High prevalence of psychiatric comorbidity in type 2 diabetes: a sub-Himalayan study

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Aims

The co-occurring psychiatric disorders in patients with diabetes are associated with impaired quality of life, increased cost of care, poor treatment adherence, poor glycaemia control (evidenced by elevated HbA_{1c} levels), increased emergency room visits due to diabetic ketoacidosis, higher frequency of hospitalisation, and higher rate of absenteeism. The aim of this study is to study demographic variables, clinical variables and psychiatric comorbidity in patients suffering from type 2 diabetes mellitus.

Methods

Two-hundred and two consecutive patients of age 18–60 years living with diabetes mellitus were enrolled at a tertiary care teaching hospital situated at 7,000 feet altitude. Patients were interviewed for data collection using a specially designed case record form and sociodemographic case sheet, brief illness perception questionnaire (B-IPQ), international classification of diseases 10th revision (ICD-10), Hamilton anxiety rating scale (HAM-A), Hamilton depression rating scale (HAM-D), and Mini-International Neuropsychiatric Interview 6.0 (MINI 6.0).

Results

Most of the patients (81.7%) studied were >40 years of age. Majority were matriculate (76.2%), farmers (63.9%), lived in joint families (80.2%) and came from a rural background (64.4%). The prevalence of psychiatric comorbid disorder was 58.4%. The most common psychiatric disorders detected were depressive disorder (41.9%) including dysthymia (9.4%) (HAM-D score 15.73 ± 3.74), generalised anxiety disorder (6.8%), panic disorder (6%), social phobia (2.6%) and agoraphobia (0.9%) (HAM-A score 16.64 ± 2.54). Depressive disorders were more frequent (19.5% versus 13.0%) in diabetics with longer duration illness (>10 years), HbA_{1c} more than nine (21.4% versus 11.0%) and uncontrolled diabetes mellitus (17.4% versus 15.0%).

Conclusion

The study indicates that psychiatric disorders are highly prevalent in patients with type 2 diabetes mellitus and depressive disorders

are the most prevalent one and associated with poor glycaemic control. \blacksquare

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