



THE ABLE DIABETIC

Able Guide No. 5

T1D Burnout: What, Why, and How to Come Back

For anyone who has ever felt like they just can't face it today

Why this guide exists

T1d burnout is not a failure of character. It is not a sign that you have given up, or that you lack the discipline to manage your condition properly. It is a predictable, rational response to carrying an almost-impossible cognitive load, indefinitely, without pause, largely without recognition, and usually without adequate support.

Every person with type 1 diabetes will experience it. The question is not whether it will happen - it will - but what you do when it does.

1. What burnout actually looks like

One of the things that makes burnout harder to address is the assumption that it must look like a crisis. It often doesn't.

It more often looks like doing slightly less than you know you should. Ignoring an alarm you would normally respond to. Choosing not to bolus because working out the right dose feels like too much today. Eating something you know will spike you because you are tired and you want it and you are sick of the constant negotiation.

It looks like fatigue. It looks like a quiet withdrawal from the parts of your condition that require the most of you. It looks, to everyone around you, like nothing at all.

Research suggests that around 40% of people with diabetes experience diminished psychological wellbeing at any given time. Most of them are not in crisis. They are simply carrying more than is reasonable, quietly, and showing the world a face that says everything is fine.

Burnout exists on a spectrum. Every t1d sits somewhere on that spectrum at different times and I include myself in that.

2. Why it happens

T1d management never stops. There is no day off, no period of remission, no moment when the calculations pause. Every meal, every bout of exercise, every stressful day, every illness requires attention and adjustment.

The condition is also largely invisible. The people around you - colleagues, friends, family - generally have no idea how much you are managing. That invisibility, which most t1ds actively maintain, comes at a cost. There is no external acknowledgement of the effort. No recognition of what is being carried.

Over time, that combination - relentlessness plus invisibility - becomes very heavy.

3. The sunk costs approach

Sunk costs, in economics, are investments already made that cannot be recovered. The principle is that rational decision-making should not be influenced by sunk costs - what happened in the past is done and cannot be changed. The only question worth asking is: what do I do from here?

I started applying this to t1d burnout when I noticed a pattern in myself. After a period of poor control - a week, sometimes longer - I would feel a particular kind of shame that made it harder, not easier, to return to better management. The poor control accumulated weight. And the weight made action feel more difficult.

The sunk costs reframe changed this. Whatever happened in that period: it is done. The suboptimal readings are already in the data. They cannot be unmade. The only question now worth asking is: what do I do now, today?

Not: why did I let this happen. Not: how much damage have I done. Not: what does this say about me.

Today. Just what I do next, today.

4. This is not the same as giving yourself a free pass

The sunk costs approach is not “it doesn't matter what I did.” It is “what I did is done, and I am not going to let it prevent me from doing better now.”

There is a difference between accountability and self-punishment. Accountability says: I recognise what happened, I understand why, and I am going to make a different choice today. Self-punishment says: I am going to make myself feel bad about it until I feel bad enough to change. In my experience the second approach does not work. It adds weight to an already heavy load.

Coming back does not require a dramatic reset. It just requires one better decision, today, and then another one tomorrow.

5. What actually helps

Lowering the bar is not weakness. After burnout, returning to perfect control is not the goal. Returning to slightly better than where you are is.

Telling someone helps more than most people expect. Not asking for help with management, just letting someone know you are having a hard time with it. The invisibility of the condition is part of what makes burnout worse. Breaking it, even once, reduces the weight of it.

If you have access to a diabetes specialist nurse or a psychologist with experience of chronic conditions, use them. Burnout is a reality, not a personal failing, and it deserves proper support.

Based on Sarah's lived experience of over 30 years with Type 1 diabetes, not medical advice. If you are struggling with your mental health, please talk to your GP or diabetes team.

Want to understand more?

Sarah's memoir **Invisible Impacts** covers her first decade living with Type 1 diabetes - including the psychological reality that clinic appointments rarely address.

Visit www.theablediabetic.com or contact Sarah at sarah@theablediabetic.com

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