

# Depression Self-Care May Aid Diabetes Control

*Diabetic patients are especially burdened by a sense of hopelessness and helplessness about their disease.*

BY BETSY BATES  
Los Angeles Bureau

LOS ANGELES — Adherence to a self-care action plan helped primary care patients exceed national goals for reducing their depression, reported Dr. Doriane C. Miller, associate division chief of general internal medicine at Stroger Hospital of Cook County in Chicago.

The study of 403 depressed adults in rural South Carolina has implications for improving outcomes for patients with diabetes, whose depression undermines their ability to manage a complex disease, she said at the annual meeting of the American Association of Diabetes Educators.

Patients at CareSouth, a series of federally qualified health centers serving mostly minority, low-income residents, were screened using the Patient Health Questionnaire-9 (PHQ-9), an instrument made available by Pfizer ([www.pfizer.com/pfizer/phq-9/index.jsp](http://www.pfizer.com/pfizer/phq-9/index.jsp)).

Those patients whose scores indicated they had clinically significant depression were enrolled in a collaborative self-management program that included the Depression Self-Care Action Plan ([www.collaborativeselfmanagement.org/uploads/ManagingDepression.pdf](http://www.collaborativeselfmanagement.org/uploads/ManagingDepression.pdf)).

Focusing on “simple goals and small

steps,” the plan helps patients establish concrete ways to stay physically active, engage in pleasurable activities, spend time with supportive people, incorporate relaxation into their daily lives, and identify life stresses and ways to deal with them.

It’s a “living process document,” reviewed at appointments and adapted to the reality of patients’ often troubled lives, Dr. Miller said.

After 1 year, 56% of patients had reduced their depression scores by more than 50%, compared with a national goal of 40%. Fully 85% of patients had documented their self-management of depression, compared with a national goal of 70%. About one-fourth of patients participating in the depression collaborative, sponsored by the Health Resources and Services Administration’s Bureau of Primary Health Care, had diabetes as a comorbidity.

Perhaps most dramatically, 53% of patients no longer met the PHQ-9 threshold for depression, compared with a national goal of 40%.

“We find this kind of self-care action



plan can be a very useful tool for people who have depression and, particularly, people with diabetes [who have depression],” said Dr. Miller, who also serves as national program director of Quality Allies, an effort aimed at improving ambulatory care that is sponsored by the Robert Wood Johnson Foundation and the California HealthCare Foundation.

As many as one in four patients with diabetes have depression, but it can be missed in quick office visits or disguised as hostility, apathetic noncompliance, or a seeming inability to concentrate and follow directions.

People with diabetes are especially burdened by a sense of hopelessness and helplessness about downstream consequences of their disease, such as amputation, blindness, myocardial infarction, or stroke, Dr. Miller said.

“It can have a strong influence on their thinking,” she said. “[They start thinking] ‘if it happened to my brother, my grandfather, my mother, it’s going to happen to me. It’s just a hopeless situation and something I need to bear.’”

Dr. Miller said primary care physicians often don’t even want to ask about depression, since they feel unable to deal with it in the 15-minute time slots allotted

to appointments for chronic conditions.

But diabetes care can be severely impacted by depression, on many levels. “Patients oftentimes will self-medicate their depression by eating more. They won’t check their blood sugar [levels],” she said.

When concentration is hampered by depression, patients will return to the office failing to recall even a simple care plan they agreed to on a previous visit.

“If you’re not able to address some of the underlying causes for medication nonadherence, you’re not going to get anywhere in terms of clinical treatment,” she said.

Dr. Miller currently screens all of her patients with diabetes using the PHQ-9 at least once a year. When patients screen positive, she sees them more often than usual—at least three times in 90 days if they are receiving an antidepressant—and rescreens them with the PHQ-9 every 4-6 weeks.

She has seen clear benefits of this approach in her own practice, she said.

She described a patient in her late 50s whose diabetes control was falling apart even as she coped with the loss of a job and ensuing financial difficulties and weight gain. By identifying her depression and helping her to implement a self-care plan, Dr. Miller was able to watch as her patient became more physically active and lost weight, began an earnest job search, and returned to HbA<sub>1c</sub> levels in the range of 7%-8%, down from a level of 10%.

