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Screening for Depression in Patients with Diabetes

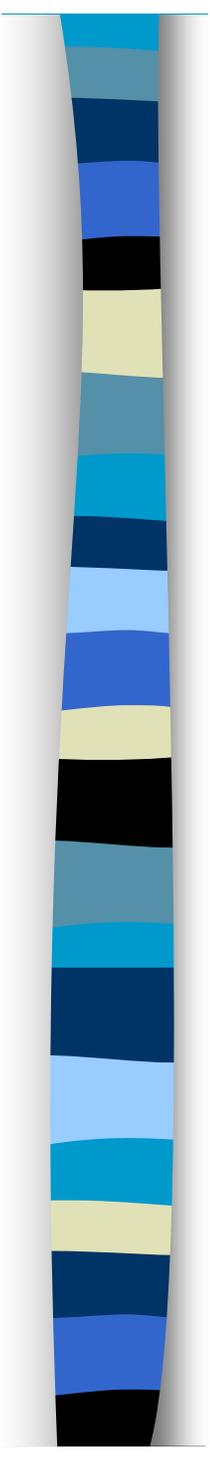
*5th Collaborative Diabetes Conference
“Towards Integrated Diabetes Care”*

26-09-2012



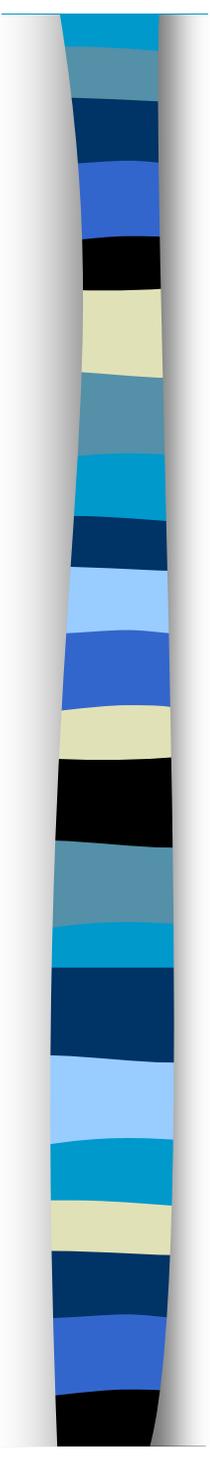
Overview of Lecture

- Defining mental health/ mental illness
- Defining emotional well-being
- Prevalence of depression in patients with chronic illnesses
- Depression and Diabetes
- Theories of depression
- Emotions/ Feelings individuals with diabetes can experience.



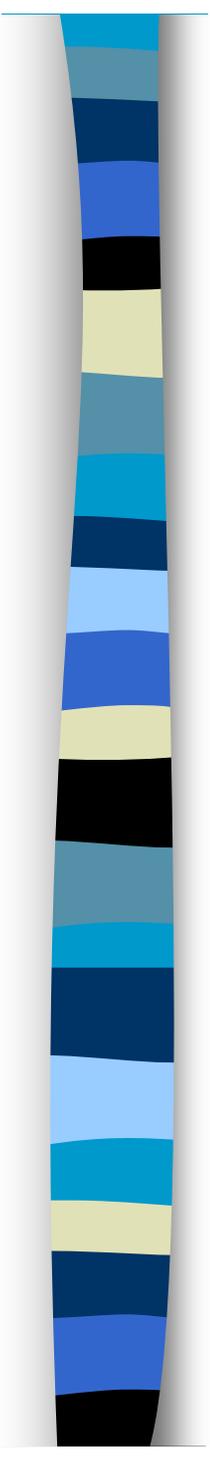
Overview of Lecture

- Screening for depression
 - DSM Criteria
 - Concept analysis to assist in differentiating between sadness and depressive disorder.
 - Emotions as a means of communicating a message or bringing about change !!
- Plan
- Questions



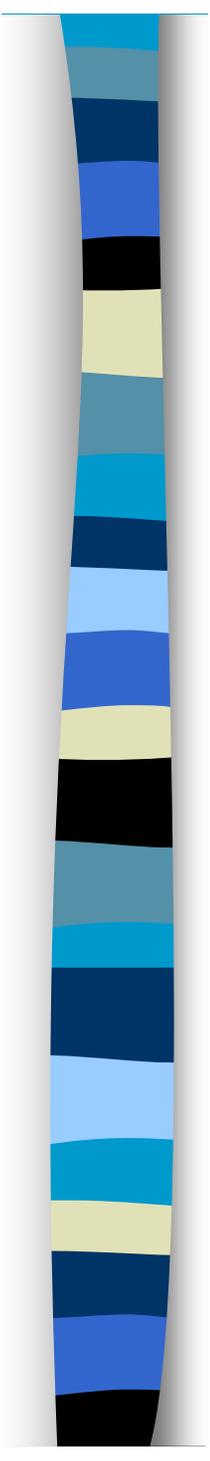
Defining Mental Health

- Mental health is an integral and essential component of health. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important consequence of this definition is that mental health is described as more than the absence of mental disorders or disabilities.
- "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2010).



