



Diabetes, Stress Anxiety & Depression

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Diabetes Distress

Information Leaflet
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INTRODUCTION

The most frequently occurring mental health problems incorporate depression, stress and anxiety. From 29th September to 23rd October 2022, in the UK around 1 in 6 (16%) adults experienced moderate to severe depressive symptoms; this is similar to rates found in summer 2021 (17%), although both years were higher than pre-pandemic levels of 10%.

It is well recognised that people with long-term conditions such as diabetes, are more at risk of developing depression. Just living with diabetes means that they are also more likely to be in stressful situations or to suffer with anxiety. As many as 40% of people with diabetes have reported that they have struggled with their psychological wellbeing since being diagnosed.

People with diabetes:

- are 2 to 3 times more likely to have depression than people without diabetes,
- only 25% to 50% of those with diabetes and depression are diagnosed and treated,
- treatment with therapy, medicine, or both, is usually very effective but without treatment depression often gets worse, not better.

If people are depressed, they may have a greater chance of developing Type 2 diabetes. However, diabetes and depression can be treated together and effectively managing one can help with the other.

Stress is also common with 4% of people feel so stressed they have been overwhelmed or unable to cope (Mental Health Foundation and YouGov).

- Nearly a third of adults (30%) feel stressed ten or more days a month.
- One in every 14 people (7%) in the UK say they feel stressed every single day and one in five UK adults (21%) say they never feel stressed.

Living with diabetes can involve daily stress – glucose monitoring, making food choices and feeling like it is impossible to get everything right. People can also feel anxious about high glucose levels, having hypos, complications and doctor’s appointments.

In people with diabetes if stress doesn’t go away, it can keep blood sugar levels high which in turn, increases risk of diabetes complications. It can also affect mood and how people look after themselves, which can start to affect emotional health. However, there are things that can be done to take the pressure off.

Diabetes can be really tough to live with. Sometimes people feel distressed, which can include feeling frustrated, guilty, sad or worried. It is understandable that people feel this way from time to time. There are lots of things that can be done to help people to cope with feelings of diabetes distress.

Diabetes can be exhausting and overwhelming. This can cause long periods of feeling low but it is well worth remembering that taking physical activity helps to relieve depression, stress and anxiety, even if you don’t feel like it!

This leaflet provides information about stress, anxiety and depression.

STRESS AND DIABETES

Stress is a term that can feel over-used but it is a very real problem and one that needs recognising. Most of us probably know that there is a ‘top ten’ list of things that are stressful – the death of someone close, moving house, divorce, etc. People with diabetes are just as likely to suffer these stressful situations as other people. In addition diabetes, its diagnosis or the diagnosis of complications are stressful events for many people. We also have to remember that it may be stressful for close relatives – spouses, partners, parents and siblings.

For people with diabetes, stress can affect glucose levels and although much of the medical literature says that stress makes glucose levels rise, in some people stress appears to make them fall and cause more hypos. It maybe that stress affects people in different ways or maybe glucose levels just fluctuate more in some people, whatever is the case, the message has to be to learn to know how stress affects you and your blood glucose levels.

How the body handles stress

The body handles stress in much the same way as it handles danger and there are four forms this can take:

Fight or flight

Any danger or stress triggers the release of adrenaline and other hormones into the blood stream and it is these hormones that enable the body to defend itself. Breathing, heart rate and blood pressure rise, pumping more blood into the muscles so that they are ready for actions and this is when the blood sugars rise. If a person gets cross with their diabetes, the same reaction occurs. If the stress is eliminated at this stage, then the body relaxes and goes back to normal.

Resistance

Some stressful situations cannot be eliminated at the fight and flight stage, for example a job you hate but can't leave, or deteriorating health. At this stage the stress becomes chronic. The body continues to fight the stress by releasing high levels of the stress hormones even though the fight and flight responses have worn off and breathing and the heart rate may be normal. This is when symptoms appear such as anxiety attacks and/or mood swings – the feeling of being 'stressed out'.