Dr. Miller has no financial ties to Pfizer, sponsor of the PHQ-9. ■

## Sertraline Maintains Mood in Diabetes

BY MARY ANN MOON  
Contributing Writer

Maintenance therapy with sertraline prevents a recurrence of major depression in diabetic patients whose mood disorder initially responds well to the drug, reported Patrick J. Lustman, Ph.D., of Washington University in St. Louis.

Clinical depression has been reported to occur in one-fourth of people with diabetes, and recurrent episodes are common. Depression not only impairs their function and quality of life but also increases their risk of death, largely by accelerating coronary heart disease, and their risk of diabetes complications, Dr. Lustman and his associates said (*Arch. Gen. Psychiatry* 2006;63:521-9).

Pharmacotherapy and psychotherapy improve both mood and glycemic control in depressed diabetic patients, but the benefits appear to be short-lived, with up to 60% of such patients developing a recurrence in the year following successful treatment. Maintenance therapy is known to reduce recurrences in 15%-30% of nondiabetic depressed patients but had not been assessed in diabetic patients until this study was done.

The researchers evaluated maintenance therapy in 152 patients with either type 1 or type 2 diabetes and major depressive disorder. The study subjects had a mean of five previous episodes of depression.

The current episode had resolved with sertraline therapy, at a mean dose of 118 mg per day (range of 50-200 mg per day). Subjects were then randomly assigned to either continue with the same dosage of sertraline that had induced recovery (79 subjects) or to switch to placebo (73 subjects), and



were followed for 12 months or until depression recurred.

Depression symptoms and glycemic control were monitored in monthly office visits and via telephone interviews at every midpoint between office visits, to permit rapid detection of recurrences. Both the Beck Depression Inventory and the Hamilton Depression Rating scale were used to measure depression symptoms.

Sertraline was significantly more effective than placebo at prolonging the depression-free interval. At 1 year, the calculated rate of nonrecurrence was 66% in patients treated with sertraline, compared with 48% for those who received placebo, the investigators wrote.

The interval until one-third of the subjects developed a recurrence was 226 days in those taking sertraline, compared with 57 days in those taking placebo. The median time to recurrence exceeded 365 days, the maximum duration of follow-up, for subjects taking sertraline, compared with 251 days for those taking placebo.

Nearly 77% of recurrences developed early, within 4 months of randomization.

Sertraline did not interfere with glycemic control. In fact, glycemic control improved as depression improved with initial therapy, and it was maintained at that improved level throughout the depression-free interval.

“Treatment with sertraline is relatively simple, safe, and widely available, and although it is not curative, it offers patients with diabetes a potentially viable method for ameliorating the suffering, incapacity, and burden associated with recurrent depression,” Dr. Lustman and his associates said.

This study was supported in part by Pfizer Inc., which provided the sertraline for study subjects. ■

## Sleep Duration Predicts Weight Gain in Women

SALT LAKE CITY — Sleep duration of less than 6 hours is an independent predictor of future weight gain and obesity in women, findings from the Nurses’ Health Study suggest.

Data from more than 68,000 women who participated in the study show that after adjusting for age and body mass index, women sleeping for 5 or fewer hours/night gained 1.04 kg more over 16 years and those sleeping 6 hours/night gained 0.68 kg more than those sleeping 7 hours/night.

The relative risk for gaining 15 kg or more was 1.32 in those sleeping 5 hours/night and 1.12 for those sleeping 6 hours/night, compared with those sleeping 7 hours, Dr. Sanjay R. Patel reported at the annual meeting of the Associated Professional Sleep Societies.

Furthermore, the relative risk for obesity (BMI over 30 kg/m<sup>2</sup>) was 1.15 in those sleeping 5 hours/night and 1.06 for those sleeping 6 hours/night, compared with those sleeping 7 hours/night. The associations between sleep duration and weight gain remained significant after adjusting for physical activity level and dietary consumption, said Dr. Patel of Case Western Reserve University, Cleveland.

Study participants first responded to a questionnaire about sleep habits in 1986 and were followed for 16 years, with additional information about weight and important covariates obtained biannually.

Additional research is needed to elucidate the mechanisms for weight gain as it relates to sleep duration, Dr. Patel said.

—Sharon Worcester