Illness perception is a patient’s cognitive appraisal and personal understanding of both a medical condition and its potential consequences. Illness perception includes both positive and negative beliefs that can influence one’s ability to manage disease. Type 2 diabetes mellitus (T2DM) is characterized by a functional deficit of insulin created by the imbalance between insulin levels and insulin sensitivity. Any patient with T2DM is at risk for developing hyperglycemia, which may lead to non-enzymatic glycation of proteins and lipids. A buildup of glycated hemoglobin within the red blood cell reflects the average level of glucose exposure during that cell’s life-cycle. This aggregation is measured via the glycation of hemoglobin (HbA1c) test.

Current literature suggests favorable illness perceptions have been associated with better health outcomes, while unfavorable illness perceptions have been associated with worse outcomes. This study seeks to identify the association between illness perception and type 2 diabetes control, as measured by HbA1c. It is hypothesized that a higher HbA1c (poor diabetes control) will correlate with higher scores on the dimensions that associate with a negative illness perception. Similarly, it is hypothesized that a lower HbA1c (better diabetes control) will correlate with higher scores on the dimensions that associate with a positive illness perception.

Methods

The Revised Illness Perception Questionnaire (IPQ-R) assesses a patient’s positive and negative beliefs about their illness by scoring eight dimensions—identity, timeline (acute/chronic), consequences, personal control, treatment control, coherence, cyclical, and emotional representations. High scores on the identity, timeline, consequences, and cyclical dimensions represent strongly held beliefs about the number of symptoms attributed to the illness, the chronicity of the condition, and the negative consequences of the illness. High scores on the personal control, treatment control and coherence dimensions represent positive beliefs about the controllability of the illness.

20-30 patients with diagnosed type 2 diabetes and HbA1c > 7.0% (excluded if diagnosed with dementia) will be given the Revised Illness Perception Questionnaire (IPQ-R). Based on the IPQ-R dimension scores, a multifaceted, patient-centered approach that might include behavioral, educational, and psychosocial components may be used to better control a patient’s diabetes.

Expected Results

It is hypothesized that illness perceptions are amenable. Thus, targeted interventions may have the potential to improve glycemic control. Based on the IPQ-R dimension scores, a multifaceted, patient-centered approach that might include behavioral, educational, and psychosocial components may be used to better control a patient’s diabetes.

Future Directions

It is hypothesized that illness perceptions are amenable. Thus, targeted interventions may have the potential to improve glycemic control. Based on the IPQ-R dimension scores, a multifaceted, patient-centered approach that might include behavioral, educational, and psychosocial components may be used to better control a patient’s diabetes.

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