



Mental Health & Diabetes

Top tips

Q. When considering mental health in people with diabetes, what conditions are considered serious mental illness (SMI) issues?

A. SMI generally refers to bipolar disorder (formerly known as manic depression), schizophrenia and severe depression.¹

Q. What other mental health problems do we encounter?

A. Mental health problems can include but are not exclusive to anxiety, depression, eating disorders and obsessive-compulsive disorder.²

Q. Do we see any diabetes-specific mental health issues?

A. Yes, these are diabetes distress and diabetes burnout.²

Q. What is the impact of SMI on life expectancy?

A. SMI is associated with a 20-year shortening of life expectancy through premature cardiac disease.¹

Q. What is the relationship between schizophrenia and diabetes?

- A.
- Schizophrenia is associated with relatively high rates of insulin resistance and type 2 diabetes (observed even before antipsychotics introduced).³
 - Pathophysiology of schizophrenia itself may lead to disturbed carbohydrate metabolism, or there may be a shared genetic disposition.³
 - Patients with schizophrenia have significantly higher rates of cardiovascular disease compared to the general population.³
 - Poor lifestyle choices are common and may contribute to the development of metabolic syndrome and insulin resistance.³
 - Up to 40% of patients with schizophrenia are considered overweight.³

“Mental health problems can include but are not exclusive to anxiety, depression, eating disorders and obsessive-compulsive disorder”²

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Q. What is the relationship between diabetes and depression?

- A. • A diagnosis of diabetes is linked to an increased likelihood of depression²
- People living with diabetes and depressive disorders are at increased risk for earlier all-cause mortality compared to people living with diabetes without a history of depression.⁴
 - Patients with both depression and diabetes have a higher number of cardiovascular risk factors and an increased risk of mortality.⁵
 - Depression can have a negative impact on metabolic control and poor metabolic control can worsen depression.⁵
 - Drug choice for treating depression should take into account likely effects on metabolic control.⁴
 - Long-term antidepressant use may be associated with an increased risk of diabetes mellitus, especially in young adults.⁴

Q. What is the relationship between bipolar disorder and diabetes?

- A. • Those with bipolar disorder in addition to diabetes mellitus have increased mortality rates versus those with diabetes mellitus without bipolar disorder.⁶
- Patients with bipolar disorder and diabetes mellitus or insulin resistance have a three times higher risk of having a chronic course of bipolar disorder.⁶
 - Bipolar disorder and diabetes mellitus are each independently associated with increased risk of dementia and reduced cognitive performance.⁶
 - Females have a 30% higher risk than men for being treated simultaneously for both bipolar disorder and diabetes.⁷

Q. Can the increased cardiovascular risk seen in SMI be modified at all?

- A. The increased cardiovascular mortality associated with SMI is partly attributed to associated modifiable risk factors:
- Obesity
 - Smoking
 - Diabetes
 - Hypertension
 - Dyslipidaemia⁸

Q. How should we therapeutically treat diabetes in people with mental health issues?

- A. The principles of managing diabetes mellitus in people with SMI are similar to those for managing the condition in the general population and should follow currently available treatment algorithms. However additional consideration should be given to:
- Weight risk
 - Hypoglycaemia risks and monitoring needs
 - Compliance/cognition
 - Additional benefits of treatments⁹

Q. Do any risk engines for calculating cardiovascular and diabetes risk include SMI as a risk factor?

- A. QRISK3 and QDIABETES are now the only risk algorithms in the world that include SMI and antipsychotic medication.¹⁰

References

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