

CS01-02 - MENTAL DISORDERS AND DIABETES

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The prognosis of diabetes is highly dependent from diabetes self care. Mental disorders are a major barrier for effective self care in diabetes. Thus mental disorders in diabetes contribute to a poor long term prognosis of the disease. Depression is the most common mental disorder in diabetes. Approximately 30-40% of diabetic patients reported elevated depressive symptoms in self-report measures and 10-15% of diabetic patients suffer from a depressive disorder, according to clinical criteria. The impact of depression in diabetic patients is well understood, compared to other mental disorders. Therefore the presentation will focus the impact, diagnosis and management of depression in diabetes.

Depressed diabetic patients have a poorer glycaemic control, a higher risk of multimorbidity and mortality, increased functional impairment, and poorer adherence to diet and other diabetes self-management behaviours. In addition, co-existing depression has a negative impact on the quality of life of patients with diabetes and is associated with a significant increase in total expenditures on health care. The negative effect of depression in diabetes is not only established for more severe clinical cases of depression but can also be demonstrated in patients with mild depressive symptoms or sub-clinical depression. The detrimental consequences of depression in patients with diabetes are not inevitable, because effective treatments for depression are available. They include specific forms of diabetes education for mild depression, counseling, cognitive behaviour therapy or antidepressive medication for clinical depression. The presentation gives an overview about evidence based treatments of depression in diabetes. A prerequisite for effective treatment of depression is the detection of depressed diabetic patients. Experts estimate that currently only 25% of depressed diabetic patients are identified in clinical practice. Thus, timely identification of depressed diabetic patients is suggested by several guidelines for diabetes treatment. Screening methods for depression in clinical practice are briefly reviewed.

In the final part of the presentation the results of a step care approach for management of depression in routine care is demonstrated. This step care approach has proven efficacy with regard to the reduction of depressive symptoms. Additionally, cost-effectiveness of a step care approach for management of depression in clinical care settings could be demonstrated.