Depression Self-Care May Aid Diabetes Control

BY BETSY BATES
Los Angeles Bureau

LOS ANGELES — Adherence to a self-care depression management program that included the Depression Self Care Action Plan (www.collaborativeinmanagement.org/uploads/ManagingDepression.pdf) focused on "simple goals and small steps," the plan helps patients establish concrete ways to stay physically active, engage in pleasurable activities, spend time with supportive people, incorporate relaxation into their daily lives, and identify life stresses and ways to deal with them. It's a "living process document," reviewed at appointments and adapted to the reality of patients' often troubled lives, Dr. Miller said.

After 1 year, 50% of patients had reduced their depression scores by more than 50%, compared with a national goal of 40%. Fully 85% of patients had documented their self-management of depression, compared with a national goal of 70%. About one-fourth of patients participating in the depression collaborative, sponsored by the Health Resources and Services Administration's Bureau of Primary Health Care, had diabetes as a comorbidity. Perhaps most dramatically, 53% of patients no longer met the PHQ-9 threshold for depression, compared with a national goal of 40%.

"We find this kind of self-care action plan can be a very useful tool for people who have depression and, particularly, people with diabetes [who have depression]," said Dr. Miller, who also serves as national program director of Quality Al- lies, an effort aimed at improving ambulatory care that is sponsored by the Robert Wood Johnson Foundation and the California Care Foundation.

As many as one in four patients with diabetes have depression, but it can be missed in quick office visits or disguised as hostility, apathetic noncompliance, or a seeming inability to concentrate and follow directions. People with dia- betes are especially vulnerable, since they feel unable to deal with the burden of diabetes and their depression, whose depression undermines their ability to manage a complex disease, she said at the annual meeting of the American Association of Diabetes Educators.

Dr. Miller's research, published in the Journal of Diabetes Education on a collaborative self-care management program that included the Depression Self Care Action Plan, has implications for improving outcomes for patients with diabetes, whose depression undermines their ability to manage a complex disease, she said at the annual meeting of the American Association of Diabetes Educators.

Dr. Miller's research, published in the Journal of Diabetes Education, has implications for improving outcomes for patients with diabetes, whose depression undermines their ability to manage a complex disease, she said at the annual meeting of the American Association of Diabetes Educators.

Sertraline Maintains Mood in Diabetes

BY MARY ANN MOON
Contributing Writer

Maintenance therapy with sertraline prevents a recurrence of major depression in diabetic patients whose mood disorder initially responds well to the drug, report- ed Patrick J. Lustman, Ph.D., of Washington University in St. Louis.

Clinical depression has been reported to occur in one-fourth of people with diabetes, and recurrent episodes are common. Depression not only impairs their function and quality of life but also increases their risk of death, largely by accelerating coronary heart disease, and their risk of diabetes complications, Dr. Lustman and his associates said (Arch. Gen. Psychi- atry 2006;63:521-9).

Pharmacotherapy and psychother- apy improve both mood and glycemic control in depressed diabetic patients, but the ben- efits appear to be short-lived, with up to 60% of such pa- tients developing a recurrence in the year following successful treatment. Maintenance therapy is known to reduce recurrences in 15%-30% of nonadherent diabetic patients but had not been assessed in diabetic patients until this study was done.

The researchers evaluated maintenance therapy in 152 pa- tients with either type 1 or type 2 diabetes and major de- pressive disorder. The study subjects had a mean of five pre- vious episodes of depression.

The current episode had resolved with sertraline therapy, at a mean dose of 118 mg per day (range of 50-200 mg per day). Subjects were then randomly assigned to either con- tinue with the same dosage of sertraline that had induced re- currence (79 subjects) or to switch to placebo (73 subjects), and were followed for 12 months or until depression recurred. Depression symptoms and glycemic control were monitored in monthly office visits and through telephone interviews at every midpoint between office visits, to permit rapid de- tection of recurrences. Both the Beck Depression Inventory and the Hamilton Depression Rating scale were used to measure depression symptoms.

Sertraline was significantly more effective than placebo at prolonging the depression-free interval. At 1 year, the cal- culated rate of nonrecurrence was 66% in patients treated with sertra- line, compared with 48% for those who received placebo, the investiga- tors wrote.

The interval until one-third of the subjects developed a recurrence was 226 days in those taking sertraline, compared with 57 days in those tak- ing placebo. The median time to re- currence exceeded 165 days, the max- imum duration of follow-up, for subjects taking sertraline, compared with 251 days for those taking placebo. Nearly 77% of recurrences developed early, within 4 months of randomization.

Sertraline did not interfere with glycemic control. In fact, glycemic control improved as depression improved with initial therapy, and it was maintained at that improved level throughout the depression-free interval.

"Treatment with sertraline is relatively simple, safe, and widely available, and although it is not curative, it offers pa- tients with diabetes a potentially viable method for ame- liorating the suffering, incapacity, and burden associated with recurrent depression," Dr. Lustman and his associates said.

This study was supported in part by Pfizer Inc., which pro- vided the sertraline for study subjects.

Sleep Duration Predicts Weight Gain in Women

SALT LAKE CITY — Sleep duration of less than 6 hours is an independent predictor of future weight gain and obesity in women, findings from the Nurses' Health Study suggest.

Data from more than 68,000 women who par- ticipated in the study show that adjusting for age and body mass index, women sleeping for 5 or fewer hours/night gained 1.04 kg more over 16 years and those sleeping 6 hours/night gained 0.68 kg more than those sleeping 7 hours/night.

The relative risk for gaining 15 kg or more was 1.32 in those sleeping 5 hours/night and 1.12 for those sleeping 6 hours/night, compared with those sleeping 7 hours. Dr. Sanjay P. Patel re- ported at the annual meeting of the Associated Professional Sleep Societies.

Furthermore, the relative risk for obesity (BMI over 30 kg/m²) was 1.15 in those sleeping 5 hours/night and 1.06 for those sleeping 6 hours/night, compared with those sleeping 7 hours/night.

The associations between sleep duration and weight gain remained significant after adjusting for physical activity level and di- etary consumption, said Dr. Patel of Case West- ern Reserve University, Cleveland.

Study participants first responded to a ques- tionnaire about sleep habits in 1986. They were fol- lowed for 16 years, with additional information about weight and important covariates obtained biannually.

"Additional research is needed to elucidate the mechanisms for weight gain as it relates to sleep duration," Dr. Patel said.

—Sharon Worcester