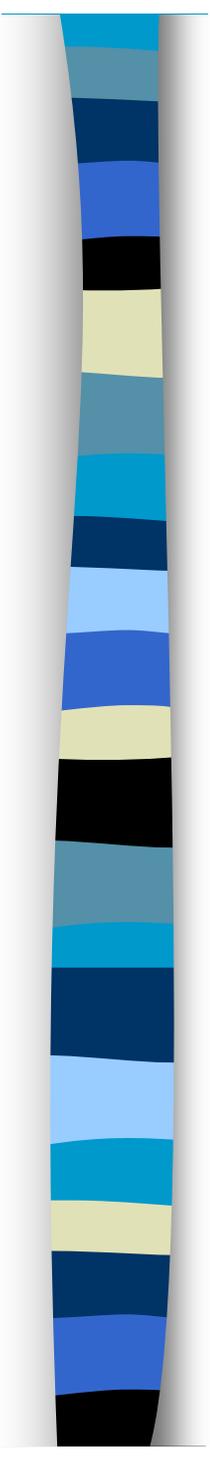
Defining Emotional Wellbeing

- “Emotional well-being is not the absence of emotions, but it is your ability to understand the value of your emotions and use them to move your life forward in positive directions” (Colby, 2010).
- “Everyday emotional well-being also involves identifying, building upon, and operating from your strengths rather than focusing on fixing problems or weaknesses. The better you are able to master your emotions, the greater your capacity to enjoy life, cope with stress, and focus on important personal priorities” (Colby, 2010).



Depression and Diabetes

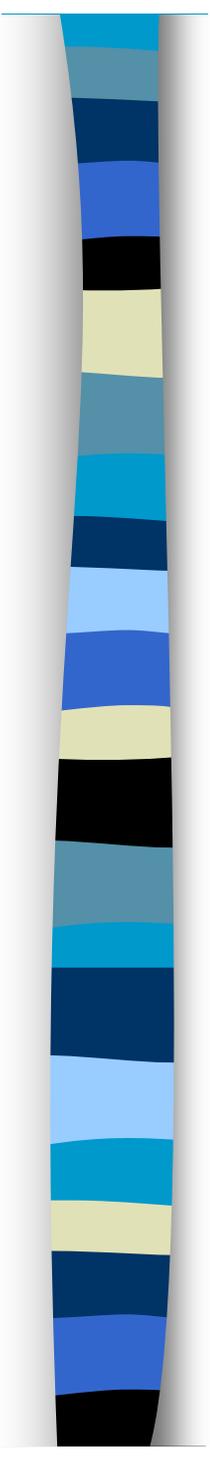
- There does appear to be a link between diabetes and the incidence of depression, however, what the link is has not been fully proved as yet.
- In recent years, the two conditions do seem to be more common together, but it should be remembered that diabetes is not the only chronic condition where depression occurs.



Depression and Diabetes

- The lifetime prevalence for depression is 17.1 percent (Kelly et al 2009)
- These rates increase with comorbid medical illness and the acuity of illness.
- The prevalence of depression in adult patients with type 1 and type 2 diabetes suggest that the presence of diabetes almost doubles the risk of comorbid depression.

Anderson et al 2001 & Ali et al 2006 Diabetic Medicine



Depression and Diabetes

- Other studies have found a 40 percent increased risk of developing depression for patients with diabetes (Campayo et al 2011, Curr Psychiatry Rep 13:26-30).
- A recent systematic review and meta analysis of 11 studies confirmed the association between diabetes and increased risk of depression (24% increase) (Nouwen et al 2010)



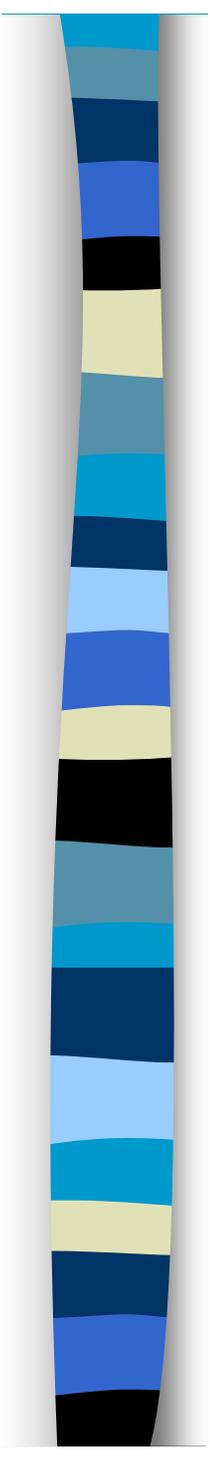
Depression and Diabetes

- Negative implications of comorbid depression in patients with diabetes might be expected and include the following
 - Worsened glycemia control
 - Nonadherence to treatment
 - Poor metabolic control



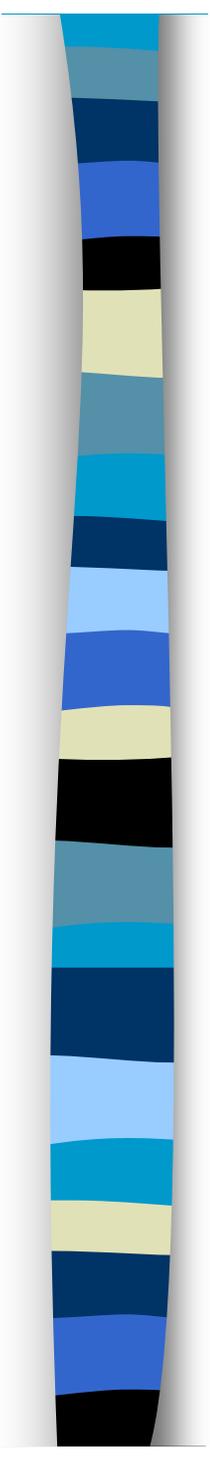
Depression and Diabetes

- Furthermore depression in diabetic patients tends to persist and has been associated with increased disability, decreased quality of life, more somatic symptoms, and even increased mortality risk.
- Finally there is also evidence to suggest that individuals who experience depression are at greater risk of developing diabetes.



