Profile of Patients with Mental Health Comorbidities in Patients of T2DM in a Tertiary Health Care Centre in Himachal Pradesh

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Abstract

Background: Mental ailment in patients of T2DM is a well-known complication, but frequently overlooked. The purpose of this study was to find prevalence of mental ailments in patients of T2DM and to study their profile. Material and Methods: Patients with T2DM who visited outpatient department of IGMC Shimla and who were fulfilling the criteria for this study were enrolled for this study. Data regarding history and investigations as per proforma was recorded and analyzed. Results: Out of total 202 patients 118 (53.4%) patients had history related to some psychiatric illness. 78 (72%) patients with psychiatric illness had HbA1C = or >9%. Out of total 118 patients 64.4% were on insulin in addition to oral hypoglycemic agent, 62.7 % were aged = or > 50 years, 55.9% had some psychiatric illness. 78 (72%) patients with psychiatric illness had HbA1C = or >9%. Out of total 202 enrolled patients, 32.6 % had depressive episode followed by dysthymia in 9.4%. Conclusion: Prevalence of mental ailments in patients with T2DM was 53.4%, and prevalence of depressive episode was 32.6% as most common mental ailment in these patients.

Keywords: Mental Health Comorbidities, Himachal Pradesh, T2DM.

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INTRODUCTION

India is becoming a hub of diabetes. Due to increased sedentary life, unhealthy dietary habits number of diabetic patients are increasing and so are increasing number of patients with its complications. Mental disorders in diabetic patients is a well-known entity. It has been found in various studies that people living with diabetes are at increased risk for, depression, anxiety disorder, eating disorders, bipolar disorders etc. Mental disorders in diabetes pose a new problem in these patients as they have poor compliance to treatment, and which further leads to further worsening of diabetes and of mental illness associated with diabetes. It increases the cost of illness on one side and morbidity on the other side. Major depressive illness has been found to be one of the most common mental disorder. It affects 6.7% of US adults and more likely to be diagnosed in adults with diabetes [1]. T2DM poses an increased risk for major depressive illness and major depressive disorder increases risk for diabetes. Patients with Diabetes Mellitus suffering from depression have a higher incidence of suicidal ideations. Psychological stress factors play an active role in both etiology and the control of DM. Other contributing factors in the pathogenesis of Type 2 Diabetes Mellitus (T2DM) include environmental and lifestyle factors, positive family history, ethnicity, and genetics [2].

As per current American Diabetes Association standards of care, “People with diabetes should be assessed by a medical team that may include medical specialist, nurse practitioners, dietitians, pharmacists, and psychiatrists with experience in diabetes”. The advisory also recommends that physicians should “ Routinely screen for psychosocial problems such as depression and diabetes-related distress, anxiety, eating disorders, and cognitive impairment [3]. Although few diabetic clinics provide a support of mental health professional for these patients. Psychiatric comorbidity in insulin dependent patients was 18% and it consisted depression, anxiety disorders [4]. Insulin dependency leads to fear of injection, fear of dependence, fear of hypoglycemia, myths like once insulin started meaning diabetes has become non treatable and patient is going to die soon. These thoughts lead to further worsening of psychiatric morbidity.
AIMS AND OBJECTIVES
Our aim was to establish a relationship between T2DM and mental disorders, and study the profile of these patients, so that awareness among physicians and psychiatrist can be made to treat such patients more efficiently.

MATERIAL AND METHODS
This study was conducted in the department of Medicine IGMC Shimla. All the patients suffering from T2DM visiting medicine OPD were screened for eligibility criteria. The patients who were known cases of T1DM, secondary diabetes, psychiatric illness, or some other medical illness which causes psychiatric illness were excluded from the study. Also, patients who refused to give consent were excluded from the study. This study was conducted between August 2016 to July 2017. Permission for study was taken from institutional ethics committee.

RESULTS
Total 202 patients were enrolled for the study. 118 (53.4%) patients had history related to some psychiatric illness. 78 (72%) patients with psychiatric illness had HbA1C = or > 9%. 72.2% patients with psychiatric illness had HbA1C = or > 9%. Out of total 118 patients 64.4% were on insulin in addition to oral hypoglycemic agents. Out of total 118 patients with T2DM and psychiatric illness, 62.7% were aged = or > 50 years. While out of total 202 enrolled patients 32.6% had depressive episode followed by dysthymia in 9.4%. The symptoms of depression were found to be proportionately higher among female subjects, patients aged more than 60 years, illiterates, unemployed and retired participants [5].

DISCUSSION
Psychiatric comorbidity with T2DM is a common entity but mostly overlooked. As in our study 53.4% patients had psychiatric illness. Out of total 118 patients with psychiatric comorbidity 57.6% patients were females, suggesting that females were more prone for psychiatric comorbidity than males with T2DM.

62.7% of the patients with psychiatric comorbidity were aged more than 50 years. In studies by Taneja N et al., [6] and Coker et al., [7] respectively 92% and 80% patients, were more than 40 years old.

64.4% patients with psychiatric comorbidity were on insulin and OHAs, suggesting that the patients on insulin are more stressed and more prone for psychiatric comorbidities. The patients on insulin have many myths about insulin, also they be afraid of injections which further aggravate the psychiatric comorbidity. Previously Wilkinson G. et al reported the prevalence of psychiatric morbidity among insulin-
dependent patients is 18%, and consists of depression, anxiety, and attendant symptoms [8].

Kulkarni V et al., [9] reported the prevalence of depressive symptoms was found to be 29.1% among the study participants. In our study 32.6% patients out of total study population were had depressive episodes. And it was most common psychiatric morbidity among all the patients.

CONCLUSION

It is understood now that the patients suffering from T2DM should be screened for associated mental ailments regularly by mental health professional, to avoid lost to follow up, increased cost of therapy and increased rate complications. Also, patients should be counselled about the use of insulin and their misbeliefs about insulin therapy should be properly dealt with

REFERENCES


