Depression is an illness that affects about 25% of South Africans of all ages and socio-economic groups, but people with diabetes may be at greater risk. Research also shows that people with depression have a 37% increased risk of developing type 2 diabetes. Many people with depression suffer in silence and in isolation, never getting the help they need. According to US research, only 30% of patients with depression and diabetes receive adequate treatment for depression and fewer than 20% complete more than four visits for psychotherapy. But treatment for depression is highly successful and is critical to improving and managing symptoms of both diabetes and depression.

Depression is more than occasionally feeling sad, down or irritable. It is a medical condition. “There is still stigma associated with depression and people are worried about how friends, family and peers will react if they admit to being depressed,” says SADAG’s Cassey Chambers. There is much misunderstanding about depression and it is still seen as ‘a personal weakness’ or something that is ‘all in your mind’ and can be willed away. “Too many people who are suffering from depression or anxiety keep quiet and hope it goes away because they believe it is their fault they are depressed,” says Chambers. Not coping is not a choice – it may be depression.

Natalie (39) knows all about the shame and fear of suffering a dual medical condition – depression and diabetes. “I was diagnosed with diabetes about 5 years ago. I thought I was fine, emotionally, but I didn’t talk about it because no one really understands what having diabetes feels like.” Natalie started slipping into an increasingly isolated world. “I didn’t talk about it and having to explain to people that no, I couldn’t have dessert or that I wasn’t cutting out sugar because of a diet was frustrating, so I stopped going out. The less I socialised, the less I wanted to.” Then it started getting hard to get out of bed. But still, she didn’t talk about how she was feeling. “I thought it was my fault, that I was weak, and I was embarrassed to admit I wasn’t coping.” It was only after she read an article in a magazine about depression that she realised this is what she may have – an illness, not a flaw in her personality.

Recent research has reported that depression is twice as common in people who have diabetes than it is in people who do not have this disease. The South African Depression and Anxiety Group (SADAG) has named the theme of this year’s World Mental Health Day on 10 October specifically for people with chronic illnesses and depression. “Depression may be triggered by stress, life events, side-effects of medications – being diagnosed with a chronic illness is a life-changing, stressful event and may trigger depression,” says Chambers. But whatever its origins, depression can increase diabetes complications.

“Depression often decreases people’s energy and their ability to stay focused on treatment for other disorders, like diabetes,” says psychiatrist, Dr Frans Korb. “A person with depression is less likely to follow a prescribed diet or treatment and medication plan.” Research shows that people who suffer from both diabetes and depression usually have higher healthcare costs too.

Natalie began struggling to finish tasks that used to take her an hour. She was easily distracted and felt sad and tired most of the time. “I wasn’t sleeping well and kept forgetting to take my meds,” she says. “I pretended I was fine, but people were noticing. Also, I was at the doctor a lot more!” One day, her doctor asked about her emotional wellness and referred her to a psychologist. Natalie was shocked. “I had diabetes, surely everyone with diabetes is sad!” That is a common misconception, says SADAG. “People assume that those with a chronic illness are going to be depressed, but depression is a treatable illness.”

**Symptoms of depression**

- Persistent sad, anxious or ‘empty’ mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being ‘slowed down’
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Restlessness, irritability

*If 5 or more of these symptoms are present every day for at least two weeks and interfere with routine daily activities such as work, self-care and childcare or social life, seek an evaluation for depression.*

By Janine Shamos
PHOTOCOPY FOR YOUR PATIENTS

PATIENTS AS PARTNERS
Brought to you by The South African Depression and Anxiety Group

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separate illness and needs to be identified and treated as such. That is why we are focusing this World Mental Health Day on the connection between chronic illnesses like diabetes and depression, cancer and depression, and even Parkinson’s and depression.”

Despite the research into mental illness, depression still often goes undiagnosed. Too often people with chronic illnesses like diabetes, their families and friends, and even their doctors, don’t recognise the symptoms. SADAG will be holding talks and workshops around the country on 10 October to educate people with chronic illness and create awareness about the symptoms and treatments of depression.

The good news is that depression, with or without diabetes, can be treated. “Early diagnosis and treatment of depression improves diabetes control and increases productivity and quality of life,” says Dr Korb. It also decreases long-term disability costs. There are different treatments for depression, including anti-depressants and psychotherapies like cognitive behavioural therapy (CBT). Treatment should be discussed with your diabetes-care doctor. SADAG has an extensive referral list and can help with information and support – give them a call from 8am to 8pm on 0800 21 22 23. Log on to www.sadag.org for details of talks.

Remember that recovery from depression takes time and not everyone responds to the same treatment in the same way. But depression is treatable and can be treated in addition to any other illness you may have. In people who have diabetes and depression, treating depression means sticking to diabetes treatment and a healthier life. If you think you may be depressed or know someone who is, don’t lose hope. Get help.

Why is depression in diabetes serious?

Depression in diabetes is very concerning for several reasons:

- Individuals who are depressed may have more difficulty following their medical treatment – depressed people might not take their medication or monitor their glucose levels
- Depression can result in poor physical and mental functioning, so a person is less likely to maintain regular physical activity
- Individuals who are depressed might adopt unhealthy behaviours, like a poor diet
- Social isolation is also common for people who are depressed
- Untreated depression in diabetes can result in:
  - Hyperglycaemia (high blood glucose)
  - Poor metabolic control
  - Decreased quality of life
  - Increased healthcare usage and costs
  - Increased risk of mortality

For any diabetes-related queries, contact Diabetes South Africa on 011 886 3765.

IMPORTANT NUMBERS TO REMEMBER

Suicide Crisis Line: 0800 567 567 or SMS 31393

Pharmadynamics Police and Trauma Line: 0800 20 50 26

AstraZeneca Bipolar Line: 0800 70 80 90

Sanofi Aventis Sleep Line: 0800-SLEEPY (0800 753 379)

Dept. of Social Development Substance Abuse Line: 0800 12 13 14 or SMS 32312

Dr Reddy’s Helpline: 0800 21 22 23

Office Lines: 011 262 6396

Website: www.sadag.co.za

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