

Diapression: Practical Approaches to Addressing Depression in Individuals with Diabetes

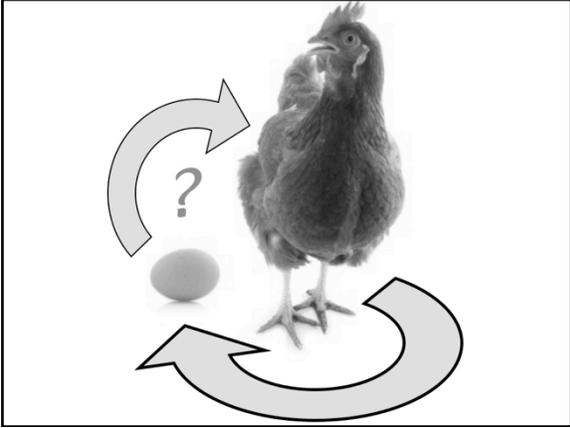
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WADE April 26, 2019

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Objectives

- Understand the various ways that depression manifests in those with diabetes.
- Review how to assess depression, diabetes distress, and co-morbid anxiety among diabetes populations.
- Identify effective ways to work with healthcare teams to appropriately manage depression, diabetes distress and anxiety.



40%

12%

5%

Sophie

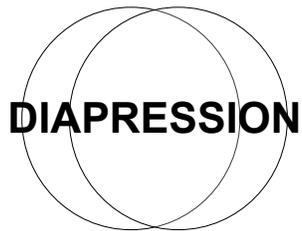
- 48-year-old Caucasian woman with obesity, high cholesterol, high blood pressure + 12-year history of type 2 diabetes.
- She has burning of her feet at night and insomnia for the past 2 months.
- She worries about her daughter who recently had a binge drinking episode lasting 3 months. Sophie took care of her 4 year-old granddaughter, and wonders when she will have to do it again.
- She is fatigued daily and has a hard time getting out of bed.
- She has been late to work more often than not - falls asleep at her desk at work after lunch - she has a hard time concentrating, and wonders if she has had a mini-stroke. Her job performance has suffered, and she has recently had a mandatory job review.

Sophie

- She has worried about losing her job - however, in the past 3-4 weeks, she doesn't care if she loses her job and at times she even feels it would be okay if "God just took me".
- She constantly feels on edge and hopeless about her life circumstances and wonders when the next bad thing is going to happen. She is irritable and fights with her co-workers and husband.
- Despite eating junk food, she recently lost 5 pounds. She doesn't drink enough fluids - she gets dizzy when she bends over to tie her shoes.
- She doesn't enjoy any of her favorite hobbies and just wants to go home to be by herself.
- Her A1c has recently increased from 8.3% to 10.4%. Her blood pressure is 110/80 and 88/70 when she stands up.

“

I know what I am supposed to do and I know what I am not supposed to do, but I still do the wrong things and I don't know why. ”



DIAPRESSION

Feature Articles

Diapression: An Integrated Model for Understanding the Experience of Individuals With Co-Occurring Diabetes and Depression

Paul Ciechanowski, MD, MPH
Clinical Diabetes 2011 Apr; 29(2): 43-49.
<https://doi.org/10.2337/diaclin.29.2.43>

Major Depression

(5+/9 symptoms nearly every day for 2 weeks)

- Depressed mood
- Loss of interest and pleasure
- Change in sleep
- Change in appetite / weight
- Low energy / fatigue
- Psychomotor agitation / slowing
- Poor concentration
- Low self-esteem or guilt
- Thoughts of suicide or death

Persistent Depressive Disorder

(3+ symptoms more days than not for 2+ years)

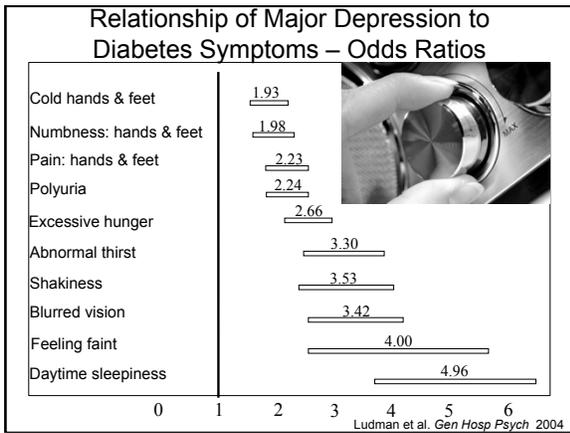
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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "N/A" 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 in some way	0	1	2	3