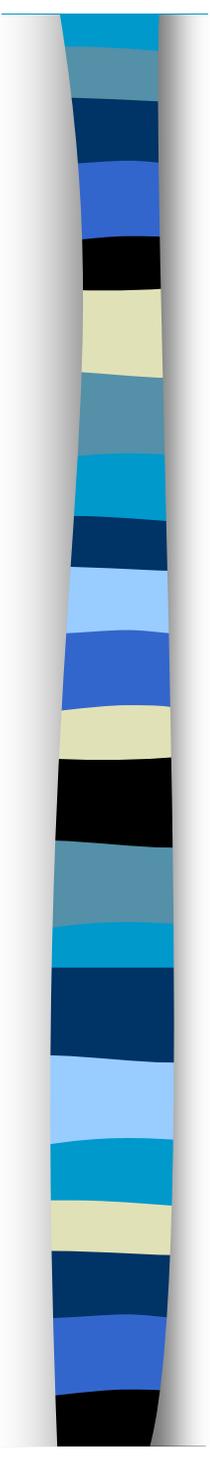
Theories of Depression

- Biological
- Psychological
- Sociological
- Cultural
- Biopsychosocial



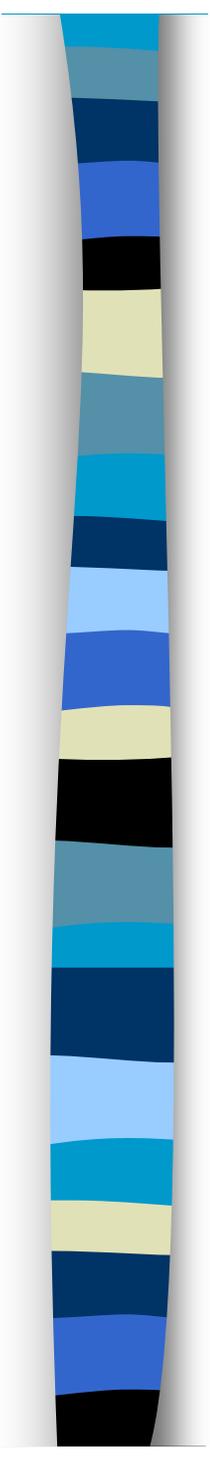
Feelings/ Emotions associated with Diabetes

- Many people will find that the diagnosis of diabetes has a profound effect on their feelings.
- This may cause many emotions to surface including:
 - anger
 - frustration
 - loneliness
 - sadness
 - depression
 - confusion



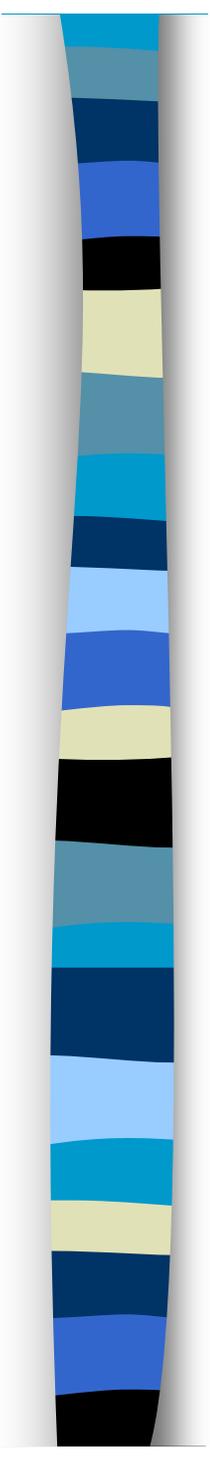
Screening for Depression – 3 possible ways to do this or perhaps all 3 ! !

- DSM-IV criteria for Depressive Episode
- Emotions as a means of communicating a message or bringing about change.
- Differentiating between normal adaptive sadness and adjusting to a change in “the persons lived world” and depressive disorder – Concept Analysis



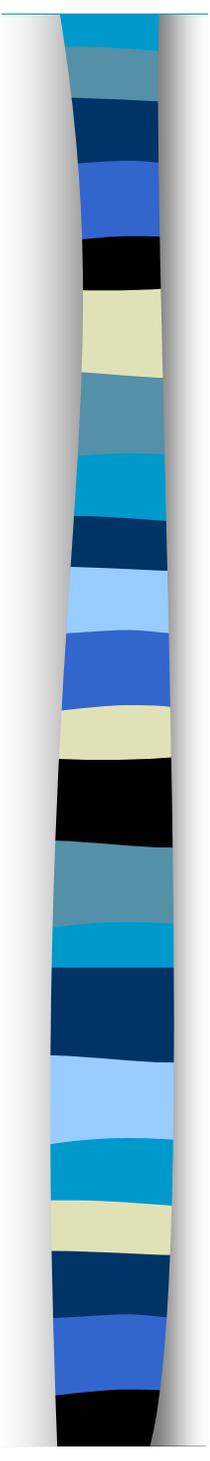
Method 1: DSM-IV criteria for Depressive Episode

- 5 or more symptoms present during the same 2 week period and must represent a change from previous functioning. At least 1 symptom must be either (1) depressed mood or (2) loss of interest or pleasure.
- Depressed mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly everyday.
- Increased/ decreased appetite. Significant weight loss or weight gain.
- Psychomotor agitation or retardation nearly every day.



