

Diabetes and Social Connection

Improving the lives of people with diabetes through social connection

Being socially connected is important, as it can prevent developing diabetes and improve the health of people who are living with diabetes. Below, we explore some of the latest research and provide helpful tips for improving the lives of people living with diabetes through social connection. But first, let's define what we mean by social connection and social disconnection:

Social Connection

Having enough relationships with other people and generally being happy with the quality of these relationships

Social Disconnection

Not having enough relationships with other people and/or being unhappy with the quality of these relationships

Social disconnection is a risk factor for diabetes.

Social disconnection is a significant risk factor for diabetes. Research shows that people who are more socially disconnected are more likely to develop type 2 diabetes over time than people with satisfying social lives. Experiencing social disconnection can also worsen diabetes symptoms and lead to complications. For example, people with diabetes who report being socially disconnected also experience greater physical decline over time than those who feel socially connected. Likewise, social disconnection has been linked with heart disease and worsened blood glucose management in people with diabetes.

Diabetes is a risk factor for social disconnection.

We know that social disconnection is a risk factor for diabetes, but the opposite may also be true. New research suggests that being diagnosed with diabetes can push people to disconnect from their friends and family. Similarly, people with diabetes whose symptoms worsen over time are more likely to withdraw socially than those whose symptoms are being managed. For example, individuals with diabetes who decline physically experience greater social disconnection over time than those without physical impairments.

I'm confused... what does social connection have to do with diabetes?

The link between social connection and diabetes may not be as obvious as some other known factors. So, let's unpack what's going on!

Firstly, having strong relationships with other people makes leading a healthy and active lifestyle a lot easier! For example, someone who is often out and about is likely to do more walking than someone who rarely leaves home. Further, social people are more likely to participate in sports, exercise classes, or other workouts with friends and family. People also drink more alcohol when they're socially disconnected, perhaps to try 'pass the time' or improve their mood. Finally, we know that socially disconnected people are more likely to experience mood disorders like depression. Depression is a known risk factor for developing diabetes.



And what about in the reverse; how can diabetes increase someone’s risk of experiencing social disconnection? People with worsening diabetes symptoms and complications may be physically unable to do the everyday activities they used to be able to do with ease. Physical impairments (including mobility problems) can restrict people from doing things they would usually do to socialise (e.g., walking). This could explain why people with diabetes who experience mobility limitations report higher loneliness scores than those without mobility limitations. In addition, people who have been diagnosed with diabetes might avoid social contact if loved ones pressure, judge, or express concern about how they’re managing their condition. In other words, people living with diabetes may want to avoid being ‘nagged’ about their lifestyle choices. Likewise, people with diabetes might feel uncomfortable injecting their insulin when others are present. This might limit the amount of time they can spend, and number of activities they can do, with loved ones. It might also force them to avoid social activities with people to whom they haven’t yet disclosed their diabetes status.

