Perfectionism: An Impossible Goal in Diabetes Management

Numbers are powerful tools for people with diabetes. The numbers on your blood glucose meter, for example, give you important information about what’s going on in your body. They can also help you understand the effects of actions you have taken, such as eating meals, preforming physical activities or taking insulin and other medications. The numbers on the lab reports that you get from doctor, such as HbA1c test results below 7%, a blood glucose level between 70 and 130 mg/dl before meals, and a blood glucose level lower than 180 mg/dl one to two hours after meals. These ranges were established based on studies showing, on the low end, the level at which hypoglycemia (low blood glucose) begins to be a risk, and, on the high end, the level at which diabetes complications begin to be a risk, particularly if high blood glucose level occur frequently or are chronic.

Knowing these goal ranges and understanding how they were established should help those with diabetes to stay healthy and avoid complications. Of course, it is also necessary to know how to meet these goals and have skills to do it. But anyone who has diabetes knows that even with very attentive self-care, out-of-range numbers sometimes occur. The challenge is to use these numbers as information, to help you detect or correct a potential problem. But that can be can be hard for anyone and for a person who tends to be a perfectionist, it is especially difficult. The tendency of perfectionists is to view out-of-range numbers as a judgment of them personally, an indication that dire consequences are right around the corner, or proof that they are incapable of managing their diabetes, no matter how hard they try. And these reactions make diabetes management even more difficult than it already is.

Origins of Perfection

The desire for perfection can come from a variety of sources, including the person with diabetes, the pressures of well-meaning parent or spouse of the person with diabetes, and/or a person’s doctor. Some people with diabetes, especially those with very high standards who may lean toward perfection, may find difficulty in managing diabetes to their satisfaction. Perfectionism also may be a symptom of obsessive-compulsive disorder, which may come to the surface with a diagnosis of diabetes. There are pros and cons of perfectionism. Perfectionism can help the individual get healthy quickly and manage life with diabetes. But being too much of a perfectionist can cause undue stress, which directly affects the way their diabetes acts.

Well intentioned feedback from family members about a person’s diabetes management can sometimes backfire. The line between advice and criticism is fine, and while a parent/spouse may say something out of concern such as, “That seems like a high carb breakfast. Are you sure you should be eating all of that?” the person with diabetes may only hear “You’re not doing a good job of managing your blood sugar.”

People with diabetes who feel criticized and unsupported may react by rebelling or just giving up on their diabetes self-care. Or they may respond by trying even harder to please the people they live with, which can lead to lying about blood sugar levels or other aspects of diabetes management if anything than “perfect” results seem to upset the people that they are reporting to. Because the support of family members is so critical to good diabetes management, it is important for family members to learn to communicate with one another in ways that are constructive rather than potentially destructive. For families with children who have diabetes, a good pediatrician can often be a big help with this.

The focus on intensive blood glucose control for patients with Type 1 diabetes and ever increasing for those with Type 2 diabetes increased 20 years ago when the results of the diabetes Control and Complications Trial (DCCT) were made public. The study showed that when people with Type 1 diabetes kept their blood glucose levels (as measured by the HbA1c test) close to 7%, their risk of
developing diabetes related eye, nerve and kidney disease were drastically reduced. Follow up studies have also showed that intensive blood glucose control reduces the risk of heart disease.

On the plus side, these ground-breaking results allowed people with diabetes to imagine a future free from devastating complications. But on the downside, working toward near-normal numbers on a consistent basis is a lot of work, and there are no guarantees of consistent results. Being a perfectionist makes diabetes hard, because it is simply an imperfect disease with imperfect conditions. When doctors or other health-care providers set too-rigid guidelines for their patients to follow, the results are more likely to be frustration and giving up in defeat than improved control. Goals must be attainable for people to maintain the motivation to keep working toward them.

