

**DIABETES AND MAJOR DEPRESSIVE DISORDER INTERACTION: NO EFFECT OF BASELINE DIABETIC CONTROL ON SIX MONTH DEPRESSION OUTCOMES**

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Introduction:

Prior studies have demonstrated an inter-relationship between the diagnosis of diabetes, obesity and depression. Our prior studies have shown that the diagnosis of diabetes or baseline body mass index (BMI) did not impact six month depression remission rates.

Objectives/Aims:

Our hypothesis was that level of control of diabetes (hemoglobin A1c < 8.0%) in depressed diabetic patients would have no effect on depression remission rates six months after diagnosis.

Methods:

This study was retrospective analysis of 451 diabetic primary care patients diagnosed with Major Depressive Disorder or Dysthymia with a PHQ-9 score of 10 or greater.

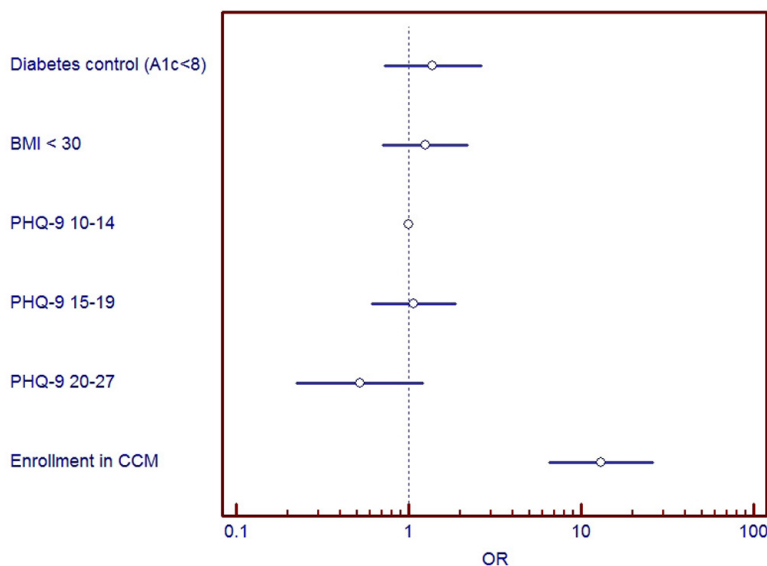
· Outcome variable was clinical remission (PHQ-9 < 5) at six months.

· Logistic regression modeling included the demographic variables of age, gender, marital status, the clinical variables of BMI, baseline PHQ-9 score, hemoglobin A1c level (at date of diagnosis of depression) and clinical diagnosis (recurrent or first episode of depression, or dysthymia).

Results:

78.5% (354) of depressed diabetics were in good control of diabetes (hemoglobin A1c<8%) at enrollment. Obesity (BMI≥ 30) at baseline was not different between the controlled and uncontrolled diabetic patients at baseline (approximately 70%), p=0.36.

Figure 1: Odds ratio for clinical remission (PHQ-9<5) at six months in diabetic primary care patients, by variable (N=451).



Controlling for age, gender, marital status, race, clinical diagnosis and clinical site.

Conclusion:

· Baseline control of diabetes was not an independent predictor for depression outcome at six months.

This data suggests that poor diabetic control was not associated worsening clinical outcomes in depression management.