Exhaustion or burnout

This stage occurs when the effects of chronic stress affects health. The immune system does not work as efficiently so that people are vulnerable to infections. The continual long-term fight against stress reduces the body's energy stores so that there is fatigue that may be followed by depression, sleeplessness and poor appetite or reliance on comfort eating. This is when blood sugars, blood pressure and cholesterol levels may become more difficult to control. There is also a risk of heart attack.

Freezing

A common reaction to stressful news or an anxiety-provoking situation is to freeze. It can be hard to take in information or make a plan. A person with newly diagnosed diabetes or finding out about a complication might react in this way, at least initially.

Stress and blood glucose levels

Under stress the body produces hormones, adrenaline being the one we have all heard of and it is often called the fight and flight hormone. These hormones cause the body to release stored glucose and fat for the extra energy that is required to deal with the stress but they can only be used providing the body has enough insulin. It is this sudden extra production of glucose in people with diabetes that causes the blood sugars to rise. This can be made worse by the way many people react to stress – by overeating or taking less exercise due to a lack of energy. It may be necessary to increase your insulin dose or alternatively take more exercise. Exercise will not only help to reduce your blood sugars by reducing insulin resistance, but is also recommended as a method to help people cope with the stress itself.

Personality, stress and blood glucose levels

In a study, published in *The Journal of Health and Social Behaviour*, researchers examined the behaviour, personalities and blood sugar levels of 57 people with Type 1 diabetes and 61 with Type 2 diabetes. The participants were divided into two groups according to personality types – self-controlled types and reactive emotional types. The results showed:

- People with Type 1 diabetes appear to be more susceptible to physical harm from stress.
- Among the Type 1 group the self-controlling types had better blood glucose control under stress and the emotional, reactive types had worse control.
- In Type 2 diabetes where some insulin is still being produced, the body's ability to automatically manage its own affairs is impaired but remains in tact.

There may be little that we can do about our personality but understanding ourselves and what is happening to us can help to reduce the effects of stress.

What happens when we get very stressed?

We have a stress reaction which may be an autonomic nervous system response, affecting our blood pressure, heart rate and causing sweating. However, there may be other psychological effects that are not so easy to deal with, such as depression and frustration - diabetes can be very frustrating, as can be many long-term conditions!

Stress, depression and frustration are expressed in many different ways:

- We get anxious and worried about things that might happen.
- We get angry and very, very angry.
- We embellish things, fantasies run wild and we start feeling things that aren't actually there, such as imagining the whole world is against us or that people are talking about us.

Managing anger

The stiff upper lip, keeping things bottled up and doing the right and proper thing, is not necessarily the best thing to do because stress comes out in other ways. It builds up like steam in a pressure cooker with the vent closed and then it blows. This is what happens to us if we keep the stiff upper lip at a time of stress – our feelings and frustrations spill over and our families tell us we are very difficult to live with. This is something we often cannot see for ourselves. There are four main key ways to managing anger:

- We get anxious and worried about things that might happen.
- We get angry and very, very angry.
- We embellish things, fantasies run wild and we start feeling things that aren't actually there, such as imagining the whole world is against us or that people are talking about us.

[American psychologist Leonard Ingram, Observer Magazine, May 21, 2000]

How do we cope with stress?

This depends on several factors:

- our own particular style of coping,
- what kind of stress we are under,
- the time scale,
- our inherited ability to cope,
- the availability of support,
- how much control we can retain.

There are 4 main coping styles with stress or a crisis:

- **Denial** – when we don't want to know about it, we are told but we shut our ears. This can be helpful because it gets us through the day and protects us but it can be obstructive and self-defeating. For example, the diagnosis of diabetes is stressful and can cause denial but if the denial extends to actually not taking the prescribed medication then there is a very real problem.

- **Regression** – this is when we use what is tried and tested from the past. We become younger and tend to be child-like. Very competent people when faced with what, to them, is an awful situation can be reduced to crying like a baby or expecting someone else to take control – even though this doesn't sort out the problem.
- **Inertia** – this is just giving up thinking, with statements like “What's the point?” or “It's all too hard”. Inertia does not get us very far, and it may cause our family to give up too. This is common during the exhaustion or burnout phase of stress.
- **Mature problem-solving** – this is a mixture of expressing our feelings about what is going on, trying to realistically weigh up what is happening and finding some sort of acceptance of it within ourselves. It is not giving up, not losing all the fight within us but accepting the situation.