Bupropion and Neuropathy

- Double-blind, placebo-controlled, crossover RCT.
- 41 non-depressed patients with neuropathy got bupropion SR 150 - 300 mg for 6 wks.
- **75% of subjects reported that pain improved or was much improved with 30% reduction in pain.**

– Semenchuk et al. *Neurology*: 2001

Venlafaxine for Diabetic Neuropathic Pain

- Randomized, double-blind, placebo-controlled: 29/40 completed
- **Pain scores at week 4 were lower on venlafaxine 225 mg than on placebo**
– Sindrup et al, Neurology 2003
- Double-blind placebo-controlled study of 244 patients with diabetic neuropathic pain treated with **venlafaxine 150 mg for six weeks was superior to placebo**
– Rowbotham et al, Pain 2004

Duloxetine and Neuropathy

- 12-week, multicenter, double-blind study, 457 patients treated for 12 weeks with duloxetine 20 mg, 60 mg or 60 mg BID
- **Duloxetine (60 mg, 60 mg BID) pts had lower average daily pain and higher % achieving >50% pain reduction than placebo**
– Goldstein DJ et al. Pain 2005

Peter

- 62 year old - works at the local logging company for 22 years.
- Planned on retiring 3 years ago but needs the extra income because he and his second wife are looking after 3 grandchildren from both sides of the marriage.
- Lately, he has felt he is having "hypos" at work: shaky, dizzy and flushed, feels sweaty, and feels like he is going to die - he has no chest pain. Symptoms last 10 minutes - he has been taking his glucose meter to work and going to the bathroom to check - he is frustrated because when he checks his sugars have been in the normal or high normal range.
- In the past 12 months he feels sad and trapped about life and feels like his dreams for retirement have all but vanished.
- Lately, he sleeps 12 hours at night and is exhausted throughout the day. He falls asleep at the TV every night after eating pork rinds that he hides in the coffee table drawer.

Peter

- He has gained 15 pounds in the past 6 months and his blood pressure is around 160/90 despite being on 20 mg daily of lisinopril. His A1c is 9.6% and his lipids are out of range for the first time in 2 years.
- Last week at work, when he was in the bathroom with a "hypo" he had thoughts he'd be better off dead. He changed his mind when he thought about how much pain it would cause his wife and grandchildren. He also remembers the pain that he and his siblings experienced when he was 9 years old when his father killed himself.
- That evening he drank for the first time in months - 15 beers - just to remove the pain so he could sleep.

Screen for Anxiety

Screen for **comorbid anxiety** ± panic attacks and look for inability to differentiate anxiety symptoms from diabetes symptoms (e.g. hypoglycemia).

GAD-7

Over the last 2 weeks , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Panic Attack

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed, or faint
- Chills or heat sensations
- Paresthesias (numbness or tingling sensations)
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Fear of losing control or "going crazy"
- Fear of dying

Jana

- Jana is 23 years old, lives with her parents, and was recently diagnosed with type 1 diabetes.
- She is reluctant to talk to her parents about her diabetes because they are always bothering her about what she eats and about checking her glucose before meals. She tells her best friend that they are like the "food and fun police" - she can't eat foods she likes or have fun in their presence.
- She prefers to stay out and spend time with her friends and boyfriend. She works in the grocery store three days a week, and she wants to go to college to become a social worker but her plans have been put on hold because of her diabetes.
- She sleeps well, especially on evenings that she plays ice hockey in the local league.

Jana

- She worried that she will not be able to leave her town to go to college because she will develop eye disease or kidney disease like her cousin who is now at hospital in Montana on dialysis.
- One of her friends, Lisa, has type 2 diabetes since she was 14 years old. Even though their medication regimens are different, and Jana doesn't take insulin, she feels that Lisa really understands her and how diabetes completely controls her life, and how her parents mean well but make her more stressed.
- When you see Jana for her regular appointment, she tells you she is discouraged about the future.
