Depression Twice as Common in Diabetes Patients

BY BRUCE JANCIN
Denver Bureau

KEYSTONE, COLO. — Depression is twice as common in adults with diabetes as in the general population, William H. Polonsky, Ph.D., said at a conference on the management of diabetes in youth.

Moreover, coexistent depression and diabetes is associated with significantly greater all-cause mortality risk than either condition alone, hence the need to regularly screen adult diabetic patients for depression and to promote vigilance among patients and their families regarding its signs and symptoms, added Dr. Polonsky of the department of psychiatry at the University of California, San Diego, and president of the Behavioral Diabetes Institute, also in San Diego.

Multiple large epidemiologic studies indicate that at any given time, 17%-20% of adult diabetic patients meet criteria for moderate to major depression, a rate up to twofold greater than that in adults overall.

South Carolina investigators recently studied the impact of depression and diabetes on all-cause and coronary heart disease mortality in 10,025 participants in the population-based National Health and Nutrition Examination Survey–I Epidemiologic Follow-Up Study.

During 8 years of follow-up there were 1,925 deaths, including 522 caused by coronary heart disease. Compared with subjects who were nondiabetic and nondepressed, adjusted all-cause mortality was increased by 20% among those who had depression but not diabetes, by 88% in subjects who had diabetes but not depression, and by 150% in participants with both diabetes and depression.

Coronary heart disease mortality was increased by 29% in individuals with baseline depression, by 126% in those with diabetes but not depression, and by 142% in subjects with both conditions (Diabetes Care 2005;28:1339-45).

Several studies also have shown threefold greater rates of new-onset coronary artery disease and retinopathy over a 10-year follow-up period in depressed diabetic patients compared with nondepressed diabetic patients, Dr. Polonsky said at the conference, sponsored by the University of Colorado and the Children's Diabetes Foundation at Denver.

Other studies have demonstrated that depression makes it tougher to initiate and maintain constructive behavioral change. In persons with diabetes, depression is associated with worse glycemic control as reflected in hemoglobin A_{1c} levels 2.0%-3.3% higher than in nondepressed patients, along with an increased hospitalization rate, more lost work days, and greater functional disability.

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DR. POLONSKY

Screening diabetic patients regularly for depression is a simple matter even in a busy office practice. Many screening questionnaires are available that patients can fill out in the waiting room. Or the physician can simply ask two straightforward questions:

► During the past month, have you felt down, depressed, or hopeless?

► Have you had no interest or pleasure in doing things?

A yes response to either screening question warrants further inquiry. By far the most widely used tool for this purpose in adults is the Patient Health Questionnaire–9. A Google search for "PHQ-9" will provide the scale itself for free, as well as the history of the test instrument, how to score the PHQ-9 properly, and other useful information.

Antidepressant therapy in diabetics is as effective as in nondiabetics. But if baseline glycemic control is good, antidepressant therapy will have little impact on diabetes-specific outcomes, Dr. Polonsky said.

That was shown in a preplanned subgroup analysis involving 417 depressed elderly patients with type 2 diabetes in the Improving Mood–Promoting Access to Collaborative Treatment (IMPACT) trial. This analysis compared usual antidepressant therapy in the primary care setting with enhanced care given in collaboration with a depression care manager who provided patient education, problem-solving treatment, and intensification of antidepressant medication as needed.

After 1 year, patients in the collaborative care arm were significantly less depressed and had better overall function than did those assigned to usual care; however, HbA_{1c} values in the groups didn't differ (Ann. Intern. Med. 2004;140:1015-24).

Dr. Polonsky, who works chiefly with adults, said the data regarding depression in diabetic adolescents are more limited and equivocal. "It's not clear that their depression rates are as high as in adults," he noted. ■

After the Cancer: Depression and Anxiety Missed in Older Survivors

BY MELINDA TANZOLA
Contributing Writer

ATLANTA — Anxiety, depression, and pain are often overlooked in older cancer survivors, according to results of a study presented at the annual meeting of the American Society of Clinical Oncology.

