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Research Article

**FREQUENCY OF DEPRESSION IN CASES OF TYPE-II
DIABETES MELLITUS**¹Dr Ayesha Qazi, ²Dr. Zahra Imran, ³Dr. Syeda Tooba Mehdi¹Women Medical Officer, DHQ Hospital Bhakkar, ²Women Medical Officer (Honorary), D.G Khan Teaching Hospital, D.G Khan, ³Medical officer in Burn Unit, Plastic Surgery, Mayo Hospital, Lahore.**Article Received:** October 2020**Accepted:** November 2020**Published:** December 2020**Abstract:****Objective:** To find out the frequency of depression among patients of type-II diabetes mellitus.**Materials & Methods:**

This cross sectional study was conducted at DHQ Hospital Bhakkar from May 2019 to November 2019 over the period of 6 months. Total 196 diabetics either male or female having age from 18-65 years were selected. Depression was assessed in selected patients.

Results:

Mean age was 53.35 ± 6.71 years in our study with majority of the patients 97 (49.49%) were between 51 to 65 years of age. Out of the 196 patients, 89 (45.41%) were male and 107 (54.59%) were females with male to female ratio of 1:1.2. Majority of patients 54.41% belonged to upper socioeconomic status. Depression was found in 47 (23.98%) patients, whereas there were 149 (76.02%) patients having no depression.

Conclusion: Our study concluded that prevalence of depression in type 2 diabetes mellitus patients was much higher and have shown positive association with extremes of ages and duration of disease.

Keywords: Hyperglycemia, depression, complications, socioeconomic status.

Corresponding author:**Dr Ayesha Qazi**

Women Medical Officer, DHQ Hospital Bhakkar.

QR code



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INTRODUCTION:

Diabetes mellitus, or simply diabetes, is a group of metabolic diseases in which a person has high blood sugar, either because the pancreas has stopped producing insulin or does not produce enough insulin, or because cells do not respond to the insulin that is produced. This high blood sugar produces the classical symptoms of polyuria (frequent urination), polydipsia (increased thirst) and polyphagia (increased hunger). [1] There is currently no cure for diabetes. The condition, however, can be managed so that patients can live a relatively normal life. Treatment of diabetes focuses on two goals: keeping blood glucose within normal range and preventing the development of long-term complications. The major long-term complications relate to damage to blood vessels. Diabetes doubles the risk of cardiovascular disease. [2] The main "macrovascular" diseases (related to atherosclerosis of larger arteries) are ischemic heart disease (angina and myocardial infarction), stroke and peripheral vascular disease. Diabetes also damages the capillaries (causes microangiopathy). [3]

Individuals with diabetes have a two-fold increased risk for depression, affecting approximately one in every five diabetic patients.⁴ Hyperglycemia and insulin resistance may contribute to depression by two mechanisms: 1) through its impact on symptoms, such as fatigue and difficulty concentrating, complications, and fear of complications and 2) through physiological pathways, including inflammatory processes, and reductions in neurotrophic function, which in turn may lead to reduced plasticity of neuronal networks and subsequently depression.[5] Moreover, depression can have a negative impact on various aspects of diabetic care. For example, depression was found to increase the incidence of both macrovascular and microvascular complications, decrease compliance with medications and healthy lifestyle measures as diet and exercise, increase health care use and expenditures, decrease quality of life, and more important increasing the risk of cardiovascular mortality, which is the leading cause of death in these patients. [6-7]

Depression decreases physical health through a combination of biological and psychological mechanisms. Psychological distress leads to neurohormonal and immunologic changes in the body that, in turn, lead to increased susceptibility to disease. In addition, a depressed mood may interfere with a patient's physical recovery. Patients who are depressed are less likely to seek treatment and more likely to be noncompliant with treatment regimens than patients who are not depressed. [8] Therefore,

patients with both diabetes mellitus and depression are more susceptible to disease as a result of each of these diagnoses, and they are more likely to either not seek treatment or be noncompliant with treatment regimens for both body and mind.

Though literature was available but there was marked variability of rate of depression in diabetic patients in national and international literature, so we conducted this study to reassess it in our setup and this would in turn increase the awareness of physicians, family and patients about the importance of co-morbid depression in diabetics, and this would help increasing the quality of management of these patients in our area.

MATERIAL AND METHODS:

This cross sectional study was conducted at DHQ Hospital Bhakkar from May 2019 to November 2019 over the period of 6 months. Total 196 diabetics either male or female having age from 18-65 years were selected.

Patients with past history of mood disorders, psychotic disorders, anxiety disorders and personality disorders, pregnant lady, patients with history of any other systemic disease, patients with history of drug addiction and patients with history of depression prior to the onset of diabetes mellitus were excluded from the study. All the selected patients were assessed for depression by using DSM-IV criteria for Depression. Findings were noted pre-designed proforma along with demographic profile of all the patients.

Depression was assessed by using DSM-IV criteria for depressive disorder. Diabetes mellitus was defined as: Patient of type two diabetes mellitus on oral hypoglycemic treatment for last 5 years with good control having HbA1c less than 8%.

Data was entered and analyzed with SPSS version 18. Mean and standard deviation was calculated for numerical data like age and duration of diabetes. Frequencies and Percentages were calculated for categorical data like gender and frequency of depression (yes/no). To minimize the effect of confounders, stratification was done for age, gender, family income and duration of diabetes. Chi square test was applied to see the effect of these on primary outcome. P value ≤ 0.05 was taken as significant.