Easing Up
Many perfectionists recognize that their way of thinking can have some serious drawbacks. Feeling constant pressure to achieve very high standards can set a person up to feel overwhelmed (possibly leading to giving up entirely) to having low self-worth. And even to becoming depressed. But it is possible to develop coping skills and relationships that will enable you to strive for excellent diabetes control while accepting that perfection is not possible.

One very effective way to gain perspective and feel less stressed is to talk with other people who are going through the same or similar experiences as you are. Finding someone to talk to who understands what it feels like to have high blood glucose or what it feels like to have to prick your finger in the middle of a restaurant is priceless. Where do you find such a person? Possibilities include online support networks, activities like Control Diabetes for Life, and hospital–based support groups. Meet-up groups and informal groups that you form yourself as you meet others with diabetes in your daily life. Even having a regular phone call with someone who understands can provide a lot in the way of emotional support. Another great possibility is to form an exercise group that you meet to walk or exercise and work this group into being your support group.

Sometimes peer support is not enough, however. Particularly if you are feeling depressed or having significant life problems in addition to diabetes, working with a licensed psychologist or social worker can be a big help. This professional can give you individual attention to help you identify what’s going wrong in your life and how you can change things.

One of the approaches that mental health care providers often encourage is learning to reframe diabetes management as a process rather than an outcome. Perfectionist tend to view control as an accomplishment or an endpoint rather than looking at their current level of control as a point on a continuum.

It is also helpful to step back and look at the bigger picture—such as your overall blood glucose control for the entire day or week—rather than scrutinizing the details on an hour-by-hour basis. It is helpful to remember that diabetes is a piece of the whole, and that a happy, balanced life includes much more than just good diabetes management.

Finding the Right Doctor/Health Care Team
Finding the right doctor and health care team for your diabetes care can also be a big help in maintaining the energy and motivation needed to manage your diabetes, without falling into the trap of thinking you need to do it perfectly. It is important for women to feel invested in their treatment plan. They should feel empowered to talk to their doctor about specific aspects of their diabetes they want to focus on. This also means choosing a doctor who values partnering with patients in this capacity.

The right doctor for you may be an endocrinologist, or it may be an internist, family practice doctor or a general practitioner who is interested in and knowledgeable about diabetes care. Certified Diabetes Educators are very knowledgeable resources who specialize in assisting you with your diabetes self-management. Regardless of specialty, you need a doctor/health care team who is able to increase your understanding of managing diabetes, offer useful tips and suggest different treatments when what you are doing is not working.
You also need a doctor and health care team whose communication style fits your needs. For example can you understand your doctor’s explanations and instructions or are they vague or too complicated or technical? Do you feel that your doctor is really listening to you when you talk, or does he/she seem distracted or interrupt you? Does your doctor and health care team show empathy—that is to say do they acknowledge your feelings and concerns and take them seriously? Or do you sometimes feel ignored or dismissed?

Once you have found a doctor and health care team you think that you can work with, do your part by going to your appointments prepared with questions and by speaking honestly with your provider. Let your doctor and health care team know what your diabetes management goals and priorities are, and let them know how you would like them to help.

**Keep Things in Perspective**
What is most important is to set attainable, realistic, behavioral goals for yourself. This can be challenging for perfectionists who want to have the best grade, to win every game, and to have the perfect A1c, but it can be done. More commonly, however, people do have setbacks or slipups, even as they work hard toward their goals. So do not tell yourself that you will never again have a low blood glucose reading. Instead, tell yourself that you will check your blood glucose level more frequently and take any other steps necessary—such as not skipping meals and always having glucose tablets available—to avoid low blood glucose as much as possible. Remember a blood glucose check is a “check” and not a test. If it is a check you cannot fail it. Having a plan to deal with setbacks or mistakes is just as important as having a realistic goal and a plan for meeting it.

Remember also not to let your blood glucose readings determine your self-esteem. Blood glucose results are important, but they are neither “good” nor “bad.” They are just information. People with diabetes are living long lives free from complications, but it is not because they are perfect and have everything worked out. Most do it by plugging along, day after day, using the resources they have, and seeking out new ones when they need them.

**References**


