

Diabetes +



mental health

Depression

Depression is more common in people with diabetes compared with the general population. Symptoms of depression affect 30% of people with diabetes, while 10% of them experience major depression. A depressive mood leads to poorer physical and mental functioning, making it more difficult to manage diabetes leading to:

- poorer blood glucose management,
- Diabetes related health problems,
- decreased quality of life,
- increased family problems,
- higher healthcare costs.

The association between depression and diabetes is unclear. Depression may develop because of stress and anxiety related to managing diabetes. Depression often goes undiagnosed and untreated. Individuals with diabetes should be regularly screened by their healthcare provider for psychological distress and psychiatric disorders (e.g. depression and anxiety)

Treatment

Treating depression with psychotherapy (“talk” therapy), medication or a combination of these treatments can improve a patient’s well-being and ability to manage diabetes. In people who have diabetes and depression, scientists report that psychotherapy and antidepressant medications have positive effects on both mood and blood glucose management. Prescription antidepressant medications are generally well tolerated and safe for people with diabetes. Specific types of psychotherapy can also relieve depression. However, recovery from depression takes time. Antidepressant medications can take several weeks to work and may need to be combined with ongoing psychotherapy. Not everyone responds to treatment in the same way. Prescriptions and dosing may need to be adjusted.

Therefore, treatment for depression in the context of diabetes should be managed by a mental health professional, such as a psychiatrist, psychologist or clinical social worker who is in close communication with the physician providing diabetes care. This is especially important when antidepressant medication is needed or prescribed, so that potentially harmful drug interactions can be avoided.

In some cases, a mental health professional who specializes in treating individuals with depression and co-occurring physical illnesses, such as diabetes, may be available. People with diabetes who develop depression, as well as people in treatment for depression who subsequently develop diabetes, should make sure to tell any physician they visit about the full range of medications they are taking.

Use of herbal supplements of any kind should be discussed with a physician before they are tried. Recently, scientists have discovered that St. John's wort, an over-the-counter herbal remedy promoted as a treatment for mild depression, can have harmful interactions with some other medications. It is important to remember that depression is a disorder of the brain that can be treated in addition to whatever other illnesses a person might have, including diabetes. If you think you may be depressed or know someone who is, don't lose hope. Seek help for depression.

Anxiety

It's normal to feel anxious or worried at times. Everyone does. In fact, a moderate amount of anxiety can be good. It helps you respond appropriately to real danger, and it can help motivate you to excel at work and at home. But if you often feel anxious without reason and your worries disrupt your daily life, you may have an anxiety disorder. Anxiety disorders cause excessive or unrealistic anxiety and worry about life circumstances, usually without a readily identifiable cause.

Little is known about the relationship between diabetes and anxiety. Recent evidence suggests that the rate of anxiety disorders is elevated in people with type 1 diabetes. It is estimated that 14% of people with diabetes have generalized anxiety disorder. As many as 40% of people have at least some anxiety symptoms, and fear of hypoglycemia is not uncommon in those with diabetes. Anxiety disorders in people with type 1 and 2 diabetes may be associated with poor blood sugar control.

Signs and symptoms

The signs and symptoms of generalized anxiety disorder can vary in combination or severity. They may include:

- Restlessness
- Feeling of being tense or on edge
- Feeling a lump in your throat
- Difficulty concentrating
- Fatigue
- Irritability
- Impatience
- Being easily distracted
- Muscle tension
- Trouble falling or staying asleep (insomnia)
- Excessive sweating
- Shortness of breath
- Stomach ache
- Diarrhea
- Headache

The two main treatments for anxiety disorders are medication (anti-anxiety drugs and/or anti-depressants) and psychotherapy ("talk therapy"), either alone or in combination.

If you have difficulty controlling your worries, or if anxiety interferes with your daily life, speak with your doctor, diabetes healthcare team or mental health professional.

Eating disorders

Adolescent females and young women with type 1 diabetes have about twice the risk of developing eating disorders as their peers without diabetes. This may be because of the weight changes that can occur with insulin therapy and good metabolic control and the extra attention people with diabetes must pay to what they eat.

Researchers estimate that 10–20 percent of girls in their mid-teen years and 30–40 percent of late teenaged girls and young adult women with diabetes skip or alter insulin doses to control their weight. Studies of eating disorders and diabetes also show a higher rate of bulimia in girls with diabetes compared with healthy controls. Ten percent of adolescent females with type 1 diabetes are diagnosed with an eating disorder.

In people with diabetes, eating disorders can lead to poor metabolic control and repeated hospitalizations for dangerously high or low blood sugar. Chronic poor blood sugar control leads to long-term complications, such as eye, kidney, and nerve damage.

Individuals with type 2 diabetes who have depressive symptoms may experience night eating syndrome (NES). This is characterized by the consumption of more than 25% of daily calories after the evening meal and waking at night to eat, on average, at least 3 times per week. NES can result in weight gain, poor glycemic control and an increased number of diabetic complications.

Early warning signs

- Extremely high A1C test results
- Frequent bouts of and hospitalizations for poor blood sugar control
- Anxiety about or avoidance of being weighed
- Frequent requests to switch meal-planning approaches
- Frequent severe low blood sugar
- Widely fluctuating blood sugar levels without obvious reason
- Delay in puberty or sexual maturation or irregular or no menses
- Binging with food or alcohol at least twice a week for 3 months
- Exercise more than is necessary to stay fit
- Severe family stress

If you think that you or a loved one has an eating disorder, talk to your doctor or diabetes healthcare team. They will recommend a mental health professional who will work with the diabetes team to help you and your family deal with this problem. It is important to be nonjudgmental and supportive. It is also extremely important to seek evaluation and treatment.

[Click here to learn more about staying healthy with diabetes and preventing or delaying complications.](#)

Across the country, the Canadian Diabetes Association is leading the fight against diabetes by helping people with diabetes live healthy lives while we work to find a cure. Our community-based network of supporters help us provide education and services to people living with diabetes, advocate for our cause, break ground towards a cure and translate research into practical applications.

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