Depression, Diabetes, Hepatitis C: A Triple Threat

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TUCSON, ARIZ. — Depression is a risk factor for poor glycemic control in diabetic patients infected with hepatitis C, according to an analysis of data from a preliminary cohort study in 462 patients.

The association between depression and glycemic control is noncausal at this point, but warrants further study and attention by family physicians, said Dr. Anthony Valdini, research director of the Greater Lawrence Family Health Center, Lawrence, Mass.

Type 2 diabetes and depression are common comorbidities among patients infected with the hepatitis C virus (HCV). Interferon, a major component of HCV therapy, often is a cause of depression. But physicians have been hesitant to prescribe antidepressants in this population because of what Dr. Valdini believes are unfounded fears of liver complications.

"This is a group that is miserable," Dr. Valdini said during a poster presentation at the annual meeting of the North American Primary Care Research Group. "In some series, you will get up to 58% of people who are depressed, so it's really cruel to treat them for hepatitis C and not offer them therapy for their depression."

Dr. Valdini and colleagues used data from the hepatitis C registry to identify 462 patients with hepatitis C, aged 21 years or older, who had visited an inner-city community health center between April 2003 and April 2005.

Patients were coded as either depressed or diabetic if these diagnoses were found in their medical records. The most recent hemoglobin A_{1c} (HbA_{1c}) value was used for calculations. They compared hepatitis-positive diabetes patients with and without depression by using chi-squared statistics, after categorizing HbA_{1c} results into tertiles representing levels of glycemic control (< 7%, 7%-9.5%, > 9.5%).

Overall, 139 patients (30%) were depressed and 83 (18%) had type 2 diabetes. Of the diabetic patients, 28 (34%) were depressed. Mean HbA_{1c} for the diabetic plus depressed group was 7.5%, compared with 7.2% for the nondepressed diabetic group. The mean ages were similar (54 years vs. 55 years).

Although there were more men than women in both the depressed and nondepressed groups, there were no significant differences in their proportions across the glycemic control categories. All of the diabetic patients received education on glycemic control and were given access to dieticians and diabetes nurse educators, Dr. Valdini noted.

Full data available on 26 patients in the depressed group show that 12 patients (46%) at the target HbA_{1c} of < 7%, whereas the nondepressed diabetics were at target in 31 of 52 (60%) cases, the authors reported. This difference was significant when tested with chi-squared statistics.

At the center, patients with hepatitis are screened for multiple comorbidities and are treated with SSRIs if depressed. The rule of thumb is to consult with a gastroenterologist regarding the decision to start medications or not if transaminases are more than twice the upper limit of normal, Dr. Valdini said. ■

PRODUCTS

Insulin Technology System Updated

Smith Medical MD Inc. has received clearance from the Food and Drug Administration to update its CozMore insulin technology system. The new software will include features for tracking carbohydrate intake, setting a weekly schedule, calculating how much insulin a patient would need if the pump is disconnected, quickly starting up pump therapy, and recommending the number of carbohydrates needed to correct a low blood sugar test result. The updated software will be sold in the United States, from January 2007, and in China. For more information, go to www.cozmore.com or call 800-826-9703.

Safety Assessment Tool Available

The Physician Practice Patient Safety Assessment allows medical practices to evaluate daily processes that affect patient safety. This Web-based tool addresses medications, handoffs of patients between clinicians or locations, surgery and invasive procedures, personnel qualifications and competency, patient education and communication, and practice management and culture. For more information, visit www.physiciansafetytool.org.