Mrs. Jones is a 65 year-old African American woman diagnosed with diabetes several years ago. She calls her illness “sugar.” Ever since being diagnosed, she has struggled to accept the diagnosis and to follow the treatment plan. She takes her insulin erratically, doesn’t check her sugar level and routinely goes overboard eating sweets. She avoids exercise because she doesn’t like to leave the house if she doesn’t have to and she doesn’t want to “sweat her hair out.”
Case Vignette

Her family complains that she is frequently “evil” and has a chronic “attitude.” She has no energy, and just isn’t fun anymore. Lately, she even refuses to answer the phone. She admits that she has “bad nerves”, and says she’ll just pray about it. She refuses to see a psychiatrist when her family practitioner suggests it. She responds to that suggestion with “I am not crazy.” Her family practitioner decides to screen her for depression, and she scores high on the depression scale.
Case Vignette

He incorporates an antidepressant into her treatment plan. In a few weeks, Ms. Jones feels better and becomes more adherent with her diabetes treatment.
What is Depression?

- 121 million people worldwide currently suffer from depression.

- Depression is a mood disorder that can disrupt a person’s life in a number of ways.
Symptoms of Depression

- Loss of self-esteem
- Sleep problems
- Thoughts of suicide
- Frequent feelings of sadness
- Irritability

- Changes in appetite and weight (increase/decrease)
- Difficulty concentrating
- Feelings of inappropriate guilt
Mental Health Problems in Older Adults

- ~20% of people age 55 years or older experience some type of mental health concern
- Most common conditions:
  - Anxiety
  - Severe cognitive impairment
  - Mood disorders (depression, bipolar disorder)
Depression in the Older Years

• Depression is the most prevalent mental health problem among older adults
  – Associated with distress and suffering
  – Adversely affects the course and treatment of chronic diseases
  – Older adults with depression
    • Visit the doctor and ER more often
    • Use more medication
    • Incur higher outpatient charges
    • Stay longer in the hospital
Depression in the Older Years

• Rate of older adults with depressive symptoms increases with age.
• Yet...depression is not a normal part of growing older.
• Depression:
  – Widely unrecognized
  – Widely stigmatized
  – Often goes untreated or undertreated among older adults
  – In 80% of cases, it is a treatable condition
Why Older Women are At Risk for Developing Depression?

• Socioeconomic status
  – Women, older adults, and racial/ethnic minority groups have highest rates of poverty.
  – Poverty increases risk for chronic stress and susceptibility to depression
    • Housing issues
    • Access to care/Quality of care
    • Poor health

• Poor health
  – A physical illness impacts how mobile a person can be, how well they can manage daily tasks on their own, and their quality of life.
  – Loss of independence increases risk for depression.
Why Older Women are At Risk for Developing Depression? (Continued)

• Social isolation
  – Older women, especially those without spouses, are more likely to have symptoms of depression.
  – Women who have support systems of friends and relatives exhibit fewer signs of depression.
Diabetes and Depression: Is there a Link?

- Depression is 2x as common in people who have diabetes than it is in people who do not have the disease.

- Recent meta-analysis found association between depression and hyperglycemia
Diabetes and Depression: Is there a Link?

• Improvements in depressive symptoms predicted improved glycemic control

• Improvements in glycemic control correlated with improved depressive symptoms

• Yet…it is unclear which usually come first: the depression or the diabetes.
Why is Depression a Concern in Diabetes?

• Can impact adherence to treatment plan
• Affects blood sugar levels
• Untreated depression can place people with diabetes at risk for complications that could be avoided:
  – Heart disease
  – Vision and circulation problems
  – Increase risk for premature death
Reasons Why People May be Reluctant to Seek Help

• Shame

• Uninformed

• Cultural differences

• Stigma

• Cost
Impact of Rising Costs of Health Care Seeking Behavior

• “Sometimes it’s a choice between paying the electric bill and going to the doctor.”

– Recent report (Kaiser Family Foundation) suggests that more women delay or go without health care because of the cost
Postponing Care for Depression

• Postponing care means:
  – Worsening health
  – Increasing treatment costs

  – The cost of care escalates for persons with depression and diabetes, especially untreated depression.
Depression Treatment

• Depression and type 2 diabetes are both potentially preventable and controllable.
• Only 30% of patients with both diseases receive adequate treatment for depression
• Fewer than 20% complete more than 4 visits of psychotherapy…Yet,
• 80% of those who seek treatment show improvement
How can DPCPs Use this Information?

• Further public health knowledge about diabetes and depression
• Collaborate with partners to reach and educate health care providers and older adults about depression in diabetes and lifestyle changes that can relieve depression
National Association of Chronic Disease Directors and DDT Collaborations

- Women, Diabetes and Depression
  - Developed Web-based resource guide
  - Provided mini-grants for state educational programs
WHC Diabetes and Depression Projects

• Three WHC/NACDD demonstration grants resulted in increased professional activity and depression screening for patients with diabetes.
• New Hampshire, Connecticut, and Virginia, with modest grant support, successfully launched initiatives directed at women with diabetes and depression.
• In all three grantee states, awareness, patient counseling, and depression screening (or the intent to screen) increased as a result of the new demonstration projects.
New Hampshire State Diabetes Education Program (NHDEP)

- The NHDEP partnered with Area Health Education Centers (NHAHEC) to put on trainings at 14 sites with a total of 225 participants.

- Raised health care professionals’ awareness of the coexistence of diabetes and depression and to improve identification of depression through educational interventions.

- Training was targeted to healthcare professionals and social workers at the state’s community health centers.

- An analysis of evaluation reports found that participants felt the connection of depression with diabetes was clearly made and would become part of their own program strategies.
Connecticut Diabetes Prevention and Control Program (DPCP)

- The DPCP partnered with the American Diabetes Association, the Area Health Education Center, the American Association of Diabetes Educators, the Community Health Centers Association, the African American Affairs Commission and the University of Connecticut’s Department of Behavioral Science and Community Health.

- The initiative featured CME programs targeted at health professionals.

- A survey of participants six weeks after the educational training found an increase in the use of a validated screening questionnaire; an increase in patient counseling; an increase in the number of antidepressant prescriptions; but no increase in the rates of referral to either a primary care provider or a mental health professional.

- Program officials, nevertheless, concluded that the CME helped improve healthcare provider management of depression in their patients with diabetes.
Virginia DPCP

• Partnered with Federally Qualified Health Centers, the Institute for Women’s Health, and the Department of Mental Health and Mental Retardation and Substance Abuse Programs.

• Developed a marketing kit and web site to increase awareness of depression and diabetes for providers.

• Included screening tools, a directory of treatment sources for depression and diabetes, a poster and wallet card and cover letter from the Commissioner of Health.

• A survey indicated that the kit was influential in getting providers to talk to patients about depression with diabetes, motivated them to screen patients and increased referral of patients for treatment.

• A full report on the Virginia initiative can be found at (www.youcanva.com).
Recommendations

• Explore intervention opportunities to promote and sustain healthy behaviors among older adults

• Build community partnerships to address diabetes and depression for older adults

• Develop and disseminate diabetes and depression screening messages for older adults