In this study of 150 men who had been diagnosed with cancer an average of 3 years prior, pain, anxiety, and depression were common, occurring in 64%, 26%, and 21% of men, respectively, according to prospective analysis of responses to a questionnaire.

Despite the high frequency of these issues, in many cases, oncologists did not discuss pain and well-being with their patients. According to blinded chart reviews, oncologists did not inquire about pain in 22% of the men. Inquiries about mental health were more infrequent: 95% of men were not asked about anxiety, and 88% of men were not asked about depression.

Because of this failure to inquire about pain and mental health, a significant proportion of men with each condition was overlooked, including 18% of men with pain, 85% with anxiety, and 75% with depression.

In an interview during his poster presentation, Dr. Harvey Jay Cohen said this information is very relevant for primary care physicians. "People need to be aware that cancer survivors, older ones at least, not infrequently are anxious and showing signs of depression," said Dr. Cohen, professor and interim chair in the department of medicine and director of the Center for the Study of Aging and Human Development at Duke University Medical Center in Durham, N.C. "That's something people at least need to inquire about."

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In the study, Dr. Cohen and his colleagues evaluated 153 male patients who visited a single oncology clinic at a Veterans Affairs Medical Center. The men filled out questionnaires reporting pain using the pain thermometer and mental health using the Hospital Anxiety and Depression Scale.

The patients averaged 68 years old, and 40% were African American. Most of the men (64%) were married, though 22% lived alone. They had, on average, about five comorbidities. The most common cancers involved were prostate (47%), head and neck (19%), and lung (12%).

A total of 147 men were evaluable for the pain component of the study, 128 for anxiety, and 136 for depression, based on the presence of responses to each segment of the evaluation and available chart information.

The investigators looked for any notes about mood, anxiety, depression, other psychological or psychiatric conditions, notes about treatment, and suggestions for psychiatric referrals in the chart. They analyzed a 3-month period of charts to rule out that they had not overlooked the appointment where the issues were discussed.

"We looked for anything that in the chart would've indicated that [the oncologist] had noticed anything—they said something, treated the patients—we took absolutely anything," Dr. Cohen said. ■

Group Therapy of Benefit to COPD Patients With Anxiety

SALT LAKE CITY — Anxiety in patients with chronic obstructive pulmonary disease is common, disruptive, and responds favorably to cognitive behavioral group therapy, Dr. Sandra G. Adams reported at the annual meeting of the American College of Chest Physicians.

Other investigators have shown that clinically significant anxiety occurs in up to half of COPD patients, and that it's associated with greater disability and impairment of quality of life. Moreover, in a prospective five-country Scandinavian study involving 416 COPD patients, anxiety conferred a 76% increase in risk for rehospitalization within 12 months (Eur. Respir. J. 2005;26:414-9).

This raises the possibility—as yet not examined in a clinical trial—that treating anxiety in patients with COPD might reduce rehospitalization, noted Dr. Adams of the University of Texas, San Antonio.

Experts agree COPD is underdiagnosed. And among patients with known COPD, anxiety is also greatly underdiagnosed, she said. For example, only 1 of the 22 patients with severe COPD and moderate to severe anxiety in her randomized trial of cognitive behavioral therapy (CBT) had been diagnosed with anxiety.

Study participants had a mean baseline forced expiratory volume in 1 second of 33% of predicted, indicative of very severe COPD. They also acknowledged having a "somewhat difficult" problem with at least one anxiety symptom on the Prime-MD screening instrument.

Patients were randomized to one group session of CBT per week for 6 weeks or to a general health education class with the same schedule. There were five to seven patients per group. CBT sessions covered relaxation techniques, stress and coping skills, practical goal setting, and general COPD information. The control group received information on COPD, exercise and nutrition, Social Security benefits, and advance directives.

Six weeks after completing the program, patients in the CBT arm showed significant improvement in quality of life, as reflected in a mean 11-point improvement on the St. George's Respiratory Questionnaire. In contrast, scores in the control group worsened by nearly 6 points. Neither group, however, showed a significant change on the Beck Anxiety or Beck Depression inventories.

—Bruce Jancin