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In each issue of **Diabetes Resources** we have provided specific information about management for diabetes, including important tests and resources to help reduce complications associated with the disease. Information is included about the ABCs of diabetes: **A1C testing 2-4 times per year, Blood pressure screening at every visit, and annual Cholesterol testing. Additional clinical information is also provided. A dilated eye exam, sensory foot exam and screening for kidney disease each recommended annually. Attention to these risk factors reduces the chance for cardiac, renal, eye and vascular disease secondary to diabetes.**

In support of the **New Mexico Adult Diabetes Practice Guideline 2011**, please see the reverse side of **Diabetes Resources** for recommendations for care including resources and tools that can help in your efforts to provide education and support among your patients with diabetes.

Check [www.nmtod.org](http://www.nmtod.org) for organizations that have graciously provided funding for **Diabetes Resources**.

*New Mexico Health Care Takes On Diabetes is a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health, and the New Mexico Medical Review Association, with technical and administrative support from the American Diabetes Association.*

# Diabetes Resources

## Practical Information for New Mexico Health Care Professionals



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## Diabetes and Depression

### The Issue:

Depression is twice as common in people with diabetes as in those without diabetes. Untreated depression can result in reduced adherence to treatment recommendations leading to poor glycemic control and an increased incidence of complications and mortality.<sup>1,3,4</sup>

### Prevalence and Risk Factors:

31% of people with diabetes report significant depressive symptoms and approximately 11% meet criteria for a major depressive disorder.<sup>1</sup> Approximately 9% of people with diabetes have undiagnosed depression.<sup>2</sup> Risk Factors for depression in people with diabetes include diabetes diagnosis at a younger age, low socioeconomic status, less education, being unmarried, poor social support and being female.<sup>1</sup>

### Screening for Depression in Diabetes Patients:

The American Diabetes Association recommends routine screening for depression in people with diabetes. One valid screening tool is the Patient Health Questionnaire-2 (PHQ-2), a simple two-question tool that can be used in the office.<sup>5</sup> A positive PHQ-2 score requires further evaluation using a diagnostic interview or by further testing with a tool such as the Patient Health Questionnaire-9 (PHQ-9). The PHQ-9 includes all nine DSM-IV symptom criteria necessary to make a diagnosis of depressive disorder. The PHQ-9 can also be used to assess response to depression treatment. More information about the PHQ-9 can be found in "Resources for Clinicians" section on page 2.

### Treatment:

Treatment can include psychotherapy, pharmacotherapy or both<sup>6</sup>. Psychotherapy (cognitive behavioral therapy in particular) is the preferred treatment for patients who are in poor glycemic control. When pharmacotherapy is used, the choice of anti-depressant medication should take into account the patient's prior experience with medications, cost, potential side effects (particularly on glycemic control) and co-morbid conditions.

Cultural and generational issues should be identified to help guide treatment. In some cultures depression is thought to be related to external rather than biologic causes. People from these cultures are often reluctant to take medications, but do well with counseling. Many people believe that anti-depressant medications are addictive and are afraid to take them. Many also fear that a diagnosis of depression is a stigma and do not want others to be aware of the diagnosis. This may make the patient reluctant to participate in treatment.<sup>7</sup>

Application of evidence-based guidelines, ensuring that positive screening results are addressed, frequent follow-up to ensure adherence to treatment, and adjustment of treatment as needed are core elements of effective approaches to depression.<sup>8,9</sup> Careful monitoring for relapse is also important.<sup>6</sup>

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- 3 Egede LE. Diabetes, Major Depression, and Functional Disability Among U.S. Adults. *Diabetes Care* 2004; 27:421-428.
- 4 Egede LE, Nietert PJ, Zheng D. Depression and All-Cause and Coronary Heart Disease Mortality Among Adults With and Without Diabetes. *Diabetes Care* 2005; 28:1339-1345.
- 5 Kroenke K, Spitzer RL, Williams, JBW. The Patient Health Questionnaire-2 Validity of a Two-Item Depression Screener. *MEDICAL CARE* 2003; 41(11):1284-1292.
- 6 Peyrot M, Rubin RR. Behavioral and Psychosocial Interventions in Diabetes: A conceptual review. *Diabetes Care*, 2007; 30 (10): 2433-2440.
- 7 Cherrington A, Ayala GX, Sleath B, Corbie-Smith G. Examining Knowledge, Attitudes, and Beliefs About Depression Among Latino Adults with Type 2 Diabetes. *The Diabetes Educator* 2006; 32:603-613.
- 8 Simon GE, Katon WJ, Lin EHB, RutterC, Manning WG, Von Korff Mf, Ciechanowski P, Ludman EJ, Young BA. Cost-effectiveness of Systematic Depression Treatment Among People With Diabetes Mellitus. *Archives of General Psychiatry* 2007; 64:65-72.
- 9 United States Preventive Services Task Force. Screening for Depression. [www.ahrq.gov/clinic/uspstf/uspstfdepr.htm](http://www.ahrq.gov/clinic/uspstf/uspstfdepr.htm).