DSM-IV criteria for Depressive Episode

- Insomnia or hypersomnia nearly every day
- Loss of energy or fatigue nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Concentration poor, increased inability to make decisions
- Recurrent thoughts of death, suicidal ideation with or without a plan.



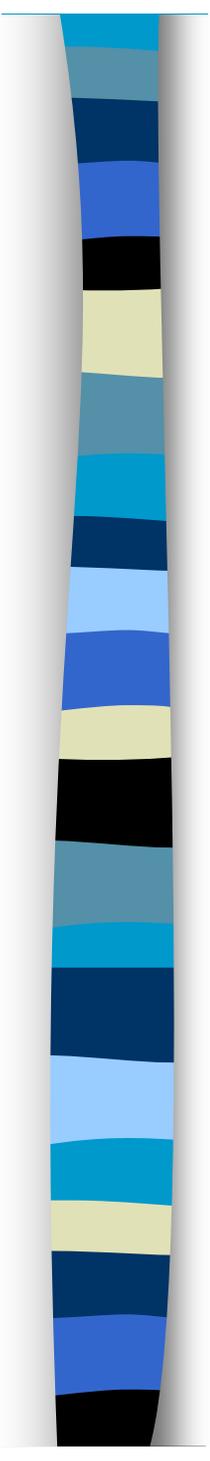
DSM-IV criteria for Depressive Episode

- The symptoms cause significant distress or impairment in social, occupational, or other important areas of functioning.
- The symptoms are not related to a physical cause or substance misuse
- The symptoms are not better accounted for by bereavement.



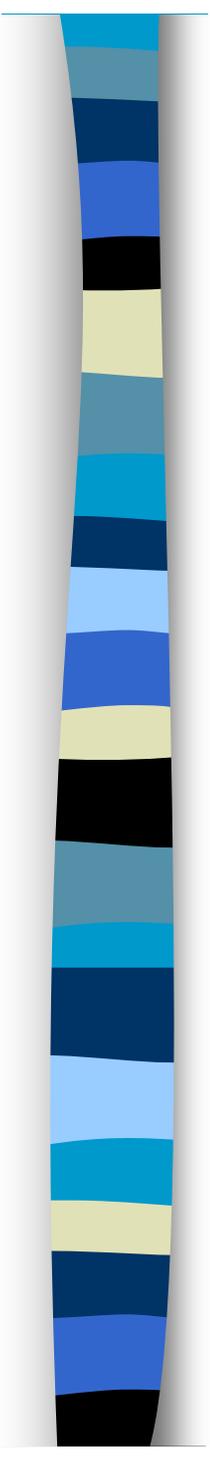
Method 2: Emotions as a means of communicating a message or bringing about change !!

- “Emotional well-being is not the absence of emotions, but it is your ability to understand the value of your emotions and use them to move your life forward in positive directions” (Colby, 2010).



Rethinking Depression

- According to Schotte et al (2006), numerous epidemiological findings suggest that we live in an era that can only be described as the “age of melancholy”.
- There is considerable controversy, confusion, uncertainty and disagreement regarding the boundaries of normal sadness and depressive disorder as a diagnosis not only within the field of psychiatry and psychology but also throughout society.



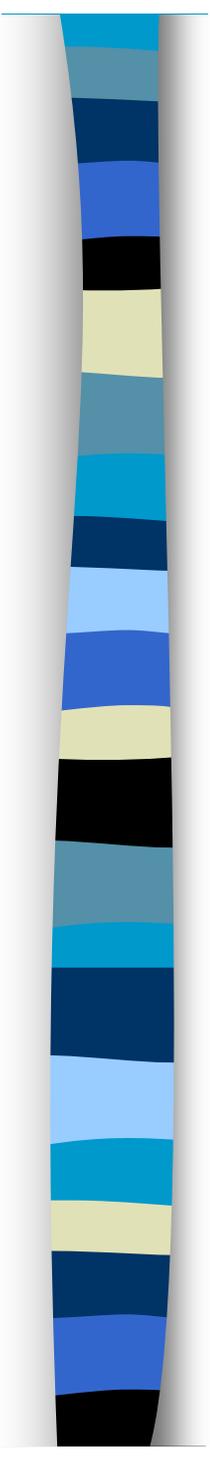
Rethinking Depression

- Social scientists, Horwitz and Wakefield (2007) in their book “The loss of Sadness” argue that psychiatry has medicalised and pathologised sadness; in effect, confusing normal adaptive sadness with clinical depression.
- They argue that the diagnostic criteria outlined in the DSM-IV are too inclusive and therefore many people experiencing normal sadness may be unfairly diagnosed with clinical depression.
- Therefore is it now timely to re-examine how we understand mental/ emotional health???