For many of us being able to talk and share our experiences or our worries is the way we deal with stress. Women are often far better at this than men because men tend to believe that they are strong or are expected to be strong. So men are much more likely to be the pressure cooker with the vent closed!

General tips for coping with stress

- 1. Avoid self medication with nicotine, too much coffee, alcohol or tranquilisers and don't use comfort eating as a coping mechanism.**
- 2. Work off stress – physical activity is a terrific outlet.**
- 3. Don't put off relaxing.**
- 4. Get enough sleep to recharge your batteries.**
- 5. If you become sick, don't try to carry on as if you are not.**
- 6. Talk to someone about how you feel and this may need to be someone outside the family if they are stressed too.**
- 7. Agree with somebody – life should not be a constant battle ground.**
- 8. Learn to accept what you cannot change.**
- 9. Manage your time better and learn to delegate.**
- 10. Know when you are tired and do something about it.**
- 11. Plan ahead by saying 'no' sometimes which may prevent too much pressure piling up in the future.**

Maintaining a sense of humour is worth remembering too!

ANXIETY

There are over 100 symptoms of anxiety. Each person has a unique chemical make up so the type, number, intensity, and frequency of anxiety symptoms will vary from person to person. For example, one person may have just one mild anxiety symptom, whereas another may have all anxiety symptoms and to greater severity.

What is anxiety?

- Anxiety is 'being afraid' and occurs as a result of perceived danger. This in turn activates a self-protection mechanism to alert us to and protect us from this perceived danger. Long-term perpetual worry, especially about things we feel we can't control can cause acute anxiety. Hence the body reacts and produces the symptoms of stress, as described in the 'Stress' section of this leaflet.
- Anxiety is a needed protection mechanism.
- Anxiety turns into a disorder when a person becomes physically, psychologically or emotionally symptomatic, fearful or distraught because of it and when people may start to avoid any potential anxiety situations. If it does become a disorder, it can be reversed.
- Anxiety is not something which is genetically inherited or an illness which can be contracted but it can feel infectious. For example, if someone is highly anxious about their diabetes, it is common for their partner or parent to be anxious too.

Essentially people with anxiety live more stressfully and fearfully than others and as a result the body produces symptoms of stress or 'anxiety symptoms'. The National Institute of Mental Health lists the six main categories of anxiety disorder as:

- Panic Attack Disorder (Anxiety Attack Disorder, Anxiety Attacks, Panic Attacks)
- Generalised Anxiety Disorder (GAD)
- Obsessive-Compulsive disorder
- Social Anxiety Disorder
- Phobias
- Post-Traumatic Stress Disorder

According to NHS Choices, if you are anxious as a result of a phobia or because of panic disorder, you will usually know what the cause is. For example, if you have claustrophobia (a fear of enclosed spaces), you know that being confined in a small space will trigger your anxiety.

However, if you have GAD, what you are feeling anxious about may not always be clear and you may seem to be perpetually worried or on edge. Not knowing what triggers your anxiety can intensify your anxiety and you may start to worry that there will be no solution.

Anxiety conditions can generally be divided into two main categories:

- **Circumstantial anxiety** – this is when symptoms appear because of acute stressful events, circumstances or emotions. Examples include a relationship difficulty, job loss or job promotion, illness or death of a loved one, or heavy workload. A build up of stress often comes before an anxiety condition and most early stress conditions fall within this category. Once the event, circumstance, or emotion has passed, with sufficient self-help materials, rest, and time, most anxiety conditions in this category resolve on their own.
- **Chronic anxiety** – this is when the symptoms come and go over an extended period of time, months to a year or more. Examples include, where the symptoms come and go at different stages of life or remain as a background throughout someone's life. Chronic anxiety also has a deep-seated fear component. Many feel that they live in fear whenever their "episodes of illness" appear. Others may have it as a constant companion as they journey through life with episodes lasting a few weeks to many years. Some can remain constant throughout their life.

