Diabetics Differ by Gender in Depression Risk

BY BRUCE JANCIN

ISTANBUL — The risk of comorbid depression is particularly strong in relatively young people with type 2 diabetes, according to a nationwide Norwegian study.

In Norwegian men with type 2 diabetes, the risk of unipolar depressive disorder peaked when they were in their 20s, with a prevalence 3.54-fold greater than in age-matched nondiabetic men, Dr. Line I. Berge reported at the annual congress of the European College of Neuropsychopharmacology.

In contrast, the prevalence of unipolar depression in Norwegian women with type 2 diabetes women peaked when they were in their 40s; the rate among similarly aged women without diabetes was 2.4-fold higher.

By the time Norwegian men with type 2 diabetes were in their 40s, their risk of depression was increased 2.35-fold, compared with age-matched controls, a considerable drop off from their peak rate when they were 2 decades younger, added Dr. Berge, a psychiatrist at the University of Bergen (Norway).

She presented an analysis of data for the year 2006 from the Norwegian Prescription Database, a comprehensive record of all physician-prescribed drugs for appropriately diagnosed outpatients in the nation of 4.8 million people.

Depression and diabetes are two of the most common diseases in the Western world.

The prevalence of unipolar depressive disorder among Norwegian adults in 2006 was 5.3%, while the prevalence of type 2 diabetes was 1.6%.

The overall risk of comorbid unipolar depression in individuals with type 2

Impaired Social Interaction Flags Autism Early

BOSTON — Social difficulty and repetitive behaviors are better early flags of autism than are communication problems, according to one family physician.

Lack of spontaneous sharing is an early indicator of autism, said Dr. David Gregory, an assistant professor of clinical family medicine at the University of Virginia in Lynchburg and director of pediatric education.

Children with an autism spectrum disorder tend not to volunteer information about what they are thinking, doing, or feeling, Dr. Gregory said. "They have a sense of self that separates them from others."

Autistic children often engage in repetitive, compulsive behaviors that can be difficult to distinguish from obsessive-compulsive disorder. If you see a 2-year-old who is engaging in repetitive behaviors frequently, it could be an early indicator of autism.

Repetitive behaviors are common in the normal toddler, but the autistic child's repetitive behavior will be focused on the parts, rather than the whole. For example, the autistic child will spend hours focused on the wheel of a truck but not seem to notice that the truck can move. Older autistic children tend to focus on more complex subjects, he said.

One tool that physicians can use is the joint attention screen. The test involves shaking keys or making another loud noise. Watch to see if the child looks to the source of the noise, then at their parents to "share" the experience, and back to the object.

It is a good sign if the child looks toward the object making the noise. However, the most important part of the test is for the child to look at the parent for acknowledgment and then focus back on the object together.

Shared attention is an important potential indicator of social impairment that can be observed in the office in a brief amount of time.

Dr. Gregory recommends using a joint attention screen at the 6- or 9-month well visit. If a child fails to demonstrate joint attention, consider an earlier evaluation of the child with a standardized autism screening test, he said.

—Mary Ellen Schneider

diabetes was 2.54-fold greater than in people without diabetes.

The explanation for the age- and gender-related differences in comorbidity is unclear.

The Norwegian data were not adjusted for known risk factors for type 2 diabetes, such as obesity, smoking, and sedentary behavior, but it's unlikely that those potential confounders would explain the disparate findings with regard to gender and age, she continued.

This study has the strength of including the entire Norwegian population, providing a large enough sample size to look at age-related differences. The study's major limitation is that it is cross-sectional, making it impossible to say whether type 2 diabetes is a risk factor for depression or vice versa. But data from the U.S. longitudinal Multi-Ethnic Study of Atherosclerosis (MESA) suggest the relationship is bidirectional, Dr. Berge noted.

MESA prospectively followed more than 5,200 participants without baseline diabetes and showed that those with baseline depressive symptoms had a "modest" increase in new-onset type 2 diabetes during 3.2 years of follow-up, even after adjustment for potential confounders.

Similarly, those with baseline type 2 diabetes had an increased rate of new-onset depressive symptoms during follow-up (JAMA 2008;299:2751-9).

The observed bidirectionality is biologically plausible in that depression involves neuroendocrine activation and a chronic inflammatory state that can induce insulin resistance, while the burden of managing type 2 diabetes causes psychological stress which might increase depressive symptoms.

It is particularly interesting to note that study participants with impaired fasting glucose or untreated type 2 diabetes had a lower risk of developing depressive symptoms than did normoglycemic controls, according to the MESA investigators.

"These findings suggest that clinicians should be aware of the increased risk of depressive symptoms in individuals with treated type 2 diabetes and consider routine screening for depressive symptoms among these patients," concluded Dr. Sherita H. Golden of Johns Hopkins University, Baltimore, and her MESA coinvestigators. ■

Escitalopram Most Effective in Severe Disease

ISTANBUL — The more severe a patient's baseline depression, the greater the efficacy displayed by escitalopram in a large observational Greek study.

Escitalopram (Lexapro) also proved exceptionally well tolerated in this 3,931-patient, 186-site naturalistic study, with a mere 7.8% discontinuation rate for any reason, Dr. Vasiliki Lagari reported at the annual congress of the European College of Neuropsychopharmacology.

The mean duration of the current episode of major depression among study participants was 1.8 years. For 62%, this was their first episode of major depressive disorder, according to Dr. Lagari of the Tripolis (Greece) Psychiatric Hospital.

At enrollment in the open-label 3-month study, 16% of patients were classified as having mild depression based upon a Clinical Global Impression of Severity (CGI-S) score of 3 on the 7-point scale. Fifty-four percent had moderate depression as defined by a CGI-S score of 4, and 30% had severe depression. The mean baseline Montgomery-Åsberg Depression Rating Scale (MADRS) score was 26.7.

The mean reduction in MADRS score from baseline through 3 months was 22.6 points in the group with severe depression. That was a significantly greater improvement than in the moderately depressed group, which had a mean 17.7-point improvement, and this, in turn, was a significantly greater reduction than the 13.5-point decrease in patients with mild depression.

The same pattern of greater improvement in patients with more severe depression was seen in terms of CGI-S scores. However, the remission rate as defined by a CGI-S score of 2 or less approached 90% in patients with mild depression at baseline, a rate more than twice that of the severely depressed group, Dr. Lagari continued.

One or more adverse events were reported by 6.5% of patients on escitalopram only. The rate was three-fold higher in those on concomitant therapy.

The study was funded by a grant from Lundbeck, the manufacturer of escitalopram.

—Bruce Jancin