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## Diabetes and Well-Being

### WELL-BEING: A GLOBAL GOAL

The United Nations, in 2015, adopted the 2030 Agenda for Sustainable Development. This agenda listed 17 goals, termed as Sustainable Development Goals (SDGs), which must be achieved by 2030. SDG #3 seeks to ensure healthy lives and promote well-being for all at all ages. Thus, well-being has clearly been identified as a developmental goal at a global level<sup>1</sup>. There is renewed commitment in India as well, to accelerate the pace of achievement of the SDGs including Goal 3 (NITI Aayog)<sup>2</sup>.

### WELL-BEING IN DIABETES

Diabetes mellitus, which is a significant clinical and public health challenge today, has emerged as a major obstacle to human well-being. The word ‘well-being’, in fact, is an integral part of the diabetes care lexicon. The theme for World Diabetes Day 2024-2026 “Diabetes and Well-being”, puts well-being at the centerstage of all diabetes-related activity<sup>3</sup>. Well-being is not only a target, but also a tool to achieve this target. Well-being, therefore, is viewed as a destination, as well as a journey to reach that goal. Not only this, the need for

well-being also extends to the travelling companions, i.e., care providers and health care professionals, and to the relationship between the various stakeholders who travel the journey of diabetes care together.

### EUTHYMIC EUGLYCEMIA

What exactly is well-being? The dictionary defines well-being as “a state of being comfortable healthy or happy”<sup>4</sup>. From a diabetes perspective, well-being may be termed as euthymic euglycemia, i.e., a state of optimally controlled glucose, along with optimal mood<sup>5</sup>. The ‘euthymic euglycemia’ model propagated by international experts, lists the person living with diabetes and the diabetes care provider as key pillars, along with their communication style and strategy. Self-awareness, self-confidence, and coping skills enhancement are identified as means of achieving euthymia<sup>6</sup>.

### GLYCEMIC HAPPINESS

The same concept has been reframed as glycemic happiness, to make it easier to understand. This phrase encourages shifting focus from mere glucose control to promotion of comprehensive well-being. Happiness is identified as the purpose of health care, including diabetes care. The glycemic happiness rubric stands upon four pillars: happy persons living with diabetes, happy diabetes care professionals, happy caregivers/family members, and happy communication between them<sup>7,8</sup>.

### CONSTRUCTS CLASSIC AND CONTEMPORARY

The model, in turn, is based upon Atreya’s Quadruple, as enunciated in the ancient Ayurvedic text, the *Charaka Samhita*. The four angles of this quadruple- the patient, physician, attendant, and drug – have been reorganized

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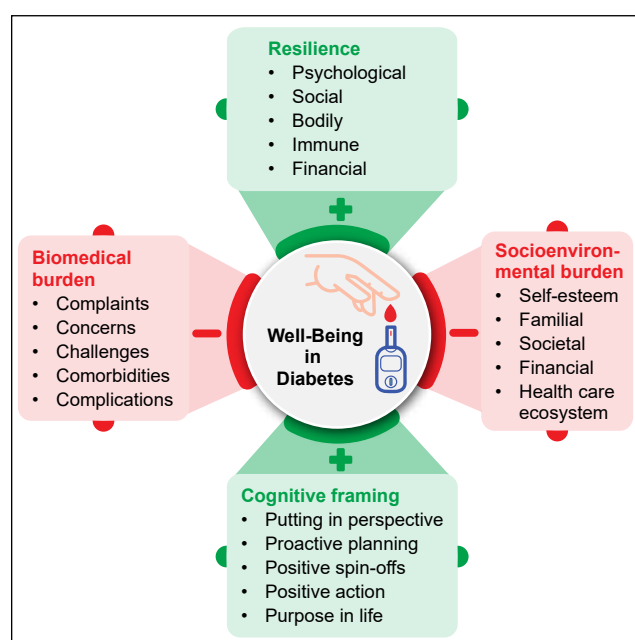
in the contemporary Quintessential Quincunx. This figure places the person living with diabetes at the center of attention, surrounded by various other stakeholders<sup>9</sup>.

## WORLD DIABETES DAY

It is this philosophy which the International Diabetes Federation (IDF) seeks to foster through its emphasis on diabetes and well-being. The choice of this theme is well-timed, and welcome. Persons living with diabetes across the world report low levels of satisfaction with the health care that they receive. High levels of diabetes distress, and other mental health challenges, are testimony to this. The DAWN study conducted in 17 countries, reported a significant mismatch between the perception of person living with diabetes, and their health care providers<sup>10</sup>. This underscores the need to focus on diabetes and well-being, and adds rationale to the IDF's efforts.

## ACTIONABLE AND ACTIONWORTHY MODEL

We propose a novel model to describe well-being in diabetes (Fig. 1). This four-leaved rubric lists two potentially negative contributors to well-being: biomedical or bodily burden, and psychosocial or socioenvironmental burden. These can be countered by the strengthening of two potentially positive factors: resilience and cognitive framing. Each of these 4 modulators of well-being includes 5 determinants each, listed in a way as to facilitate understanding and sharing.



**Figure 1.** Well-being in diabetes.

This  $2 \times 2 \times 5$  framework adheres to the teachings and concepts of the biopsychosocial and bio-psycho-socio-environmental models of health, person-centered care, as well as family and community-oriented medicine. This integrated model should facilitate efforts by policy makers and planners, as well as physicians and paramedical personnel, to improve and optimize the well-being of persons living with diabetes, their partners, either family members, and peer at work or school.

Over the next 3 years, and beyond, we hope that this will spur discussion and dialogue, as well as promote research and real-world work, to enhance well-being in the diabetes care ecosystem.

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