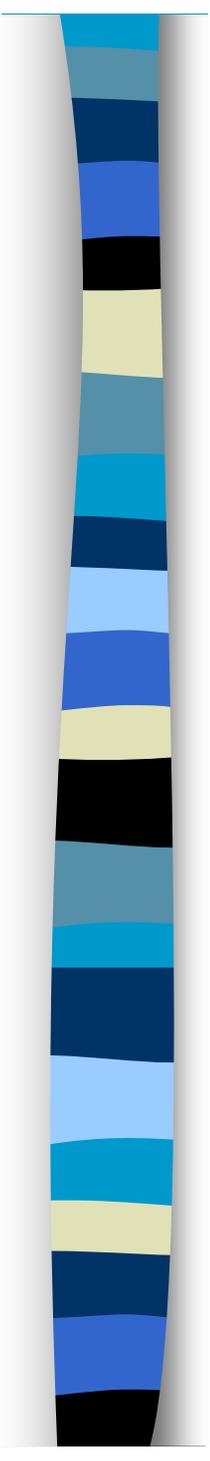
Questions to ask self ??

- Can we conceptualise/ understand physical ill health and mental ill health in similar ways?
- How is it currently understood?
- What is the difference?
- How does this impact on those who experience mental health/ emotional health difficulties?



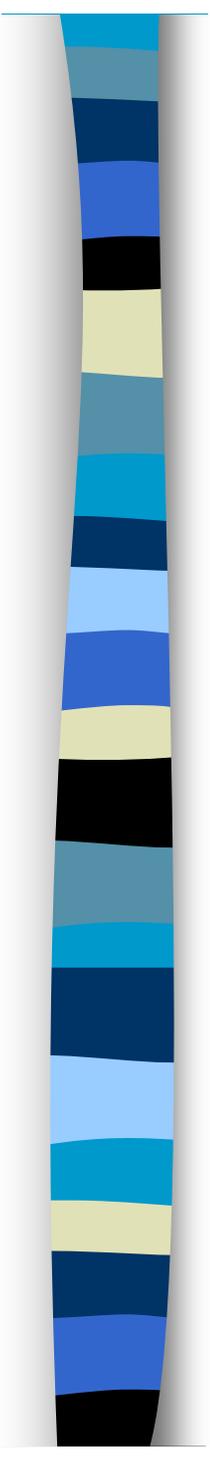
Questions to ask self ??

- Could a new way of understanding mental health/emotional health be useful to those experiencing emotional health difficulties such as depression??
- What can we as primary care clinicians do when an individual with diabetes presents to us with an emotional difficulty such as depression?



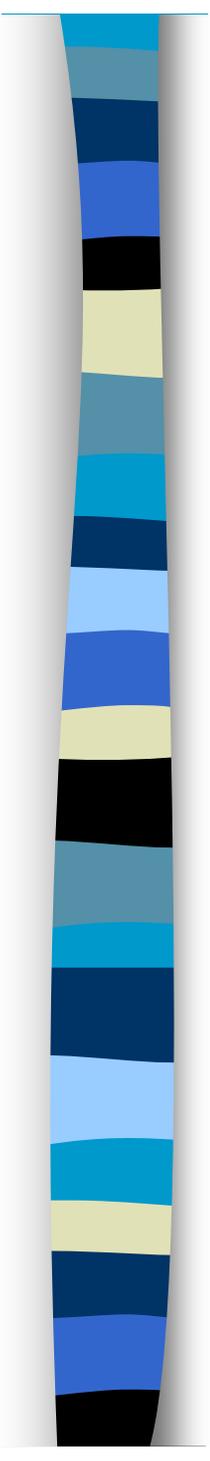
Method 3: Concept analysis to assist in differentiating between sadness and depressive disorder.

- When people in society are exposed to advertisements, media attention and news stories regarding depressive symptoms they can confuse depression with normal sadness and monitor themselves for such symptoms and therefore reframe their own experiences of sadness as signs of mental disorder and in turn seek professional help for their experiences.



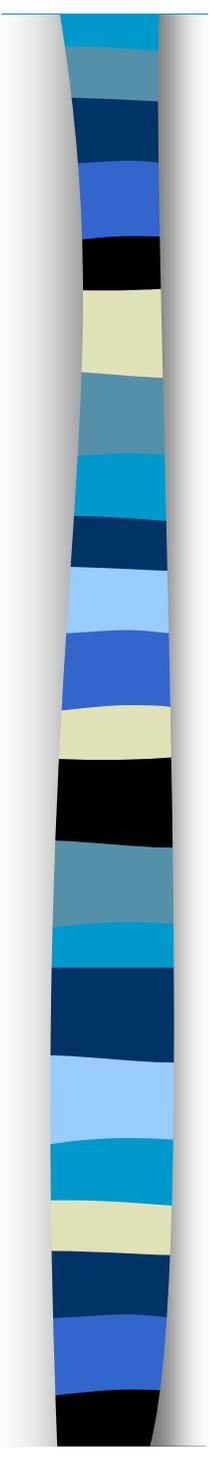
Concept analysis to assist in differentiating between sadness and depressive disorder.

