INTRODUCTION
The International Diabetes Federation recognizes type 2 diabetes (T2D) stigma as an important psychosocial outcome of diabetes. Persons with T2D may be blamed, judged and perceived as lazy for having diabetes and undisciplined for having uncontrolled blood glucose. The negative health impact of T2D stigma was theoretically proposed in the framework for diabetes stigma by Schabert and Colleagues in 2013. Yet there is a lack of systematic synthesis of research evidence on the impact of T2D stigma. The purpose of this review was to synthesize quantitative research evidence on the impact of T2D stigma on psychological, behavioral, and clinical outcomes.

OBJECTIVES
The purpose of this review was to synthesize quantitative research evidence on the impact of T2D stigma on psychological, behavioral, and clinical outcomes.

METHODS
We used Joanna Briggs Institute (JBI) systematic review of associations. We searched APA PsyChInfo, Cochrane Central, Scopus, Web of Science, Medline, CINAHL and EMBASE from their inception to November 7, 2022, for articles reporting some quantitative measures of T2D stigma and its association with at least one of the following outcomes: clinical (HbA1c), psychological (depressive symptoms, anxious symptoms, and diabetes distress) and behavioral (self-management behaviors). We used controlled vocabulary and keywords to search terms related to the condition “diabetes” and terms related to “stigma” to represent the exposure of interest Risk of bias was assessed with the JBI critical appraisal checklist. Correlation coefficients were pooled in mixed effect meta-analyses.

RESULTS
T2D stigma is associated with negative health outcomes in persons living with the condition. Clinicians need to recognize the experience of T2D stigma as a barrier to maintaining optimal glycemic management and incorporate evidence-based stigma coping strategies in their routine diabetes self-management classes.

REFERENCES