

## Triple Threat For Hepatitis C Patients

BY PATRICE WENDLING  
Chicago Bureau

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 Valdin, research director of the Greater Lawrence Family Health Center, Lawrence, Mass.

Diabetes mellitus type 2 (DM2) 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. Valdin believes are unfounded fears of liver complications.

“This is a group that is miserable,” Dr. Valdin 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. Valdin 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<sub>1c</sub> (HbA<sub>1c</sub>) value was used for calculations. They compared hepatitis-positive diabetics with and without depression by using chi-squared statistics, after categorizing HbA<sub>1c</sub> results into tertiles representing levels of glycemic control (<7%, 7%-9.5%, >9.5%).

Overall, 139 patients (30%) were depressed and 83 (18%) had DM2. Of the diabetic patients, 28 (34%) were depressed. Mean HbA<sub>1c</sub> 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 have access to dietitians and diabetes nurse educators, Dr. Valdin noted.

Full data available on 26 patients in the depressed group show that 12 patients (46%) at the target HbA<sub>1c</sub> 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. ■

## Apathy Tied to Poor Glycemic Control

BY JANE SALODOF MACNEIL  
Southwest Bureau

TUCSON, ARIZ. — Apathy is not recognized as a psychiatric disorder, but treating it may improve glycemic control in patients with type 2 diabetes, according to a poster presented at the annual meeting of the Academy of Psychosomatic Medicine.

Dr. Prasad R. Padala reported that apathy was highly prevalent in a cross-sectional study of 70 patients with dia-

betes mellitus who were recruited from various clinics at the Omaha division of the VA (Veterans Affairs) Nebraska Western Iowa Health Care System. Of these, 44 patients (63%) had clinically significant apathy, as defined by a score above 30 on the Apathy Evaluation Scale (AES).

Poor glycemic control was common, too, as 47 patients (67%) had HbA<sub>1c</sub> values of 7% or more, reported Dr. Padala

of the department of psychiatry at the University of Nebraska Medical Center, Omaha.

And patients who met clinical criteria for apathy were more likely to have poor glycemic control than were those who did not.

Investigators found 34 (77%) of the 44 patients who met criteria for clinically significant apathy also met the criterion for poor glycemic control. In comparison, just half of 26 patients who did not meet

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**References:** 1. CHANTIX [package insert]. New York, NY: Pfizer Inc; May 2006. 2. Center for Drug Evaluation and Research. Approval package for: application number NDA 21-928: statistical review(s). Food and Drug Administration Web site. Available at: [http://www.fda.gov/cder/foi/nda/2006/021928\\_s000\\_Chantix\\_StatR.pdf](http://www.fda.gov/cder/foi/nda/2006/021928_s000_Chantix_StatR.pdf). Accessed August 25, 2006. 3. Gonzales D, Rennard SI, Nides M, et al, for the Varenicline Phase 3 Study Group. Varenicline, an  $\alpha_4\beta_2$  nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation: a randomized controlled trial. *JAMA*. 2006;296:47-55. 4. Jorenby DE, Hays JT, Rigotti NA, et al, for the Varenicline Phase 3 Study Group. Efficacy of varenicline, an  $\alpha_4\beta_2$  nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation: a randomized controlled trial. *JAMA*. 2006;296:56-63.

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the clinical definition of apathy were failing to control their glucose levels. The difference was statistically significant.

Conversely, the 23 patients with good glycemic control also were less likely to have clinically significant apathy: Just 10 of them (43%) scored high on the apathy scale. The patients studied were 91% male with a mean age of 57.3 years and a mean HbA<sub>1c</sub> of 7.9%.

"Apathy syndrome is a lack of motivation—a lack of drive—that typically is not explained by just depression or cognitive decline or delirium," Dr. Padala said in an interview. "And this has significant impact on the outcomes of chronic illness."

Apathy is not a disorder according to the DSM-IV, he added, but psychiatrists are debating whether it should be defined as one in the next edition.

"What we feel is, apathy transcends diagnosis. This could be a dimension of psychiatry that goes through different clinical diagnoses," Dr. Padala said, noting that apathy has been found in patients with bipolar and anxiety disorders, and also is common in chronic

medical conditions such as parkinsonism.

Available treatments include methylphenidate, modafinil (Provigil), and a form of group therapy called medical crisis counseling, according to Dr. Padala. He said he works with an endocrinologist who has learned how to screen patients with poor glycemic control for apathy and has started to treat them with methylphenidate.

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For easy screening in endocrinology practices, Dr. Padala recommended asking the following four questions on apathy from the Neuropsychiatric Inventory (Neurology 1994;44:2308-14):

- ▶ Has the patient lost interest in the world around him/her?
- ▶ Has he/she lost interest in doing things, or lack motivation for starting new activities?
- ▶ Is he/she more difficult to engage in conversation or in doing chores?
- ▶ Is the patient apathetic or indifferent?

"You have to ask [about apathy]. If you don't ask, people are not going to tell," Dr. Padala said. ■

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