Feasibility of Screening for Fear of Hypoglycemia (FOH) among Adults with Type 1 Diabetes Referred to Diabetes Coaching

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Background

- Diabetes coaching offers one-on-one support to target self-management practices to improve glycemia and self-efficacy in patients with type 1 diabetes (T1D)
- Fear of hypoglycemia (FOH) can negatively impact diabetes coaching and contribute to dysglycemia due to skipped boluses or intentional under-bolusing to avoid hypoglycemia

Objectives

1. Assess the feasibility of screening for FOH among adults with T1D referred for diabetes coaching through MyChart messages
2. Collect pilot data about the prevalence of FOH among adults with T1D referred for diabetes coaching

Methods

- Study period: May - Sept 2026
- Intervention: Coaching offered to patients not meeting glycemic targets (A1c $\geq$ 8%) who needed further self-management support. RN/CDCES diabetes coach contacted patients via phone and sent a link to FOH screener and demographic survey via the patient portal.

Outcomes

- Primary outcome: Percentage completed FOH screeners, with feasibility defined as 50% completed.
- Secondary outcomes: Percentage of positive screens for FOH overall, and in behavior and worry subdomains.

Results

- 64% (n=14/22) completed FOH screener
- Demographics:
  - The sample was majority female (86%), non-Hispanic/Latino (86%), White (71%), with private insurance (57%).
- FOH Survey Results:
  - 50% screened positive for FOH overall.
  - 50% screened positive in behavior domain
  - Only 14% screened positive in worry domain.

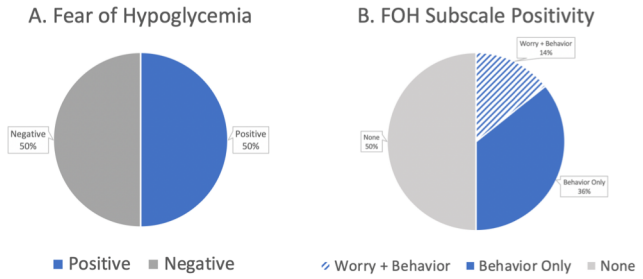


Figure 1. Results of Fear of Hypoglycemia (FOH) Screener. (A) Pie chart of overall score on FOH screener. (B) Pie chart of behavior and worry subscale positivity.

Conclusions

- FOH screening via patient portal messaging was feasible in this pilot, with 64% of adults referred for diabetes coaching completing the screener, exceeding the predefined 50% feasibility target.
- Half of respondents screened positive for overall FOH, with an equal proportion screening positive in the behavioral subdomain. These findings suggest that patients may engage in behaviors to avoid hypoglycemia without consciously experiencing "worry." FOH screening may help identify behaviors relevant to diabetes self-management among adults referred for coaching.

Next Steps

- Establish a standardized workflow for reviewing positive screens & tailoring coaching goals.
- Develop a process to connect patients with significant FOH to behavioral health professionals experienced in diabetes-related distress and anxiety.
- Assess whether FOH-informed coaching improves self-management behaviors, patient confidence, and glycemic outcomes.