Nursing
IN GENERAL PRACTICE

Diabetes and depression

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Feeling down once in a while is normal but some people feel a sadness that just won't go away. Life seems hopeless. Feeling this way, most of the day for two weeks or more is a sign of serious depression.

More than 7% of the population have depression and it is estimated that at any one time, 280,000 people in Ireland have depression. Irish research has shown that it is more common in women, teenagers, the elderly and in single people. It is estimated that one in 10 Irish people will have depression at some point in their lives.

THE LINK

A number of studies have found a higher prevalence of depressive symptoms in people with diabetes[1, 2] In controlled studies, the prevalence of depressive symptoms was described to be nearly double in people with diabetes.[1, 2] However, some studies found only small differences between diabetes and non diabetes subjects.[3, 4] Several studies have demonstrated that depression in people with diabetes is associated with increased co-morbidity and an increased mortality rate. [1-7]

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Collins et al 2009[8] carried out a study to identify the prevalence and major determinants of anxiety and depression symptoms in patients with diabetes in Ireland. This was a cross-sectional study of 2049 people with types 1 and 2 diabetes. Anxiety and depression symptoms were assessed with the Hospital Anxiety and Depression Scale (HADS). The overall response rate was 71%. Based on the HADS scale, there was evidence of high levels of anxiety and depression symptoms in patients with diabetes; 32% exceeded the HADS cut-off score of 'mild to severe' anxiety and 22.4% exceeded the HADS cut-off score of 'mild to severe' depression.

RISK FACTORS

Diabetes complications, smoking, uncertainty about glycaemic control and being an ex-drinker or a heavy drinker were risk factors for both higher anxiety and depression scores in multivariate analysis. Female gender and poor glycaemic control were risks factors associated only with higher anxiety scores. Higher socio-economic status and older age were protective factors for lower anxiety and depression scores. Type of diabetes, insulin use, marital status and models of care were not significant predictors of anxiety and depression scores. This study indicates that the prevalence of anxiety and depression symptoms in patients with diabetes is considerably higher than in general population samples.

A major depressive episode can be persistent and debilitating. Depression may be under diagnosed and undertreated in 50% of cases, and is often unrecognised by both patients and health professionals.[9, 10] Studies such as the DAWN (Diabetes Attitudes

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Wishes and Needs) study[11] have shown that many nurses and physicians do not recognise depression, anxiety and emotional problems in people with diabetes.[11, 12] Health professionals may often be preoccupied with metabolic outcomes[11] whereas people with diabetes have to achieve a balance between keeping well and living a normal life.[13]

Psychological distress or depression can affect a person's motivation and ability to cope with self management of diabetes, including adhering to prescribed medications, appropriate diet, keeping active and monitoring blood glucose levels.[14, 15]

Fisher et al (2007)[14] suggest that addressing personal and diabetes-related stress by reinforcing coping strategies and problem solving is likely to be more meaningful and effective than treatments specific to depression. Miller (2000)[16] described how people with long term conditions respond to a variety of stressors that may impact on their ability to cope. Miller calls these various domains 'power resources'. These power resources may be weakened by the experience of having a long term condition and through recognising and understanding what these power resources are, the nurse may be able to provide more useful and specific support. Supporting a person with diabetes during periods of distress and low mood can be achieved by helping the patient to adopt coping skills and by helping them to recognise and manage stressors.

Some of these techniques are borrowed from the cognitive behavioural therapy approach. They do require some skill and practice, but should be within the remit of motivated care providers for people with diabetes.[17] Screening for depression and diabetes-related distress requires sensitive questioning. A lead into asking about mood might begin with questions about how the person with diabetes feels about his/her diabetes. For example, asking questions such as: How are you finding living with diabetes? Do you think that the way you are feeling affects your self-care (such as healthy eating, monitoring and physical activity)? Are there other aspects of your life that are taking priority at the moment? Once this type of dialogue is established, it may then be appropriate to introduce some specific questions

that may help to identify any depressive illness. For example: During the past few weeks, have you often been bothered by feeling down, depressed or hopeless? During the past month, have you often been bothered by having little interest or pleasure in doing things? A more comprehensive assessment may need to be implemented at this stage. One useful way to help recognise depression is to use a system called FESTIVAL. This is a list of common symptoms. If five or more of these symptoms are present for more than two weeks, it is likely that a depressive episode is occurring. The symptoms are as follows:

Feeling: depressed, sad, anxious or bored. Energy: tiredness, fatigue, everything seems an effort, slowed movements. Sleep: waking during the night or too early in the morning. oversleeping or trouble getting to sleep. Thinking: slow thinking, poor concentration, forgetful or indecisive. Interest: loss of interest in food, work, sex and life generally. Value: reduced sense of self-worth, low self-esteem or guilt. Aches: headaches, chest or other pains or palpitations without a physical basis. Live: not wanting to live or suicidal thoughts.

The best management depends on a person-centred approach to care, which enables openness and trust between the health professional and the person with diabetes.

Psychological distress can profoundly impact on diabetes self-management. There are no easy answers about why this is true. The stress of being diagnosed with a chronic condition, dealing with the daily management and never having a 'day off' from diabetes and feeling restricted in what you can eat and drink, can make a person with diabetes feel alone or set apart from family and friends who don't have diabetes. If patients face diabetes complications such as nerve damage or are having trouble keeping their blood sugar levels within range, they may be finding it difficult to control their diabetes and this can make them feel frustrated and sad. For people with diabetes, depression can develop as a result of the lifestyle adjustments they have to make to control their diabetes. Managing diabetes can be stressful and time consuming and the dietary restrictions can make life seem less enjoyable. If a person is feeling depressed and has no energy, they may feel less motivated to eat healthy and take regular physical activity.

TREATMENT

The outlook for people with diabetes and depression who seek treatment is very promising. The first step in getting help for depression is patients recognising that they may have a problem and discussing their symptoms with their GP or practice nurse. This is not necessarily as easy as it sounds. Depression can be stigmatised negatively and people can feel that they will not be understood and feel alone. Accepting the help of others can be a major hurdle to overcome. As healthcare professionals, we need to be approachable and be responsive to our patients needs.

Attending an Aware Support Group offers the opportunity for those with depression to interact with other people in a similar situation. Aware also has a helpline (1890 303 302) that is a listening service for people affected by depression, either personally or as family and friends. Their website address is: www.aware.ie.

STUDY DAY – 11TH MARCH

To find out more about diabetes and depression, the Diabetes Federation of Ireland is holding a multidisciplinary study day 'The Ultimate Diabetes Toolkit to Enhance Cost-effective Management and Reduce Diabetes Related Complications' in Croke Park March 11th 2011 with guest speaker Richard Holt, Professor in Diabetes & Endocrinology, University of Southampton, talking about Diabetes and Depression – Double the Cost? Contact the Diabetes Federation of Ireland on 01-836 3022 or 1850 909 909 for further details.

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