INTRODUCTION

Type 2 diabetes is a common and serious medical condition that is reaching epidemic proportions in the United States. Diabetes now affects 7% of the US population, up from 4.9% in 1990. Hispanic populations have a disproportionately higher rate of diabetes than other ethnic groups: they are 1.5 times more likely to have diabetes than non-Hispanic Whites of similar age. Hispanic groups also suffer from more comorbidities of diabetes where rates of retinopathy, nephropathy, and lower limb amputations are higher than those of non-Hispanic Whites. The greater frequency and comorbidities reflect differences in genetic predisposition, disease severity, access to diabetes prevention and control programs, and self-management patterns. A complex array of treatment behaviors must be implemented by the patient in the face of domestic and economic responsibilities, competing life priorities, and distracting life events. Cultural, economic, and language barriers to effective diabetes self-management are common and provide additional challenges for the clinical team and patient. It is not surprising that, given the burden of living with diabetes, many patients experience episodes of emotional distress including guilt, anxiety, frustration, confusion, loneliness, anger, and dissatisfaction with the healthcare system. The purpose of the present work is to investigate differences in diabetes-specific emotional distress in Hispanic and non-Hispanic people with diabetes.

Studies to date have shown that high levels of diabetes-related emotional distress as measured by the Problem Areas In Diabetes (PAID) scale are correlated with patient coping, health beliefs, and social support and predict poorer blood glucose control. Differences in emotional distress have been found between treatment groups with insulin-using patients experiencing greater distress than those on oral agents or diet only. While this research has advanced our understanding of the role of emotional distress in diabetes, little comparative research among ethnic groups exists. Hispanics represent 13.7% of the US population and are now the largest ethnic group. Generally, there is a paucity of psychological research that focuses on the interaction of culture and ethnicity with diabetes and on the emotional characteristics of cultural and ethnic groups. To our knowledge, no studies have specifically investigated