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Medication Considerations
Psychotherapy Considerations

Physician Topic: Depression Among Patients With Diabetes

The information and clinical guidelines featured in this Well Aware Physician Topic brochure are intended only as an analytical framework for the evaluation and treatment of your CIGNA HealthCare participating patients with diabetes. These guidelines are not intended to replace your best clinical judgment or establish a protocol for all patients with diabetes.

Facts To Remember

- Approximately one in five (15-20%) patients with type 1 or 2 diabetes suffers from major depression.
- The odds of comorbid depression are significantly higher for women than men by the same ratio as in the general population.
- The prevalence of depression among people with diabetes during their lifetime is three times higher than the general U.S. population. However, depression is identified and treated in less than one third of the cases.
- The relapse rate of depression in patients with diabetes is eight times higher than for depressed patients who are physically healthy.
- Evidence suggests that major depression is limited to patients with a pre-existing vulnerability, not necessarily related to the diabetes itself.
- Depression in patients with diabetes is associated with:

Treatment noncompliance

Missed appointments

Poor glycemic control — the principle cause of diabetes complications.

A positive correlation between the severity of the depression and poor glucose control. This poses an increased risk for micro- and macrovascular disease complications such as:

Neuropathy

Retinopathy — up to a 33% greater risk

Cardiovascular disease

- Depression doubles the risk of incident type 2 diabetes independent of its association with other risk factors.

- A psychological disorder, such as depression, in a patient who also has a physiological disorder, such as diabetes, should not be treated as a secondary illness. It is a significant and serious co-morbid illness. If not treated concurrently, the patient faces an increased risk of complications from one or both conditions.

When you support your patient in seeking proper treatment for depression, you can anticipate improved compliance with your diabetes care plan, clinically meaningful improvements in glycemic control and lowered risk of diabetes complications.

Diagnostic Checklist

Be alert to the signs and symptoms of depression when providing care to your patients with diabetes:

- Has your patient ever experienced depression, anxiety or substance abuse?
- Has your patient ever received mental health treatment?
- Does your patient have a family history of depression or mental health treatment?
- Does your patient's clinical presentation reveal:

Prominent sadness? Loss of interest or pleasure?

Symptoms that lack a solid medical explanation or are out of proportion to the objective findings?

A persistent focus on somatic complaints?

Failure of reassurance for innocuous medical complaints?

Sexual dysfunction with or without an organic basis?

Chronic pain as a dominant complaint?

You can provide your patients with effective depression screening tests they can administer themselves in just 5-10 minutes. The Beck Depression Inventory (BDI) and Zung Self-Rated Depression Scale (Zung SDS) are commonly used screening tools for depression. Research indicates the BDI is able to identify 70% of diabetic patients with major depression (using a cutoff score of 16 or higher) with greater than 70% accuracy.

Treatment Options

Patients with diabetes and depression respond well to treatment. Depression treatment should be considered for patients with major depression and for those with a minor depressive disorder. Minor depression is defined as persistent depressive symptoms that fall short of the required DSM IV criteria for major depression yet are significant with symptoms of at least two weeks duration and are associated with diminished functioning and increased medical morbidity.

Primary treatment methods include medication or psychotherapy. Some patients benefit from a combination of both medication and psychotherapy.

MEDICATION CONSIDERATIONS

- Antidepressant medication is effective in 50%-60% of patients.
- 30%-60% of patients who don't respond to the initial antidepressant demonstrate improvement when switched to a second antidepressant.
- Serotonin may act to reduce plasma glucose independent of insulin secretion. The class of antidepressants affecting serotonin levels are known as Serotonin Selective Reuptake Inhibitors (SSRIs). SSRIs are the antidepressants of choice in treating major depression in effects associated with other antidepressants. Some examples of SSRIs are paroxetine (Paxil®), sertraline (Zoloft®) and fluoxetine (Prozac®). Some SSRIs are also now available generically (e.g., Luvox® and Prozac®). Coverage and co-pays for these medications will vary depending upon your patient's pharmacy benefit.
- MAO inhibitor antidepressants tend to exaggerate hypoglycemia. MAO inhibitors require a tyramine-free diet which can compromise patients with diabetes who need to follow weight-loss or weight-management diets.
- Tricyclic antidepressants (TCAs) are well known to have significant anticholinergic, antihistaminic, orthostatic hypotensive and cardiovascular effects. Long-term use of TCAs may also lead to hyperglycemia and poor diabetes control. Short-term use of TCAs has been associated with hypoglycemia. This category of antidepressants is also associated with impaired concentration and memory.
- Follow the Agency for Health Care Policy and Research (AHCPR) Guidelines for dosing and duration of treatment. For more information, visit the AHCPR web site at www.ahcpr.gov or refer to the CIGNA HealthCare Primary Care Clinical Guidelines for Depression.

PSYCHOTHERAPY CONSIDERATIONS

Psychotherapy, such as Interpersonal Therapy (ITP) or Cognitive-Behavioral Therapy (CBT), is an effective treatment option for patients with mild to moderate depression that is not chronic, psychotic or melancholic. Consider referring patients to behavioral health professionals if you believe they would benefit from psychotherapeutic intervention. When your patients' CIGNA HealthCare benefits include behavioral health services provided through CIGNA Behavioral Health, contact CIGNA Behavioral Health to facilitate a referral to a local participating behavioral health specialist. Or you may encourage your patient to call Member Services at the toll-free number on their CIGNA HealthCare ID card and follow the mental health and substance abuse prompt for assistance in obtaining appropriate treatment.

Have a question?

Please contact Provider Relations at the CIGNA HealthCare health plan nearest you. For your convenience, a national directory of telephone numbers is online: www.cigna.com/healthcare/physicians/provrel.html

Clinical Resources

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