

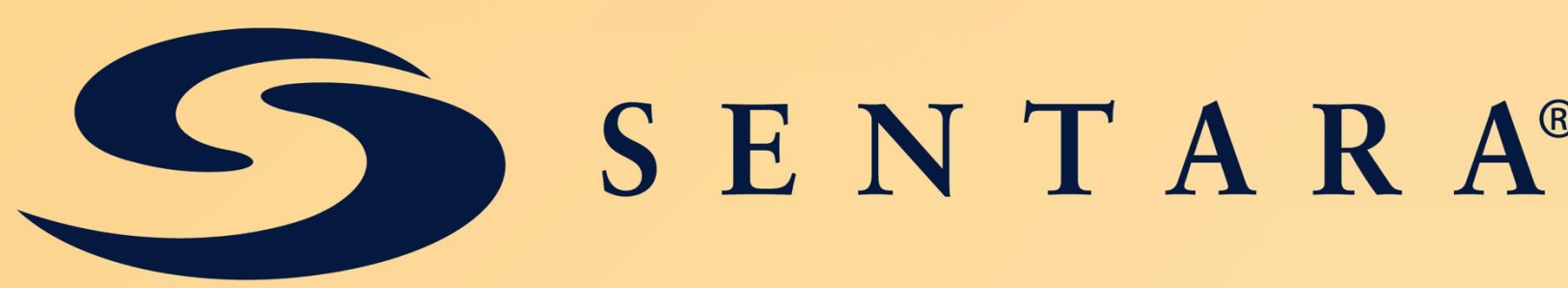


Screening Adults with Type 2 Diabetes for Depression

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BACKGROUND

- Clinical depression poses a concern for patients with T2DM as it affects an individual's action and level of function.
- Depressive symptoms that may affect adherence to diabetic medication regiment include fatigue, loss of interest, digestive problems, weight changes, difficulty sleeping, and difficulty making decisions. According to The World Health Organization (2018), people with diabetes with clinical depression are two to three times more likely to develop depression.
- Health care providers may not recognize the symptoms, and in a vast majority of cases, the patients are not diagnosed.
- Health care providers are encouraged to do an annual depression assessment of their patient. Also, many causes and factors are affecting T2DM and, it is essential for nurses to know the definition, signs, symptoms, and the causes of this disease.



RESULTS

- Screening patients with and without T2DM for depression using the PHQ-9 questionnaire tool in a primary care office can detected depression early which can improve outcome in both diseases (Janssen et al., 2016).
- Diabetes distress is a higher issue in females with T2DM, lacking social support, and who have comorbid with depression symptoms (Perrin et al., 2017).
- Depression symptoms are higher in the patient with T2DM, which has a negative influence when participating in physical activity, therefor depressive symptoms should be addressed to help improve outcomes (Swardfager et al., 2015).
- Social support could promote compliance in medications and self-care in patients with T2DM (Kim et al., 2015).
- Adults that have T2DM that lack social support, community support, no self-management, and rescues could have a poor quality of life (Markle-Reid et al., 2018).
- Research finds that healthcare professionals need to approach diabetes and depression as one while incorporating self-management care with patients to have better control of their chronic disease (McClintock et al., 2016).
- Having diabetes distress and depression symptoms could be a barrier to patients in self-management behaviors that could impact the patient's health outcomes. (Sakraida, et al.,2015).

REVIW OF LITERATURE

- Researchers have long understood that there is a strong association between diabetes and depression (ADA 2015).
- New research shows that symptoms of depression in people with T2DM can be labeled as depressive; however, this may not be a co-morbid psychiatric disorder after all, but rather a reaction to living with a stressful, complex disease that is often difficult to manage.
- This review of literature promotes an evidence-based practice change and supports routine depression screening as a standard of care for those diagnosed with T2DM as this could reduce depression and improve patient outcomes.
- While screening does not reduce depression, it may identify undiagnosed or untreated depression. This within itself could reduce the cost of treatment, reduce hospital admissions and readmissions, associated with diabetes.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day		
1. Little interest or pleasure in doing things	0	1	2	3		
2. Feeling down, depressed, or hopeless	0	1	2	3		
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3		
4. Feeling tired or having little energy	0	1	2	3		
5. Poor appetite or overeating	0	1	2	3		
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3		
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3		
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3		
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3		
add columns				+	+	+
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).				TOTAL: _____		
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____		
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Advice

Final diagnosis should be made with clinical interview and mental status examination including assessment of patient's level of distress and functional impairment.

PHQ-9 Management Summary Score Depression severity

- ❖ 0-4 Minimal or none Monitor; may not require treatment
- ❖ 5-9 Mild Use clinical judgment (symptom duration, functional impairment) to determine necessity of treatment
- ❖ 10-14 Moderate
- ❖ 15-19 Moderately severe Warrants active treatment with psychotherapy, medications, or combination
- ❖ 20-27 Severe

Critical Actions

- Perform suicide risk assessment in patients who respond positively to item 9 "Thoughts that you would be better off dead or of hurting yourself in some way."
- Rule out bipolar disorder, normal bereavement, and medical disorders causing depression.

CONCLUSION

In conclusion, despite the overall limitations in these studies the evidence for screening diabetic with depression into general care and hospital setting has shown to be vital in the outcomes for those who suffer from depression and diabetes