Depression Twice as Common in Diabetes Patients

By Bruce Jancin

During 8 years of follow-up there were 1,925 deaths, including 522 caused by coronary heart disease. Compared with subjects who were non-diabetic and non-depressed, adjusted all-cause mortality was increased by 20% among those who had depression but not diabetes, by 88% in subjects who had diabetes but not depression, and by 110% in participants with both diabetes and depression.

Coronary heart disease mortality was increased by 29% in individuals with baseline depression, by 126% in those with diabetes but not depression, and by 142% in subjects with both conditions (Diabetes Care 31:1394-4).

Several studies also have shown three-fold greater rates of new-onset coronary artery disease and rehospitalization by a 10-year follow-up period in depressed diabetes patients compared with non-depressed diabetic patients. Dr. Polonsky said at the conference, sponsored by the University of Colorado and the Children’s Diabetes Foundation at Denver.

Other studies have demonstrated that depression makes it tougher to initiate and maintain consistent behavioral change. In persons with diabetes, depression is associated with worse glycemic control as reflected in hemoglobin A1c levels 2.0% -3.3% higher than in non-depressed patients, along with an increased hospitalization rate, more lost work days, and greater functional disability.

Screening diabetic patients regularly for depression is a simple matter even in a busy office practice. Many screening questionnaires are available that patients can fill out in the waiting room. Or the physician can simply ask two straightforward questions:

- During the past month, have you felt down, depressed, or hopeless?
- Have you had no interest or pleasure in doing things?

A yes response to either screening question warrants further inquiry. By far the most widely used tool for this purpose in adults is the Patient Health Questionnaire-9 (PHQ-9). A Google search for “PHQ-9” will provide the scale itself for free, as well as the history of the test instrument, how to score the PHQ-9 properly, and other useful information.

Antidepressant therapy in diabetics is as effective as in nondiabetics. But if baseline, glycemic control is good, antidepressant therapy will have little impact on diabetes-specific outcomes. Dr. Polonsky said.

That was shown in a preplanned subgroup analysis involving 417 depressed elderly patients with type 2 diabetes in the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) trial. This analysis compared usual antidepressant therapy in the primary care setting with enhanced care given in collaboration with a depression care manager who provided patient education, problem-solving treatment, and intensification of antidepressant medication as needed.

After 1 year, patients in the collaborative care arm were significantly less depressed and had better overall function than did those assigned to usual care; however, HbA1c values in the groups didn’t differ significantly.

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