Addressing Depression in Diabetic Patients Pays Off

BY NANCY WALSH
New York Bureau

Older depressed patients with diabetes who were treated in primary care practices using a depression care management program had lower 5-year all-cause mortality than did those treated with usual care, a study has found.

Depression and diabetes are closely linked, with depression being a risk factor for diabetes while also contributing to poor glucose control as well as being associated with micro- and macrovascular complications.

Previous investigations have suggested that depression increases the risk of death among patients with diabetes, but the potential effects of an intervention to modify this risk have not previously been evaluated.

Using data from the randomized PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) and the National Death Index, Dr. Hillary R. Bogner of the department of family medicine and community health at the University of Pennsylvania, Philadelphia, and colleagues investigated the effects on mortality of a primary care–based intervention in depressed patients with diabetes.

PROSPECT included 20 primary care practices from New York, Philadelphia, and Pittsburgh. Depression care management intervention was provided to 10 practices, providing guideline-based treatment recommendations to physicians, helping patients with adherence, and providing follow-up care. Citalopram (Celexa) and interpersonal psychotherapy were provided at no cost.

In the other 10 practices, the primary care physicians were given information materials and treatment guidelines on geriatric depression, but no specific management recommendations were provided.

The analysis included 584 depressed patients with a mean age of 70.3 years. Among this cohort, 72.1% were women, 69.7% were white, and 21.2% reported a history of diabetes.

After 5 years, 110 patients had died. The mortality rate among depressed patients with diabetes in the intervention group was 68.2/1,000 person-years, whereas the rate in depressed patients with diabetes in the usual care group was 103.4/1,000 person-years.

Depressed patients with diabetes in the intervention group were significantly less likely to have died during the 5-year follow-up period than were those in the usual care group. The adjusted hazard ratio was 0.49.

In contrast, depressed patients without diabetes in both groups had similar mortality rates, with those in the intervention group having a mortality rate of 36/1,000 person-years and those in the usual care group having a rate of 38.2/1,000 person-years.

After adjusting for multiple factors, which included baseline imbalances in age, gender, education, and number of medical conditions, the investigators found that depressed patients with diabetes in the intervention group were significantly less likely to have died during the 5-year follow-up period than were depressed patients with diabetes in the usual care group.

The adjusted hazard ratio was 0.49.

In contrast, depressed patients without diabetes in the intervention group were not at decreased risk, compared with depressed patients without diabetes in the usual care group.

The investigation was provided funding by the National Institute of Mental Health.