Within these two categories there are four types of anxiety:

Spontaneous anxiety or panic – anxiety or panic that occurs regardless of where a person is.

Situational or phobic anxiety or panic – anxiety or panic that occurs because of a particular situation or location.

Anticipatory anxiety or panic – anxiety or panic that occurs because of a thought that something "might" happen or a situation that "might" occur.

Involuntary anxiety or panic – anxiety or panic that occurs involuntarily, by itself, or "out of the blue" that hasn't been preceded by spontaneous, situational, or anticipatory anxiety.

Symptoms of anxiety

General anxiety disorder can cause physical and psychological symptoms. They often develop slowly and vary in severity from person to person.

Psychological symptoms include:

- a change in behaviour and the way you think and feel about things
- restlessness
- a sense of dread
- feeling constantly of being 'on edge'
- difficulty concentrating
- irritability
- impatience
- easily distracted.

These symptoms may cause people to withdraw from social contact [visiting family and friends] to avoid the feelings of worry or dread. It may be difficult and stressful to go to work and sick leave may be necessary. However, these actions can cause even more worry and add to the feeling of lack of self-esteem.

Physical symptoms

There are over 100 symptoms which include:

- dizziness
- drowsiness and tiredness
- pins and needles
- irregular heartbeat (palpitations)
- muscle aches and tension
- dry mouth
- excessive sweating
- shortness of breath
- stomach ache
- nausea
- diarrhoea
- headache
- excessive thirst
- frequent urinating
- painful or missed periods
- difficulty falling or staying asleep (insomnia)

Treatment

Many people can achieve some form of anxiety and symptom reduction on their own although the results may be temporary.

There are two main forms of treatment for generalised anxiety disorder:

- **psychological therapy** – this is often prescribed before medication. The main form is psychological treatment is cognitive behavioural therapy [CBT]. Evidence suggests that about 50% of people who have CBT recover and many others obtain some benefit. CBT mainly focuses on the problems that you are experiencing in the present, rather than events from the past. It teaches you new skills and helps you to understand how to react more positively to situations that would usually cause you anxiety. The National Institute for Health and Clinical Excellence [NICE] recommends that you should have a total of 16 to 20 hours of CBT over a period of four months. Your treatment will usually involve a weekly one- to two-hour session. You may struggle to find this level of treatment but there is strong evidence that a self-help group or online module can help.
- **medication** – usually antidepressants. You have the right to make informed decisions about treatment and antidepressants are one option but decisions about their use need to be based on a shared problem assessment and a care plan that takes into account your preferences.

Depending on the circumstances, one of these treatments or a combination of both may be beneficial. No single treatment is best for everyone although there is evidence that psychological treatments last the longest.

Your GP should discuss all your treatment choices with you before you begin any form of treatment giving you the advantages and disadvantages of all and at the same time, discuss any possible risks or side effects. You can then make a decision with your GP about which treatment is most suitable for you, taking into account your circumstances and preferences.

For example, some people may prefer psychological treatment such as counseling, in preference to treatment with antidepressants.

Exercise – it is well worth remembering that physical activity helps to relieve anxiety.

DEPRESSION AND DIABETES

The prevalence of major depression in the UK population has increased and as many as one person in three may experience an episode of depression in their lifetime. The presence of other illnesses may complicate or worsen depression and vice versa.

Research has shown that depression may occur in:

- Up to 60% of stroke patients
- Up to 40% of people with Parkinson's disease
- Up to 42% of cancer patients
- Up to 21% of people with irritable bowel syndrome
- Up to 14-18% of people with diabetes

A Brazilian study showed that among a group of people with diabetes, of those whose HbA1c levels averaged less than 9%, only 21% tested positive for depression. By comparison of those with HbA1cs over 9%, 42% tested positive for depression. Other research has shown that people with chronic conditions, including diabetes, are three times more likely to suffer depression than the general population.

The researchers used cognitive therapy to reverse the depression. In those people where depression improved, there was an average HbA1c of 8.3% while those who showed little improvement had an average of 11.3%. While these results show an association between high blood sugars and depression, it remains unclear whether high blood sugars cause the depression or depression causes high blood sugars.