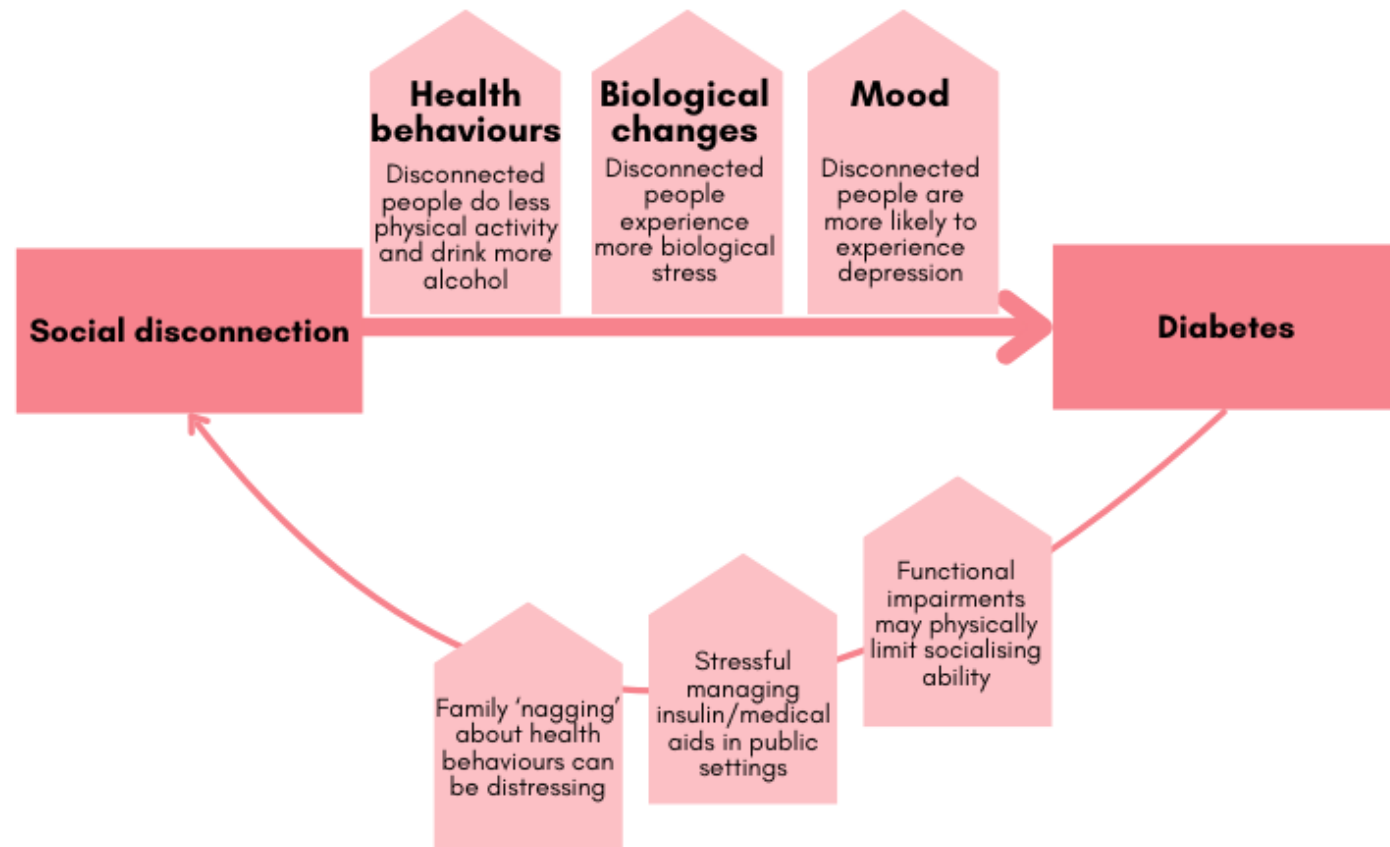


Image created for this article.

What should I do? Social prescribing as a potential way forward

Social connection is crucial for establishing and maintaining wellbeing and a good life. If you want to reduce the likelihood that people living with diabetes in your care will develop diabetes and/or improve the lives of those already diagnosed with diabetes, it's important to consider social connection in your practice.

Call to Action: Ask all people living with diabetes in your care about social connection and refer those who you identify as at-risk for social disconnection to locally available social prescribing programs, if available. Most regions have a local Neighbourhood or Community House, so having these details can be helpful to start their social connection journey. You can use [this tool](#) to help find Neighbourhood Houses in Victoria.

There are many social prescribing programs available, like [Connect Local](#) (currently operating for people aged 65+ in Glen Eira, Melbourne), which work by tapping into local supports, services, and activities to bolster social connection for individuals in need. The idea is to unite health and social care initiatives so that we might focus on holistic wellbeing together (including biological, psychological, and social components). By prioritising the establishment of strong social connections, we can reduce the number of individuals who rely on the healthcare system to meet their social needs and improve the wellbeing of Australians both with and without diabetes.

For more information on social prescribing please see:

Australian Social Prescribing Institute of Research and Education [ASPIRE Australian Social Prescribing Institute of Research and Education](#)
Australian Disease Management Association Social Prescribing Hub [Social Prescribing Tools and Resources](#)
Pharmacy Addressing Loneliness and Social Isolation [Home- PALS Global Network](#)

Or contact:

Dr Rajna Ogrin, Senior Research Fellow, Bolton Clarke Research Institute
Email: rogrin@boltonclarke.com.au
phone: 0400 253 459

Bibliography

Blackwood, L., Gavin, J., Arnott, E., Barnett, J., Dack, C., & Johansen, J. (2023). # DiabetesOnAPlate: the everyday deployment and contestation of diabetes stigma in an online setting. *Critical Public Health*, 33(2), 160-173.

Browne, J. L., Ventura, A., Mosely, K., & Speight, J. (2014). 'I'm not a druggie, I'm just a diabetic': a qualitative study of stigma from the perspective of adults with type 1 diabetes. *BMJ open*, 4(7), e005625.

Corno, D., & Burns, R. J. (2022). Loneliness and functional limitations among older adults with diabetes: Comparing directional models. *Journal of Psychosomatic Research*, 154, 110740.

Healthline. (2024). What's The Link Between Loneliness and Diabetes? <https://www.healthline.com/health/type-2-diabetes/loneliness-and-diabetes>

Henriksen, R. E., Nilsen, R. M., & Strandberg, R. B. (2023). Loneliness increases the risk of type 2 diabetes: a 20 year follow-up—results from the HUNT study. *Diabetologia*, 66(1), 82-92.

Kuczmariski, M. F., Orsega-Smith, E., Evans, M. K., & Zonderman, A. B. (2023). The Association of Loneliness with Diabetes Is Mediated by Physical Activity and BMI but Not Diet Quality. *Nutrients*, 15(23), 4923.

Lu, Q., Qu, L., Xie, C., Shu, Y., Gao, F., Zou, M., ... & Cao, Y. (2024). Relationship between social isolation and Glycaemic control of people previously diagnosed with diabetes: secondary analysis from the CHARLS. *BMJ open*, 14(3), e076106.

McCaffery, J. M., Anderson, A., Coday, M., Espeland, M. A., Gorin, A. A., Johnson, K. C., ... & Wing, R. R. (2020). Loneliness relates to functional mobility in older adults with type 2 diabetes: the Look AHEAD Study. *Journal of aging research*, 2020(1), 7543702.

Song, Y., & Ah, E. (2016). Patients' perspectives on taking insulin in diabetes—Perspectives of convergence. *Journal of Digital Convergence*, 14(12).

Wang, X., Ma, H., Li, X., Heianza, Y., Fonseca, V., & Qi, L. (2023). Joint association of loneliness and traditional risk factor control and incident cardiovascular disease in diabetes patients. *European Heart Journal*, 44(28), 2583-2591.

Zhang, Y., Liu, M., Zhou, C., Ye, Z., Zhang, Y., Yang, S., ... & Qin, X. (2024). Social isolation, loneliness, and the risk of incident type 2 diabetes mellitus by glycemic status. *Diabetes & Metabolism*, 50(2), 101517.