

Relationship Between Activation, Experienced Stigma, and Internalised Weight Stigma in People with Type 2 Diabetes.

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OBJECTIVE

- To examine relationships among activation, experienced stigma, internalized weight stigma, and diabetes self-management in U.S. adults with type 2 diabetes (T2DM).

CONCLUSION

- Greater self-stigma among people with T2DM is linked to lower activation and lesser glycemic self-management.
- Findings underscore the need for strategies that reduce weight and T2DM stigma and increase support for individuals with low activation to improve diabetes care outcomes.

BACKGROUND

- People with and larger body and type 2 diabetes (T2D) often experience weight related stigma, which may affect their self-management behaviors. Activation—defined as an individual’s knowledge, ability, and confidence to manage their health and reflects how people value health and believe they can influence it—may be a predictor of diabetes care outcomes. However, limited research has explored how perceived stigma and internalized weight stigma relate to activation and glycemic self-management in T2D.

HIGHLIGHT RESULT

Lower activation (lower IMPACT-D™ scores) were associated with reporting greater experience of discrimination and higher self-stigma (higher WSSQ scores).

Variable	Overall IMPACT-D™ score			p-value
	<26	≥26 to <28	≥28	
Do you feel you have ever been discriminated against because of your weight?				
Yes	88 (32.6%)	55 (35.1%)	66 (19.4%)	0.0008 ^b
No	178 (65.9%)	163 (74.4%)	271 (79.7%)	

Variable	Overall IMPACT-D™ score			p-value
	<26	≥26 to <28	≥28	
WSSQ, mean (SD) (95% CI)				
WSSQ–T	33.0 (10.2) (31.8, 34.3)	30.2 (10.3) (28.8, 31.6)	27.2 (11.2) (26.0, 28.4)	<0.0001 ^a
WSSQ–SD	16.8 (5.3) (16.1, 17.4)	15.4 (5.2) (14.7, 16.1)	14.1 (5.7) (13.5, 14.7)	<0.0001 ^a
WSSQ–FES	16.2 (5.9) (15.4, 16.9)	14.9 (5.9) (14.1, 15.7)	13.1 (6.1) (12.4, 13.8)	<0.0001 ^a

IMPACT-D, Influence and Motivation for Patient Activation in Diabetes Care Measure; WSSQ, Weight Self-Stigma Questionnaire; WSSQ-T, Total; WSSQ-FES, Fear of Enacted Stigma; WSSQ-SD, Self-Devaluation

METHODS

Design

- Observational, survey-based study.

Participants

- 857 U.S. adults with T2D
- 61.6% were men,
- Mean (SD) age 57.4 (15.7) years
- Mean (SD) BMI of 33.4 (8.4)kg/m²
- Mean (SD) HbA1c of 7.0% (1.5%)

Measures

- IMPACT-D™, Influence and Motivation for Patient Activation in Diabetes Care Measure; WSSQ, Weight Self Stigma Questionnaire; DSMQ, Diabetes Self-Management Questionnaire,

Analyses

- Mean scores and subgroup comparisons based on measure score levels.

HIGHLIGHT RESULT

Lower activation (lower IMPACT-D™ scores) were associated with lower DSMQ scores.

Variable	Overall IMPACT-D™ score			p-value
	<26	≥26 to <28	≥28	
IMPACT-D™, mean (SD) (95% CI)				
Total score	22.7 (2.4) (22.5, 23.0)	26.5 (0.5) (26.4, 26.6)	28.9 (0.8) (28.8, 29.0)	<0.0001 ^a
IMPACT-D value	16.1 (2.0) (15.8, 16.3)	18.6 (0.9) (18.4, 18.7)	19.6 (0.6) (19.5, 19.7)	<0.0001 ^a
IMPACT-D influence	6.7 (1.3) (6.5, 6.8)	7.9 (0.9) (7.8, 8.1)	9.3 (0.8) (9.2, 9.4)	<0.0001 ^a
DSMQ, mean (SD) (95% CI)				
Total score	6.0 (1.2) (5.8, 6.2)	7.0 (1.2) (6.8, 7.2)	7.5 (1.3) (7.4, 7.7)	<0.0001 ^a
DSMQ–Glucose management	6.2 (1.7) (5.9, 6.4)	7.1 (2.1) (6.8, 7.5)	7.7 (1.8) (7.5, 8.0)	<0.0001 ^a
DSMQ–Dietary control	4.9 (1.6) (4.7, 5.1)	5.5 (1.6) (5.3, 5.8)	6.2 (1.9) (6.0, 6.4)	<0.0001 ^a
DSMQ–Physical activity	5.8 (2.2) (5.6, 6.1)	6.8 (2.0) (6.5, 7.0)	7.2 (2.2) (7.0, 7.4)	<0.0001 ^a
DSMQ–Healthcare use	7.3 (2.2) (7.1, 7.6)	8.5 (1.6) (8.3, 8.7)	8.9 (1.7) (8.7, 9.1)	<0.0001 ^a

IMPACT-D, Influence and Motivation for Patient Activation in Diabetes Care Measure; DSMQ, Diabetes Self-Management Questionnaire

FINDINGS

- These exploratory findings indicate the need for increased efforts to reduce stigma, identify, and provide appropriate support and encouragement to participants with lower activation.
- Routinely screen for weight-related and diabetes-related stigma when assessing activation and self-management capacity.
- Integrate stigma-informed, non-judgmental communication strategies to improve activation and engagement.
- Design diabetes self-management interventions that address IWS alongside activation and motivation.
- Longitudinal studies are needed to clarify causal pathways between stigma, activation, and glycemic outcomes.

References

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