As stated in the Introduction, people with diabetes:

- are 2 to 3 times more likely to have depression than people without diabetes,
- only 25% to 50% of those with diabetes and depression are diagnosed and treated,
- treatment with therapy, medicine, or both, is usually very effective but without treatment depression often gets worse, not better,
- if people are depressed, they are at increased risks of developing Type 2 diabetes.

How do you know if you are depressed?

The signs of depression include the following:

- no longer enjoying or being interested in most activities,
- feeling tired or lacking energy,
- being agitated or lethargic,
- feeling sad or low much of the time,
- weight gain or weight loss,
- sleeping too little or too much.
- difficulty paying attention or making decisions,
- thinking about death or suicide.

If you have some or all of these symptoms over two weeks or more, then you should see your doctor.

How does depression affect people with diabetes?

In the past, research showed that having diabetes and depression has the greatest negative effect on quality of life compared to diabetes or depression alone, or other chronic conditions.

In addition, it has been shown that depression in people with both Type 1 and Type 2 diabetes may have the following effects:

- they are less likely to eat the types and amounts of food recommended,
- less likely to take all their medications,
- less likely to function well, both physically and mentally,
- greater absenteeism from work.

The need for diagnosis

Many people with diabetes and depression are undiagnosed which may be because of poor detection rates but it could also be that some people with diabetes don't report their symptoms of depression because they see them as 'just part of having diabetes'. Screening for depression (not specifically for people with diabetes) has been recommended by national and international bodies and in the UK, it is recommended that all GPs use two simple questions to screen for symptoms of depression:

- **During the last month, have you been bothered by feeling down, depressed or hopeless?**
- **During the last month, have you often been bothered by having little interest or pleasure in doing things?**

If people answer 'yes' to either of these questions, they are given a questionnaire to answer to measure the extent and nature of the symptoms. So if you answer 'yes' to the two questions above or you have more mild symptoms, you are not alone and the clear message from research is to seek help from your doctor because there is a good chance that your life will improve.

It is important that similar methods are used in diabetes hospital clinics where many people with Type 1 diabetes receive their treatment.

Treatment

Treatment for depression in people with diabetes has been shown to be effective and has the additional benefits of improving blood sugar control. The evidence suggests that cognitive behaviour therapy and anti-depressant medicines are as effective in people with diabetes as in those without diabetes. One study found that not only did treatment improve blood sugar control but during treatment there was an improvement in mood and weight.

As the treatment of depression can improve blood sugar control, it is also likely to reduce the risk of complications but importantly, it can also improve quality of life.

It is also well recognised that exercise helps to reduce depression, so although it may be the last thing that people feel like doing, it is worth increasing the amount of exercise being taken.

DIABETES DISTRESS

Diabetes distress can look like depression or anxiety, but it can't be treated effectively with medicine.

You may sometimes feel discouraged, worried, frustrated or tired of dealing with daily diabetes care and feel that diabetes is controlling you instead of the other way around. You may have been trying hard but not seeing results or you've developed a health problem related to diabetes in spite of your best efforts. These often overwhelming feelings are known as diabetes distress and may cause you to slip into unhealthy habits, stop checking your blood sugar, even skip doctor's appointments. It happens to many—if not most—people with diabetes, often after years of good management. In any 18-month period, 33% to 50% of people with diabetes have diabetes distress.

Diabetes distress can't be treated effectively with medicine. Instead, these approaches have been shown to help:

- Make sure you're seeing an endocrinologist for your diabetes care. He or she is likely to have a deeper understanding of diabetes challenges than your regular doctor.
- Ask your doctor to refer you to a mental health counsellor who specialises in chronic health conditions.
- Get some one-on-one time with a diabetes specialist nurse so you can problem-solve together.
- Focus on one or two small diabetes management goals instead of thinking you have to work on everything all at once.
- Join a diabetes support group so you can share your thoughts and feelings with people who have similar concerns and learn from them too.

Your health care team knows diabetes is challenging, but may not understand **how** challenging. And you may not be used to talking about feeling sad or down. But if you're concerned about your mental health, let your doctor know right away. You're not alone—help is available!

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