Panic Symptoms Common in Diabetes Patients

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VANCOUVER, B.C. — Panic symptoms affect many patients with diabetes and are linked to depression and diabetes-related disability, Evette Ludman, Ph.D., and her associates reported in a poster presentation at the annual meeting of the American Psychosomatic Society.

Like other forms of anxiety, panic symptoms in diabetic patients are often associated with depression as well as poor diabetes-related functional and clinical indicators.

"Clinicians treating diabetic patients should be alert for panic symptoms as well as depressive symptoms. Panic episodes may be mistaken for hypoglycemia," said Dr. Ludman, senior research associate at the Center for Health Studies, Group Health Cooperative (GHC), Seattle.

In a National Institute of Mental Health–supported study—the first to look specifically at panic symptoms in diabetic patients—surveys were sent to 9,063 individuals in a population-based diabetes registry from nine primary care clinics of GHC, a large HMO in western Washington. Complete data were available for 4,385, of whom 4.4% met criteria for panic disorder, defined as answering "yes" both when asked if they'd had "spells of panic or fear" during the past 2 weeks, and when asked if these feelings "forced you to change what you were doing at the time."

Respondents who answered yes to both questions were significantly more likely to be female than were those who reported no panic symptoms (63.7% vs. 48.1%), to be employed (53.3% vs. 41.9%), and to also have a diagnosis of major depression (54.9% vs. 10.0%); they were also significantly younger (55.4 years vs. 63.7 years). Overall, 2.0% of the patients had panic but no major depression, 2.4% had both panic and major depression, and 9.5% had major depression without panic symptoms, Dr. Ludman and her associates reported.

Independent of depression, symptoms of panic were associated with higher hemoglobin A_{1c} values, a greater number of diabetes complications, higher levels of disability (using World Health Organization criteria), and lower social functioning. Unlike depression, panic was not associated with smoking or body mass index.

When treating diabetic patients, 'be alert for panic symptoms as well as depressive symptoms. Panic episodes may be mistaken for hypoglycemia.'

"Treatment for panic episodes is likely to positively impact diabetes symptoms, self-care, and quality of life among patients with diabetes," Dr. Ludman said. ■

Stress Raises MI Risk Worldwide

Psychological stress either at work or at home raises the risk of myocardial infarction across all ethnic groups, all geographic regions, and both genders, reported Annika Rosengren, M.D., of Sahlgrenska University Hospital, Göteborg, Sweden, and her associates.

They assessed preexisting psychosocial stressors in 11,119 patients who had experienced acute MI and 13,648 controls matched for age, sex, and geographic location who were free of heart disease. The subjects, recruited at 262 medical centers in 52 countries over a 4-year period, were questioned about how often and how strongly they had experienced stress in the preceding year at home and at work. Internal stressors included feeling irritable, anxious, or depressed or having difficulty sleeping. External stressors included experiencing major adverse life events or serious financial distress, or having little control over life circumstances (Lancet 2004;364:953-62).

After the data were adjusted to account for cardiovascular risk factors, the MI patients showed consistently higher levels of stress and for a longer period than did controls. The size of this effect makes stress a much more important risk factor than is commonly recognized and a likely contributor to the incidence of MI, they said.

—Mary Ann Moon