

The Psychological Impact of Diabetes

Every long-term condition has the potential for psychological complications, and with its threat of amputation, kidney disease and retinopathy, diabetes is no exception.

People with diabetes have a higher risk of developing anxiety and/or depression, along with other psychological difficulties. This is something that all people working in the diabetes community need to be aware of so that they can provide equity of service to all people with diabetes.

This Factsheet focuses on the major issues surrounding diabetes and mental illness.

Prevalence

Several studies suggest that the prevalence of depression is roughly twice as high among people with diabetes as among the general population.

An Australian study suggests 24% of people with diabetes are affected by depression. Some studies go further, suggesting depression and/or anxiety may affect up half of young people with poorly controlled Type 1 diabetes.

It is thought that at least part of the increased risk of depression in diabetes is due to the psychosocial difficulties which can accompany diabetes, although it has also been suggested that as yet unidentified organic factors may be important.

But it is not simply depression and anxiety which is a factor. There are a range of other psychological and psychiatric

problems people with diabetes may suffer from, such as:

- Eating disorders
- Phobias
- Obsessive compulsive disorder
- Alcohol and drug dependence
- Panic disorders

Implications

Depression is often associated with poor self-care with some of the implications being:

- Reduced social functioning and quality of life.
- Decreased physical activity and increased likelihood of obesity.
- Reduced adherence to treatment regimen or ability to follow recommended diet or exercise plan.
- Greater likelihood of unhealthy behaviours, such as smoking or alcohol misuse.
- Increased risk of micro and macro-vascular complications.
- Poor glycaemic control.

Quality and Outcomes Framework (QOF)

This year sees the inclusion of diabetes associated depression Indicators and guidance in the QOF system. These are:

- DEP 1: The percentage of patients on the diabetes register and/or the CHD register for whom case finding for depression has been undertaken on one occasion during the previous 15 months using two standard screening questions.
 - Points: 8
 - Payment stages: 40-90%
- DEP 2: In those patients with a new diagnosis of depression, recorded in the preceding April 1 to March 31, the percentage of patients who have had an assessment of severity at the outset of treatment using an assessment tool validated for use in primary care.
 - Points: 25
 - Payment stages: 40-90%

DEP 1

NICE guidance on depression suggests that screening should be undertaken in primary care for depression in high-risk groups.

It suggests that screening should include the use of at least two questions concerning mood and interest:

1. During the last month, have you been bothered by feeling down, depressed or hopeless?
2. During the last month, have you often been bothered by having little interest or pleasure in doing things?

A “yes” answer to either question is considered a positive test. A “no” response to both questions makes depression highly unlikely. QOF guidance states that these two questions could be asked as part of a diabetes review and patients who answer “yes” to either questions could be referred to the GP for further assessment of other symptoms.

DEP 2

QOF guidance states assessment of severity is essential to decide on appropriate interventions and improve the quality of care.

A measure of severity at the outset of treatment enables a discussion with the patient about relevant treatment interventions and options, guided by the stepped care model of depression described in NICE guidance, which can be seen at:

www.nice.org.uk/download.aspx?o=cg023niceguideline

QOF suggests three severity measures validated for use in a primary care setting:

1. **Patient Health Questionnaire (PHQ-9):** A nine question self report measure of severity that take approximately three minutes to complete. It can be downloaded free of charge at: www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/questionnaire

2. Beck Depression Inventory

Second Edition (BDI-II): This is a 21 item self-report instrument. It takes around five minutes to fill in. Instruments and manuals can be ordered at:

http://harcourtassessment.com/cgi-bin/MsmGo.exe?grab_id=0&page_id=690&query=bdi%20II&hiword=II%20bdi%20

3. Hospital Anxiety and Depression

Scale (HADS): Despite its name, HADS has been validated for use in community and primary care settings. It is self administered and takes up to five minutes to complete. It can be ordered at: www.nfer-nelson.co.uk/health_and_psychology/resources/hospital_anxiety_scale/hospital_anxiety_scale.asp

Full QOF guidance for 2006/7 can be found at:

www.nhsemployers.org/primary/index.cfm

More information about QOF and diabetes can be found in the NDST's QOF factsheet at:

www.diabetes.nhs.uk/downloads/factsheet_QOF.pdf

Provision

In Diabetes UK's State of the Nations report published in 2005, it is stated that many people felt the provision of emotional support was a significant gap in diabetes services, particularly for children, young people and parents.

The report found that 39% of people with diabetes who were not members of Diabetes UK reported that they had been offered and accessed emotional help and support in recent years.

The report outlined 'what needs to be done':

- Doctors and nurses need to pay greater attention to listening to and supporting the emotional and psychological needs of individuals.
- Greater resources need to be invested to increase access to specialist psychological and emotional support for people with diabetes.
- Further research is needed to investigate the types of emotional support people would benefit from.

See the report here:

www.diabetes.nhs.uk/downloads/StateOfNations.pdf

Treatment

Clinicians are encouraged to employ a biopsychosocial, or holistic, approach in assessing psychological problems in people with diabetes. Both psychological and physical elements may be important.

For instance, symptoms such as fatigue, weight loss and poor memory could be the result of poorly controlled diabetes with persistent hyperglycaemia and ketonuria.

Treatment is not always straightforward though, as some anti-depressants do not react well with other medications used by people with diabetes.

Evidence shows that recovery from depression is associated with reduction in HbA1c of between 0.5% and 1%. This suggests that treating depression can not only improve quality of life but could also significantly reduce the risk of complications.

Children

Children are a particularly important part of the diabetes community when considering psychological support.

When diabetes is diagnosed it is thought that people go through stages similar to bereavement:

- Disbelief
- Denial
- Anger
- Depression

As many diagnoses of Type 1, and now Type 2, occur in childhood, it is key to get emotional support right from the start.

NSF Standard 5: "All children and young people with diabetes will receive consistently high quality care and they, with their families and others involved in their day-to-day care, will be supported to optimise the control of their blood glucose and their physical, psychological, intellectual, educational and social development."

NICE Guidelines 2004: "Children and young people with Type 1 diabetes and their families should be offered timely and ongoing access to mental health professionals because they may experience psychological disturbances (such as anxiety, depression, behavioural and conduct disorders and family conflict) that can impact on the management of diabetes and well-being..."

There is a growing body of evidence that psychological therapies can have a considerable impact on self-management among children and young people. By improving blood glucose levels and engagement with treatment, these therapies can provide a cost effective way of improving self-management and quality of life.

Further information

For more information visit the National Diabetes Support team website at: www.diabetes.nhs.uk