

Treating Apathy May Also Help With 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 diabetes 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_{1c} 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 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_{1c} 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.

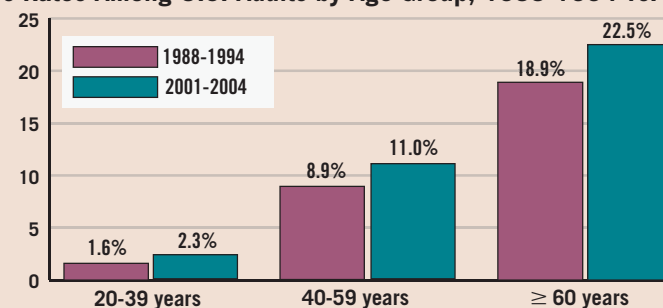
Available treatments include methylphenidate, modafinil (Provigil), and a form of group therapy called medical crisis counseling, according to Dr. Padala. He said he works with an endocrinologist who has learned how to screen patients with poor glycemic control for apathy and has started to treat them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

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 in 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. ■

DATA WATCH

Diabetes Rates Among U.S. Adults by Age Group, 1988-1994 vs. 2001-2004



Note: Data include type 1 and type 2 cases, both undiagnosed (based on fasting blood glucose levels) and physician diagnosed (based on self-report).
Source: Centers for Disease Control and Prevention

ELSEVIER GLOBAL MEDICAL NEWS



OneTouch® Ultra® 2. Focused on postprandial glucose control.

Clinical results show that postprandial glucose excursions can contribute significantly to A1C in patients with diabetes.¹ The OneTouch® Ultra® 2 Meter gives your patients before and after meal averages to help them see the effects of portion and food choices over time.

Helping your patients manage around meals. That's how OneTouch® changes everything.

1. Hanefeld M, Schaper F. Prandial hyperglycemia: is it important to track and treat? *Curr Diab Rep.* 2005;5:333-339.
© 2006 LifeScan, Inc. Milpitas, CA 95035 8/06 AW 086-584B



Beth Sabelle
DIABETES SINCE 1995

www.OneTouchUltra2.com

ONETOUCH®
changes everything®