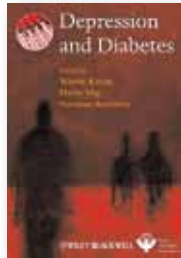


Depression and Diabetes

Title *Depression and Diabetes*
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Depression and Diabetes (2010), edited by Katon, Maj and Sartorius, is the first in a series of three books from the World Psychiatric Association, published by Wiley-Blackwell, highlighting the interrelationship between depression and physical illness. The next two books will examine the links between depression and heart disease and depression and cancer.

I was delighted to be asked to review this book; I had seen it in Stockholm at the European Association for the Study of Diabetes meeting and had nearly bought it there. Having now read it, I can say that I was not disappointed.

The association between diabetes and depression has been recognised since the 17th century, when Thomas Willis noted that “diabetes is a consequence of prolonged sorrow”. The interaction between diabetes and depression is complex and when the two conditions occur simultaneously, the prognosis of both mental and physical illness is worsened.

The prevalence of depression is two- to three-fold higher in those with diabetes compared with the general population (Anderson et al, 2001) and is associated with considerable morbidity (Lin et al, 2010). As well as affecting mental wellbeing and quality of life, the presence of depression adversely affects diabetes care; people with depression and diabetes are less likely to adopt healthy lifestyles and adhere to medication, glycaemic control is poorer, the incidences of microvascular and macrovascular complications are higher, life expectancy is shortened and health costs increased (Huber et al, 2009).

Although depression was traditionally viewed as an understandable reaction to the diagnosis of a lifelong condition with considerable treatment demands and complications, other biological aspects of diabetes – such as a direct effect of hyperglycaemia – are now thought to contribute to its development (Jacobson et al, 2002). Furthermore, depression may be a risk factor for the development of diabetes – while other antecedent factors, such as fetal and childhood environment, ethnicity and socioeconomic status, may increase the risk of both conditions (Huber et al, 2009).

Treatment of depression is clearly indicated (NICE, 2008; 2010) as psychotherapy and pharmacological treatments ameliorate psychiatric symptoms; diabetes outcomes also improve, albeit to a lesser extent. Consequently, healthcare professionals involved in the care of people with diabetes should be aware of this important association, consider depression in their patients and offer prompt treatment when needed.

Depression and Diabetes provides the reader with a handbook-sized reference guide for the meeting of these two conditions. It is easy to read and proceeds clearly and logically. It is well referenced and describes accurately what is known about the links between diabetes and depression, while highlighting areas in which further research is needed.

The editors have brought together a collection of international experts in the field to provide an up-to-date overview of this subject. Although the chapters are written by different authors, the book feels coherent – perhaps reflecting the collaboration of the authors through Dialogue on Diabetes and Depression, an international group convened to improve understanding and awareness of these comorbid conditions.

The book begins with chapters on epidemiology and pathogenesis before moving on to personal and healthcare costs and management; there is then a final chapter placing the problem into a social and international context.

Diabetes and Depression will appeal to anyone with an academic interest in the links between diabetes and depression, but has less immediate practical utility for practising clinicians. One further criticism is that the text is quite dense and would have benefited from a few more figures. Despite this, I would recommend the book to anyone interested in the psychosocial aspects of diabetes. At £27.99, *Depression and Diabetes* is inexpensive and well worth the money.

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