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## **Commentary: Predictors of diabetes distress among older persons with type 2 diabetes mellitus in Indonesia**

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This study provides a valuable contribution to what is currently known about predictors of diabetes distress in older adults, within the cultural context of Indonesia. The authors provide a substantive literature review highlighting what is currently known about this topic area.

They highlight the high prevalence of type 2 diabetes mellitus (T2DM) in Indonesia, particularly in the older population and the impact of this condition on morbidity and mortality. Diabetes distress is noted to be high in Indonesia, with a high prevalence in older people who may be lacking in support and the ability to self-manage. This study adds to what we currently know through discerning the relationship between four factors: self-efficacy, spirituality, blood glucose and family support on diabetes distress. All participants approached to take part in this study agreed to participate, which is unusual; an acknowledged limitation is that the researcher read the questions out to the participants, which may have introduced some element of researcher bias. Participants were recruited from a geriatric clinic, which may have introduced some selection bias as non-clinic attendees may show different levels of diabetes distress. The group were also well educated with a reasonable level of income. Most participants did not have further diabetes complications and it would be useful to repeat this study with those with existing complications to determine whether the same factors applied.

As expected, high blood glucose levels positively affected diabetes distress. It would have been helpful to have seen this recorded in terms of long-term control measured by glycated haemoglobin, rather than blood glucose, which can vary considerably, therefore these results should be viewed with caution.

The study method used cannot indicate causality but does give the reader an indication of potential factors that should be considered when caring for older people with T2DM. Nurses should ensure all patients receive an holistic assessment and that support mechanisms are tailored appropriately.

It is possible that links could be made between this study and older people with T2DM in similar cultural contexts, but to strengthen this work the study should be repeated with larger and more diverse populations. A further qualitative study would have the potential to reveal more in-depth data on what type of supportive family behaviours could impact on improving diabetes distress, to further investigate the impact of spirituality and to determine how nurses can support older people with T2DM to enhance their self-efficacy beliefs.

**Judith Carrier** Judith Carrier's research and teaching interests include evidence synthesis and utilisation, and long-term condition management. She has published several systematic reviews and a textbook on the management of long-term conditions in primary care.