- Wakefield et al (2007) who argue that up to 25% of people diagnosed with depression may in actual fact be experiencing normal sadness in the context of their experience e.g diagnoses of diabetes.
- Therefore it is not surprising that by 2020 depression will be the second leading cause of disease burden (World Health Organisation (WHO), 2010).



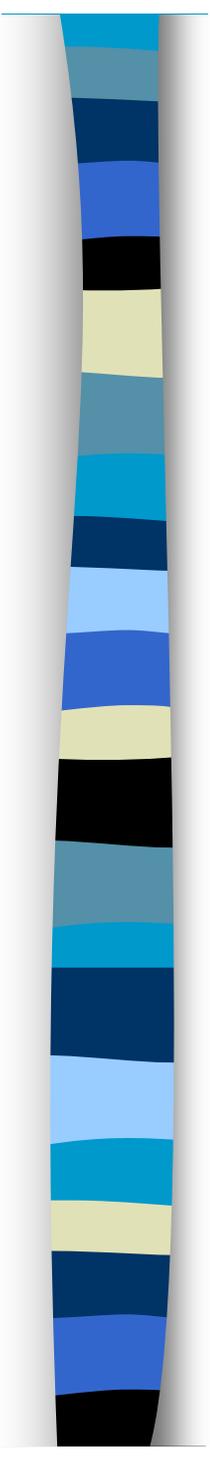
Concept analysis to assist in differentiating between sadness and depressive disorder.

- The aim of this concept analysis conducted by O Mahony (2012) was to reduce conceptual confusion pertaining to the concept of sadness and to highlight the differences between sadness and depression so both concepts can be viewed and conceptualised as two related, but distinct entities.
- Horwitz and Wakefield (2007) have highlighted the dangers inherent in defining sadness too simply and the need to understand and respond to it in a more complex way.



Concept analysis to assist in differentiating between sadness and depressive disorder.

- Izard (1991) argues that sadness is an emotion with its own particular and unique expression (serves to communicate to self and others that something is wrong and facilitates the slowing down of body and mind, thus providing time for reflection thereby allowing the person to acquire new learning and move forward) whereas depression involves a complex combination of emotions, physiological states, memories, thoughts and images.
- Pies (2008) state that with sadness we are capable of feeling intimately connected with others whereas with depression we feel outcast and alone.



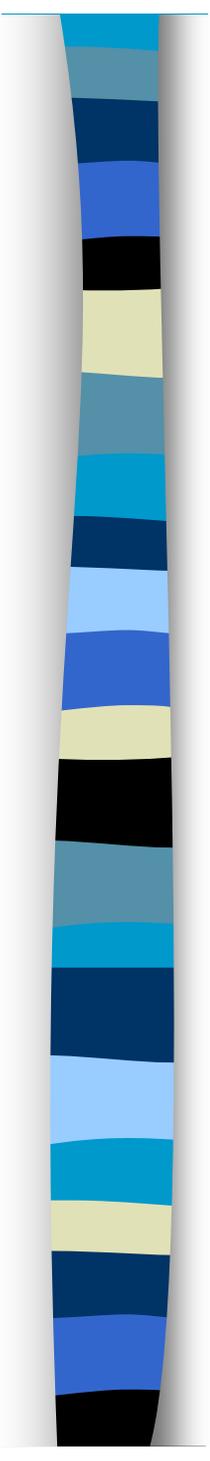
Concept analysis to assist in differentiating between sadness and depressive disorder.

- The sense of time experienced is different for sadness and depression.
- With sadness, we have a sense that one-day it will end, whereas with depression we have a sense it will last forever.
- Izard (1991) argues that sadness is a means of communicating to self and others that something is wrong thereby encouraging the person to seek support or information regards their difficulty.
- Nesse (1999) believes that sadness as an experience is helpful and advantageous as it can prevent immediate future losses by inciting action, aid in eliciting help from others when needed, or inspire a reassessment of major life strategies to necessitate change.



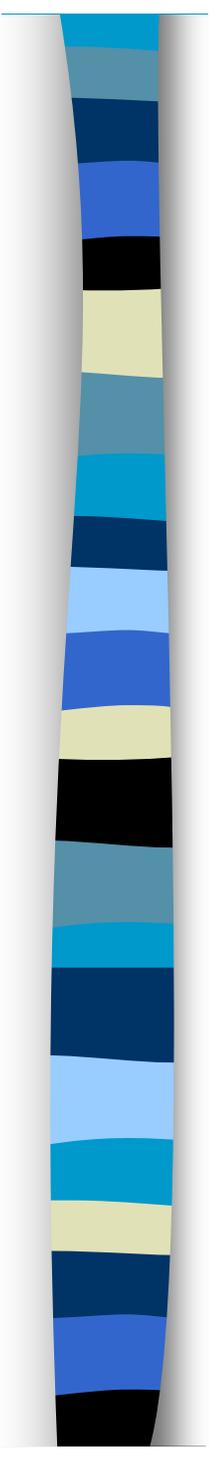
Concept analysis to assist in differentiating between sadness and depressive disorder.

- Broch Pierrakos (1996) argue that with regard to sadness, one accepts without self-pity a painful fact of life as something that is beyond our capacity to change.
- One experiences sadness as a healthy growing pain free from hopelessness and one is aware that it will eventually pass and believes this.
- Whereas with depression although the outer circumstance may be the same, the experience of pain is due to other reasons other than the outer circumstance and the feeling is linked to frustration and hopelessness.
- With sadness one acknowledges that although painful, one is aware that the loss (can be related to loss of a life once known) will eventually be accepted.



