

The Webscout

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Diabetes and psychology

You all may know that diabetes is a metabolic disease leading to secondary micro- and macrovascular complications, like nephropathy, neuropathy, and cardiovascular diseases. You may also know that these microvascular complications impair patients' daily activities and productivity and finally shortens the patients' life expectancy. But you may not know that diabetes strongly affects the patient's psychological state: patients have to cope with having an incurable chronic disease that threatens their lives. Depression, anxiety, and eating disorders are very common. These can usually be treated effectively but tend to recur. What you might also not know is that, apart from diabetes' psychological impact, it directly affects brain functions and structures, resulting in additional psychological and neurological challenges. Good mental health, I think you will agree, is vital for effective treatment; successful diabetes treatment requires not only taking medications but also a range of lifestyle changes. Diabetes management should therefore always include psychological care. The following are some excellent websites addressing the need for psychological care in diabetes.

<http://www.ispad.org/FileCenter/ISPAD%20Guidelines%202009%20-%20Psychological%20care.pdf>

This links to a PDF containing the International Society for Pediatric and Adolescent Diabetes (ISPAD) recommendations for psychological care in young diabetes patients. The paper summarises and makes recommendations based on knowledge gathered from 40 years of experience in paediatrics and also addresses topics like family dynamics and social support.

<http://journal.diabetes.org/clinicaldiabetes/v16n21998/PG91.htm>

This site describes how psychological consultancy in diabetes care is used to promote healthy behaviours via direct contact with the patient or by offering services to other caregivers like nurses. One of the leading reasons for psychological referral is non-adherence to therapy. Yet, one-third of diabetes patients at some stage of their illness will encounter psychological diagnoses like depression or eating disorders. These also affect the

patient's cooperation in managing the disease. Psychological care in general can be regarded as support for a 'sustained pro-diabetic lifestyle'.

http://www.springer.com/cda/content/document/cda_downloaddocument/9781441900302-c1.pdf?SGWID=0-0-45-1277944-p173887159

This PDF contains a book chapter that goes into detail about diabetes-related depression, anxiety disorders, eating disorders, and psychotic and bipolar disorders. The authors highlight the relevance of these psychological co-morbidities for diabetes treatment. The chapter explains that psychological disorders sometimes develop at later stages of diabetes and that diabetes also is more prevalent in people suffering from certain psychological disorders. For example, the prevalence of type 2 diabetes is higher in people suffering from bipolar disorder and schizophrenia than in the general population. This could be due to side-effects of antipsychotic medication or to physiological or socioeconomic abnormalities accompanying mental disorders.

http://www.diabetes.org.uk/Documents/Reports/Minding_the_Gap_psychological_report.pdf

Psychological care is acknowledged to be a necessary part of effective diabetes care, but has it been adopted in daily practice? Diabetes UK, a UK-based diabetes charity, conducted a survey of the availability of psychological care for people with diabetes. This report shows that about 85% of diabetes patients do not have access to adequate psychological support, and only 3% of the services provided comply with current recommendations.

<http://edrv.endojournals.org/content/29/4/494.full>

How does diabetes affect the brain? What is the clinical picture behind this? This site explains that patients with type 1 or type 2 diabetes show cognitive impairments. The pathophysiology of these impairments has not been completely elucidated. Hypotheses involve hypoglycaemia, hyperglycaemia, insulin resistance, or vascular disease.

If you have any further questions or you have any other comments or suggestions, please email me at: karin.eichele@novartis.com.

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