or carers, focused on health and wellbeing of diabetes distress, rather than being process specific. Applications demonstrating collaboration between research groups and between health and social care researchers will be particularly welcomed (see below).

The experiences of people with diabetes distress and their carers should be integral to the research: applications must involve people with lived experience of diabetes distress in the development of their proposal and be inclusive and seek to involve underrepresented groups to meet the needs of all groups of people with diabetes.

NIHR has developed guidance on improving inclusion of under-served groups in clinical research: [INCLUDE](#) and [INCLUDE website](#).

Expected collaborative approach for applicants

Our expectation is that research groups will collaborate to develop and submit proposals and avoid similar competing bids. Diabetes UK will facilitate collaborations.

How to apply

In addition to this brief, you will need to carefully review the [Guidance for Stage 1 applicants](#) and the [Supporting information for Stage 1 and Stage 2 applicants](#).

Applications must be submitted through the NIHR Central Commissioning Facility Research Management System.

Timelines

Step	Stage 1	Stage 2 (if invited)
Competition launch	5 October 2022	15 February 2023
Submission deadline	30 November 2022	12 April 2023
Committee review	January 2023	July 2023
Submission outcome	Early February 2023	Mid August 2023

Contact information

Further assistance can be obtained by contacting NIHR or Diabetes UK:

PGfAR: programme.grants@nihr.ac.uk

Diabetes UK: research@diabetes.org.uk

References

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