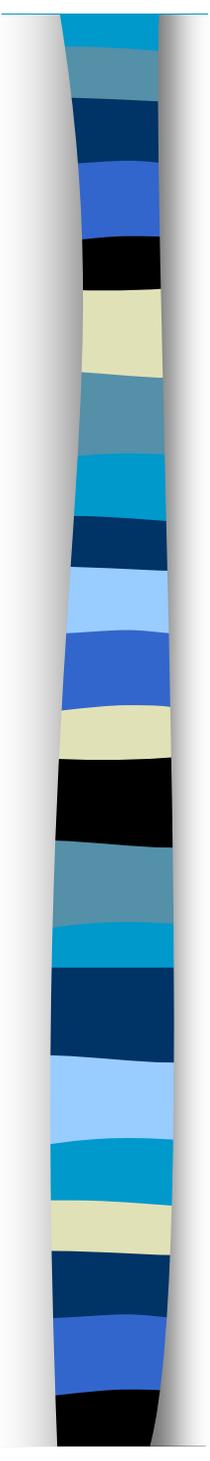
Concept analysis to assist in differentiating between sadness and depressive disorder.

- The individual knows and believes that their life will go on and that they will emerge from the experience as a more enriched individual (Broch Pierrakos, 1996).
- Depression on the other hand evokes ambiguous confusing feelings, which the person is unaware of. The feelings of loss trigger some unresolved, festering inner conflict, which may lead to an individual believing that they are unable to cope, thus causing depression (Broch Pierrakos, 1996).



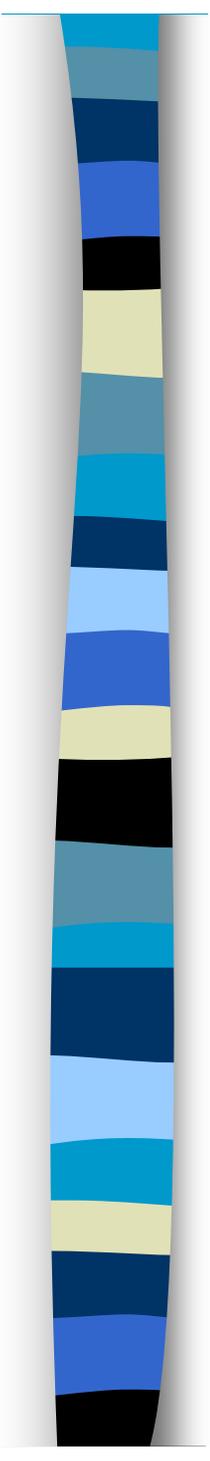
Concept analysis to assist in differentiating between sadness and depressive disorder.

- The person experiencing sadness accepts the loss and feels helpless, whereas the person experiencing depression feels hopelessness and the loss is generalised.



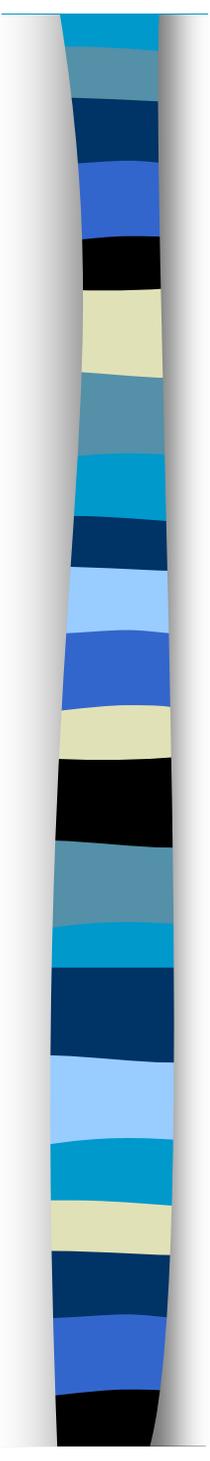
Conclusion/ Are the following attributes evident or not which will help us differentiate between sadness and depression

- Therefore with regard to sadness, the defining attributes can be identified as:
 - understanding and accepting of their current circumstances or new circumstances,
 - an acknowledgement of pain and the individuals ability to overcome and move towards acceptance,
 - experiencing feelings of helplessness however continuing to hold on to feelings of hopefulness,
 - remaining connected to others and not becoming emotionally blunted or numb and finally
 - a belief that one day it will end and it is within their capacity to overcome and grow from the pain experiences.



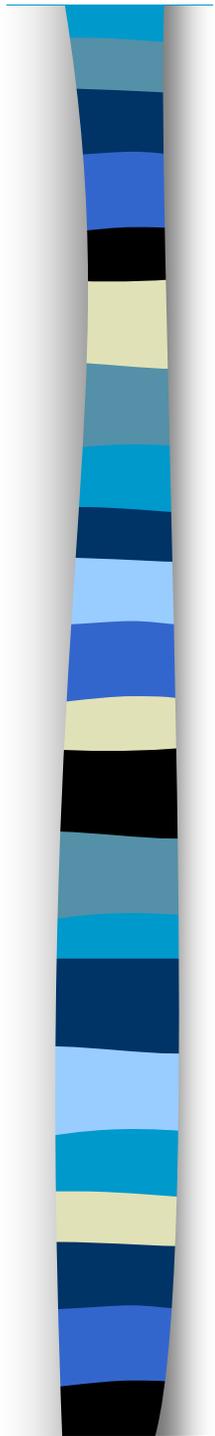
Plan:

- 1. Normalise the persons emotional distress in the context of their life experiences for example diabetes (normalise is not the same as doing nothing).
- 2. Don't medicalise or pathologise their emotional distress I.e. don't see their emotional distress in terms of symptoms only, view it in terms of what the individual is attempting to communicate to you through their emotions.



