diabetes and mental health

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Diabetes and depression: Frequently asked questions (FAQs)

Alongside podiatrists, dietitians, etc, should psychologists be considered a core part of the diabetes multidisciplinary team (MDT)?

- Given that people with diabetes may experience psychological problems, psychologists should be considered as part of the core MDT.
- This is supported by a recent Diabetes UK report which has called for greater access to specialist psychosocial care and support services that understand diabetes[1].
- In Southampton City CCG, an initiative was undertaken to try to improve access to psychological therapies for people with diabetes. It had been previously recognised that although people with diabetes could be referred to the Improving Access to Psychological Therapies (IAPT) service, the service had little experience of specifically managing people with diabetes and depression. An initiative was set up in which a practitioner from the Steps to Wellbeing programme attends the young adult diabetes service, allowing young people with diabetes to have direct access to and engage with the psychological services. Practitioners involved in this service took their learnings back to the wider IAPT team. A subsequent audit found that people's diabetes and depressive symptoms were improved[2].

Is cognitive behavioural therapy (CBT) effective in people living with diabetes and depression?

- Clinical trials have investigated a range of psychological therapies for diabetes and depression, and CBT is the most studied approach.
- CBT improves the mental wellbeing of people with depression and diabetes and may improve glycaemic control[3].
- Although improving mental health alone is not sufficient to improve diabetes self-management, it may be a prerequisite. As people with diabetes start to feel better about themselves, they may better manage their diabetes, potentially leading to improvements in glycaemic control and fewer depressive symptoms.

How do we address the inequality of care for people with mental illness who also have diabetes?

- Learning opportunities for healthcare professionals (HCPs) about mental illness and diabetes help raise awareness of current inequalities in care and may build confidence in raising these issues in clinic.
- People with diabetes need education to expect that as well as the physical aspects of the condition, their psychological wellbeing is discussed in routine consultations.

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- Charities such as Diabetes UK are raising awareness about the importance of psychological care as part of routine diabetes management[1].
- It is also important to think about how mental and physical illnesses are taught within medical and nursing schools. Currently it is often single-diseased focussed, rather than considering the problem of comorbidities and how illnesses potentially impact on each other.

How can HCPs look beyond the symptoms often attributed to a person's mental health?

- Diabetes care is a multidisciplinary field and mental health should be an integral part of care. All HCPs should possess the basic skills to assess the psychological wellbeing of their patients.
- Diabetes care for people with mental illness may be improved by educating healthcare professionals who work in mental health about diabetes and ensuring that mental health patients receive an annual physical health review. Nevertheless, although the National Audit for Psychosis recommends that blood glucose is measured annually, more needs to be done to ensure this takes place[4].

What more can be done to ensure that people with diabetes and depression are identified and treated?

- Good psychological care should be properly embedded within a diabetes review, and that people with diabetes must be aware of potential mental health consequences. Diabetes UK has a role in communicating this message and is committed to improving the mental health wellbeing of people with diabetes[1].
- Some HCPs may feel that there isn't the time to do a full psychological assessment in addition to the physical examinations associated with diabetes care. However, addressing mental health barriers provides the opportunity to improve the management of diabetes in the long term.

Which antidepressant should be prescribed in people taking oral or injectable diabetes therapies?

- All antidepressants are effective at reducing depressive symptoms in people with diabetes when used in adequate dose.
- In general, the treatment of choice, based on safety, tolerability and evidence of effectiveness in people with diabetes, will be a selective serotonin reuptake inhibitor[5].
- Although diabetes medications should not significantly affect the choice of antidepressant medication, some antidepressant therapies should be used with caution. For example, fluoxetine enhances the potency of some oral diabetes medications and insulin[6], increasing the risk of hypoglycaemia. Other antidepressants can cause significant weight gain[7-9], and so may not be considered as first-line agents for people with diabetes due to these effects.

How should treatment be de-escalated in older people with diabetes and mental health issues?

- In older people, intensive diabetes treatment may lead to significantly reduced HbA1c levels. Older people may also lose weight in later life which can impact glycaemic control, leading to increased risk of hypoglycaemia[10].

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- Diabetes treatment should not be changed based on chronological age, but rather biological age and considerations of frailty[10]. Part of this assessment should also involve an assessment of mental health issues.
- When de-escalating of mental health treatment, it is important to liaise with old age mental health psychiatrists to discuss appropriate steps.

How can diabetes education be linked with depression prevention, especially when there are time limitations?

- It is important to consider how best to use the time available with patients and to ensure they understand that diabetes is a progressive condition, and escalation of therapy may be required over time, which may involve moving onto insulin. This message avoids using insulin as a threat and reduces the possibility of patients blaming themselves if they eventually require injectable therapy.
- Patients should be made aware that they may feel low as a result of diabetes and may develop distress or depression. It should be emphasised that if this does happen the person is not alone, and the MDT is available to provide support.

Should screening for depression be part of the diabetes annual review?

- Screening for depression should be part of the annual diabetes review. It is important to ask people how they are feeling about their diabetes and to consider whether there are any mental health issues. Specifically, it is worth asking two screening questions around depression and diabetes at least once a year. These are: "Over the last two weeks, have you experienced low mood?" and "Over the last two weeks, have you experienced a reduction in interest in pleasure in life?".
- There needs to be a change in culture from the both an HCP perspective and the person with diabetes, as many don't expect to talk about their mental health when they come to diabetes clinics. It is important that the HCP feels comfortable asking about mental health issues and that the person with diabetes understands that this is a part of routine care.

Does the American Diabetes Association (ADA) have a more proactive approach compared with the UK when it comes to mental health?

- Primary care in the UK is currently incentivised to do physical health checks related to diabetes rather than mental health checks[11], and this may be a barrier to incorporating this aspect into a diabetes consultation.
- Since there is limited time available for consultations, not all topics will be covered within a single appointment. Diabetes is not a sprint, but a marathon and people live with the condition over many decades. In order to help the person with high HbA1c achieve better glycaemic control it may be important to explore the issues relating to their depression if that is the main barrier to achieving control.

Can some of the newer technologies for continuous glucose monitoring (CGM) be used to support people with diabetes and mental health problems?

- Use of newer technologies may be appropriate for people struggling with hypoglycaemia and depression for example. In this instance, use of CGM with hypoglycaemia alerts may reduce the risk of developing hypoglycaemia which may improve the person's mental wellbeing.

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- It should also be recognised that sometimes the technology itself may be a burden for people with diabetes, and so there needs to be a conversation to ensure that the person with diabetes feels that use of technology would be helpful.

Is depression more common among people with diabetes compared with other chronic conditions?

- Although many chronic conditions are associated with increased rates of depression[12], with diabetes there is a greater degree of self-management compared with other diseases.

How successful are online therapies in people with diabetes and depression?

- Online services for people with depression and diabetes provide the greatest benefit when secondary support such as therapist assistance or guidance is also available[13]. No specific online courses for diabetes and depression currently exist in the UK.
- In the current situation, more consultations are being done by telephone and it will be interesting to observe whether delivery of online mental health care is of benefit.

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