## Resources for Clinicians

The following resources are FREE and can be downloaded from the New Mexico Health Care Takes On Diabetes website at [www.nmtod.org](http://www.nmtod.org). For further information contact Charm Lindblad, Executive Director, at 505.796.9121 or toll-free 1.866.796.9121.

**Diabetes and Depression Online Course: A Provider Tool—** The Diabetes and Depression Online Course is designed to assist providers in diagnosing and prescribing appropriate and effective medications for depression as well as tracking and monitoring diabetes patients through treatment. The program provides a unique training activity that can serve providers throughout the state at their convenience. The approach to dealing with depression is practical and covers screening tools, treatment options and the importance of follow-up. Provider CMEs are offered. The course is also designed for the multicultural demographics of New Mexico and is intended to reach the state's rural areas. View this course at: [www.diabetesnm.org](http://www.diabetesnm.org).

**Reducing Cardiometabolic Risk: Patient Education Tool Kit—** To assist with your educational efforts, a comprehensive kit of reproducible patient education handouts on topics related to cardiometabolic risk reduction, pre-diabetes, diabetes, and CVD. Developed by the American Diabetes Association, American College of Cardiology and Preventive Cardiovascular Nurses Association, the kit covers 29 topics and is available in English and in Spanish. A CD-ROM version of this toolkit is also available. Request a copy at [http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=77080&utm\\_source=offline&utm\\_medium=print&utm\\_campaign=RCMR](http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=77080&utm_source=offline&utm_medium=print&utm_campaign=RCMR).

## PHQ-2: A Multipurpose Tool for Assisting PCPs with Diagnosing Depression—

*PHQ-2: Over the past 2 weeks, how often have you been bothered by either of the following problems?*

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Positive if score is 3 or greater. To administer the PHQ-2: [www.phqscreeners.com/pdfs/FULLPHQ/English.pdf](http://www.phqscreeners.com/pdfs/FULLPHQ/English.pdf).

### Websites—

The editorial committee has identified websites that you may find informative:

- ❖ National Diabetes Education Program: [www.ndep.nih.gov](http://www.ndep.nih.gov)
- ❖ American Diabetes Association: [www.diabetes.org](http://www.diabetes.org)
- ❖ National Institute of Health: [www.niddk.nih.gov/health/diabetes/diabetes.htm](http://www.niddk.nih.gov/health/diabetes/diabetes.htm)
- ❖ American Heart Association Heart of Diabetes Program: [www.americanheart.org/diabetes](http://www.americanheart.org/diabetes)
- ❖ New Mexico Department of Health Diabetes Prevention and Control Program: [www.diabetesnm.org](http://www.diabetesnm.org)

### Depression Information for Health Care Professionals:

- ❖ Summary of Brief Intervention from the World Health Organization: [http://libdoc.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6b.pdf](http://libdoc.who.int/hq/2001/WHO_MSD_MSB_01.6b.pdf)
- ❖ Western Journal of Medicine article on depression screening with special attention to age, gender and race and how Spanish translation can bias results: [www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1071624](http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1071624)

### Depression Information for Patients:

- ❖ Joslin Diabetes Center: [www.joslin.org/756\\_2662.asp](http://www.joslin.org/756_2662.asp)

These websites may be accessed directly or through the New Mexico Health Care Takes On Diabetes website [www.nmtod.org](http://www.nmtod.org).\*

*\*Please note that these websites do not necessarily represent the views of NMHCTOD. They are listed for your reference and convenience. NMHCTOD does not evaluate websites for content accuracy or application to any clinical situation.*

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