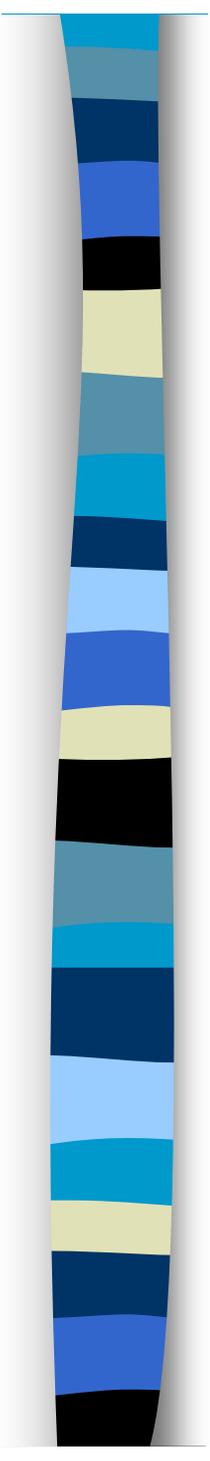
Plan cont:

- 3. Have a list of mental health organisations both voluntary and statutory that may be useful to the person I.e. low cost counselling, supports groups, psychoeducation, diabetes support groups, etc
- 4. Cognitive behaviour therapy, interpersonal therapy, supportive counselling, ACT therapy.
- 5. Pharmacological intervention.



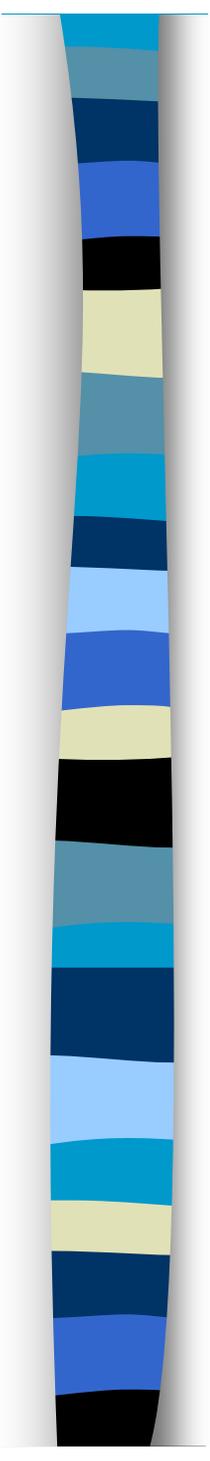
■ Any Questions??

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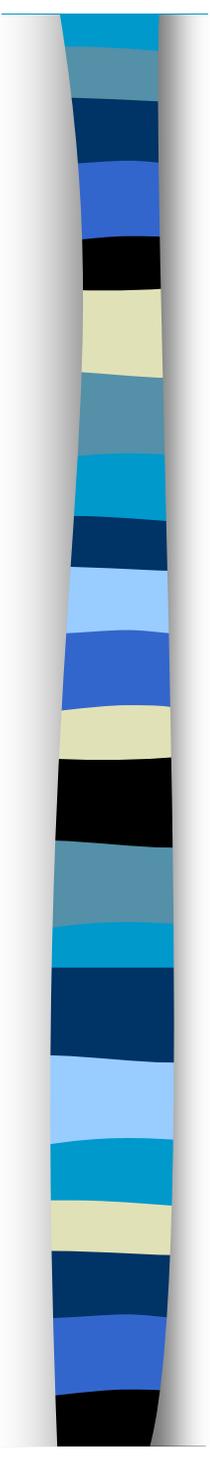
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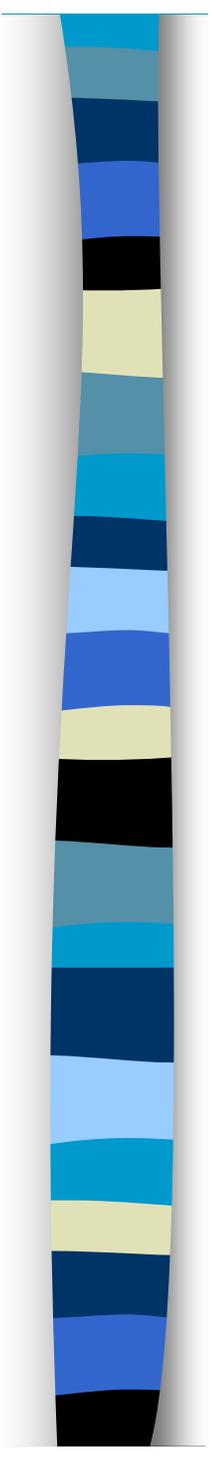
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