**Australasian Diabetes Congress 2025 – Abstract**

**Association between hyperglycaemia and diabetes distress among adults attending a tertiary multidisciplinary type 1 diabetes clinic**

**Background**: Living with type 1 diabetes can be associated with diabetes-related distress. The five-item Problem Areas in Diabetes Scale (PAID-5) is a validated screening tool with scores ranging 0–20; scores ≥8 indicate possible diabetes-related emotional distress. Screening for diabetes distress and examining its relationship with glycaemic management can help identify patients who need additional support with managing their diabetes and their psychosocial wellbeing.

**Aim**: To evaluate diabetes distress among adults attending a type 1 diabetes clinic in a tertiary hospital and determine whether diabetes distress corresponds with less optimal glucose outcomes.

**Methods**: Data were collected retrospectively for patients attending a tertiary multidisciplinary type 1 diabetes clinic from October 2023 to September 2024. Patients completed the PAID-5 at their initial consultation. Continuous glucose monitoring (CGM) clinical data were extracted from commercial portals. CGM data for patients with at least 70% valid CGM readings over a 14-day period within the month before the PAID-5 assessment were analysed.

**Results**: Of the 138 eligible patients using CGM and screened for diabetes distress, 120 (87%) had sufficient CGM data for analysis. Higher PAID-5 scores were associated with greater CGM time above 13.9 mmol/L (*P* = 0.033). Individuals with PAID-5 scores ≥8 versus <8 had lower CGM time in range 3.9–10.0 mmol/L, higher time above 10.0 mmol/L and 13.9 mmol/L, higher Glucose Management Indicator (GMI), and higher mean glucose (all *P* <0.05). No association was found between diabetes distress and CGM-measured hypoglycaemia.

**Conclusion:** Our findings indicate a relationship between CGM-measured hyperglycaemia and the presence of diabetes distress. This may be a bidirectional relationship, with diabetes distress contributing to increased difficulty maintaining target glycaemia and hyperglycaemia itself also impacting diabetes distress levels. Screening for diabetes distress, and addressing both glycaemic excursions and diabetes distress, all warrant prioritisation in type 1 diabetes clinical care.