RESULTS:

Age range in this study was from 18 to 65 years with mean age of 53.35 ± 6.71 years. Depression was found in 47 (23.98%) patients, whereas there were 149 (76.02%) patients having no depression as shown in

Figure 1. Patients were divided into 3 age group i.e. are age group 18-35 years, age group 36-50 years and age group 51-65 years. Depression was found in 6 (18.18%) patients of age group 18-35 years, 15 (22.73%) patients of age group 36-50 years and 26 (26.80%) patients of age group 51-65 years. Statistically insignificant association of age group with depression was noted with p value 0.580. (Table 1) Total 21 (23.60%) patients found with depression and 26 (24.30%) found with depression. (Table 2)

Association of depression with socio-economic status was assessed. Patients were divided into 3 groups according to their socio-economic status i.e. Rs.

<10000, Rs. 10000-20000 and Rs. >20000. Depression was noted in 11 (25.0%) patients having income Rs. <10000, in 16 (25.40%) patients having income Rs. 10000-20000 and 20 (22.47%) patients having income Rs. >20000 but statistically insignificant association between depression and socio-economic status was noted with p value 0.902. (Table 3) Two groups was made according to duration of DM i.e. ≤ 3 years group and > 3 years group. Depression rate was 13 (17.33%) in ≤ 3 years group and 34 (28.10%) in > 3 years group. Insignificant association between duration of DM and depression was noted with p value 0.086. (Table 4)

Figure 1: Frequency of depression

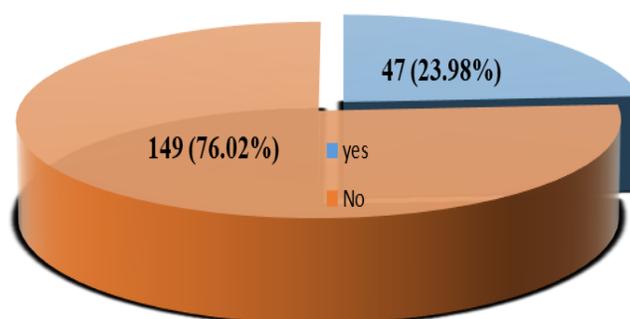


Table 1: Stratification of age groups with respect to depression.

Age (years)	Depression		p-value
	Yes	No	
18-35	06 (18.18%)	27 (81.82%)	0.580
36-50	15 (22.73%)	51 (77.27%)	
51-65	26 (26.80%)	71 (73.20%)	

Table 2: Stratification of Gender with respect to Depression

Gender	Depression		p-value
	Yes	No	
Male	21 (23.60%)	68 (76.40%)	0.909
Female	26 (24.30%)	81 (75.70%)	

Table 3: Stratification of socioeconomic status with respect to depression

Socioeconomic status	Depression		p-value
	Yes	No	
<10000	11 (25.0%)	33 (75.0%)	0.902
10000-20000	16 (25.40%)	47 (74.60%)	
>20000	20 (22.47%)	69 (77.53%)	

Table 4: Stratification of duration of disease with respect to Depression

Duration of disease	Depression		p-value
	Yes	No	
≤3 years	13 (17.33%)	62 (82.67%)	0.086
>3 years	34 (28.10%)	87 (71.90%)	

DISCUSSION:

We have conducted this study to determine the frequency of depression among patients of diabetes mellitus. Age range in our study was from 18 to 65 years with mean age of 53.35 ± 6.71 years with majority of the patients 97 (49.49%) were between 51 to 65 years of age. Balhara YPS et al⁹ and Mathew CS et al [10] in their studies had found mean age of 54 and 54 years respectively which is very much comparable to our study. On the other hand, Das R et al [11] and James BO et al [12] reported much lower mean age i.e. 46 & 45 years respectively in their studies compared to our study. In the present study, we have found a female predominance (54.59% were females and 45.41% were males with ratio of 1:1.2) as was also observed in many previous studies. [9-12]

Patients suffering from diabetes mellitus are also at a higher risk of being diagnosed with depression compared to normal population. This prevalence of depression among subjects with diabetes mellitus ranges from 12% to 28% in various studies. [13] In a study done by Mathew CS et al¹⁰ had found depression in 38.8% patients with type 2 diabetes mellitus with 25% had mild depression, 12.5% had moderate depression, and 1.3% had severe depression. In our study, we have found depression in 47 (23.98%) patients with type 2 diabetes mellitus. A recent study from north India by Blahara Y et al [14] found only 16% of type 2 diabetic patients having depression. While in another study also done in India by Raval A et al [15], this prevalence was found to be much higher i.e. 41%, compared to our study.

A study carried out in Pakistan by Zahid et al [16] in 2008 found a more modest depression prevalence (14.7%) among patients with diabetes in a rural area in Pakistan while much higher prevalence of depression (44%) was seen among type 2 diabetic patients in Pakistan in a recent study by Khawja AK et al [17] in 2010.

Das R et al [11] in his study reported prevalence of major depressive disorder as 46.15% of type 2 diabetic patients. However, Khamseh et al [18] found major depression in 71.8% of a sample of 206 Iranian patients with type 1 and type 2 diabetes.

CONCLUSION:

This study concluded that prevalence of depression in type 2 diabetic patients was very high and strong association was found between prevalence of depression and extremes of ages and duration of disease. So, we recommend that proper evaluation of the co-morbid depression in diabetics should be done, so proper counseling and psychotherapy of these particular patients could be done in order to improve their quality of life and reduce the morbidity.

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