رویکرد سایکوسوماتیک به دیابت

دکتر سید شهاب بنی هاشم
متخصص روانپزشکی فلوشیپ سایکوسوماتیک
استادیار دانشگاه علوم پزشکی شهید بهشتی
بیمارستان طالقانی

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

- integrated with collaborative, patient-centered medical care

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- integrated with collaborative, patient-centered medical care
- assessment of symptoms of

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

- integrated with collaborative, patient-centered medical care
- assessment of symptoms of
  - Diabetes distress

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

- integrated with collaborative, patient-centered medical care
- assessment of symptoms of
  - Diabetes distress
  - Depression

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

- integrated with collaborative, patient-centered medical care
- assessment of symptoms of
  - Diabetes distress
  - Depression
  - Anxiety

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

- integrated with collaborative, patient-centered medical care
- assessment of symptoms of
  - Diabetes distress
  - Depression
  - Anxiety
  - Disordered eating

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

- integrated with collaborative, patient-centered medical care
- assessment of symptoms of
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  - Depression
  - Anxiety
  - Disordered eating
  - Cognitive capacities

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

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  - Anxiety
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  - Cognitive capacities

caregivers and family members

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

- integrated with collaborative, patient-centered medical care
- assessment of symptoms of
  - Diabetes distress
  - Depression
  - Anxiety
  - Disordered eating
  - Cognitive capacities
- monitoring patient performance of self-management behaviors

caregivers and family members

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

- integrated with collaborative, patient-centered medical care
- assessment of symptoms of
  - Diabetes distress
  - Depression
  - Anxiety
  - Disordered eating
  - Cognitive capacities
- monitoring patient performance of self-management behaviors
- life circumstances that can affect physical and psychological health outcomes

caregivers and family members

Questionnaire

- Patient Health Questionnaire [PHQ-9]
- Generalized Anxiety Disorder [GAD-7]
- Problem Areas in Diabetes (PAID)

Phase of living with diabetes		Continuum of psychosocial issues and behavioral health disorders in people with diabetes	
		Nonclinical (normative) symptoms/behaviors	**Clinical symptoms/diagnosis**
	Behavioral health disorder prior to diabetes diagnosis	None	• Mood and anxiety disorders • Psychotic disorders • Intellectual disabilities
	Diabetes diagnosis	Normal course of adjustment reactions, including distress, fear, grief, anger, initial changes in activities, conduct, or personality	• Adjustment disorders*
	Learning diabetes self-management	Issues of autonomy, independence, and empowerment. Initial challenges with self-management demonstrate improvement with further training and support	• Adjustment disorders* • Psychological factors affecting medical condition**
	Maintenance of self-management and coping skills	Periods of waning self-management behaviors, responsive to booster educational or supportive interventions	• Maladaptive eating behaviors • Psychological factors** affecting medical condition
	Life transitions impacting disease self-management	Distress and/or changes in self-management during times of life transition***	• Adjustment disorders* • Psychological factors ** affecting medical condition
	Disease progression and onset of complications	Distress, coping difficulties with progression of diabetes/onset of diabetes complications impacting function, quality of life, sense of self, roles, interpersonal relationships	• Adjustment disorders* • Psychological factors ** affecting medical condition
	Aging and its impact on disease and self-management	Normal, age-related forgetfulness, slowed information processing and physical skills potentially impacting diabetes self-management and coping	• Mild cognitive impairment • Alzheimer or vascular dementia
		All health care team members (e.g., physicians, nurses, diabetes educators, dieticians) as well as behavioral providers	Behavioral or mental health providers (e.g., psychologists, psychiatrists, clinical social workers, certified counselors or therapists)
		Providers for psychosocial and behavioral health intervention	

Behavioral health disorder prior to diabetes diagnosis	None	• Mood and anxiety disorders • Psychotic disorders • Intellectual disabilities

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referral of a person with diabetes to a mental health

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- If self-care remains impaired after tailored diabetes education

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- If a person has a positive screen depressive symptoms

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- In youth and families self-care difficulties, repeated hospitalizations for diabetic ketoacidosis, or significant distress

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- If a person screens positive for cognitive impairment
- Declining or impaired ability to perform diabetes self-care behaviors

referral of a person with diabetes to a mental health

- If self-care remains impaired after tailored diabetes education
- If a person has a positive screen depressive symptoms
- In the disordered eating behavior, an eating disorder, patterns of eating
- If omission of insulin or oral medication to cause weight loss
- If positive screen for anxiety
- If a serious mental illness is suspected
- In youth and families self-care difficulties, repeated hospitalizations for diabetic ketoacidosis, or significant distress
- If a person screens positive for cognitive impairment
- Declining or impaired ability to perform diabetes self-care behaviors
- Before undergoing bariatric surgery

major depression

major depression

- 12%

major depression

- 12%
- Younger

major depression

- 12%
- Younger
- Female

major depression

- 12%
- Younger
- Female
- less educated

major depression

- 12%
- Younger
- Female
- less educated
- higher medical comorbidity

major depression

- 12%
- Younger
- Female
- less educated
- higher medical comorbidity
- more diabetes complications

major depression

- 12%
- Younger
- Female
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- higher medical comorbidity
- more diabetes complications
- longer duration of diabetes

major depression

- 12%
- Younger
- Female
- less educated
- higher medical comorbidity
- more diabetes complications
- longer duration of diabetes
- higher hemoglobin A1c (HbA1c) and BMI

major depression

- 12%
- Younger
- Female
- less educated
- higher medical comorbidity
- more diabetes complications
- longer duration of diabetes
- higher hemoglobin A1c (HbA1c) and BMI
- more smokers

1. amplify diabetes symptoms

1. amplify diabetes symptoms
2. poor diabetes treatment adherence

1. amplify diabetes symptoms
2. poor diabetes treatment adherence
3. adverse lifestyle habits

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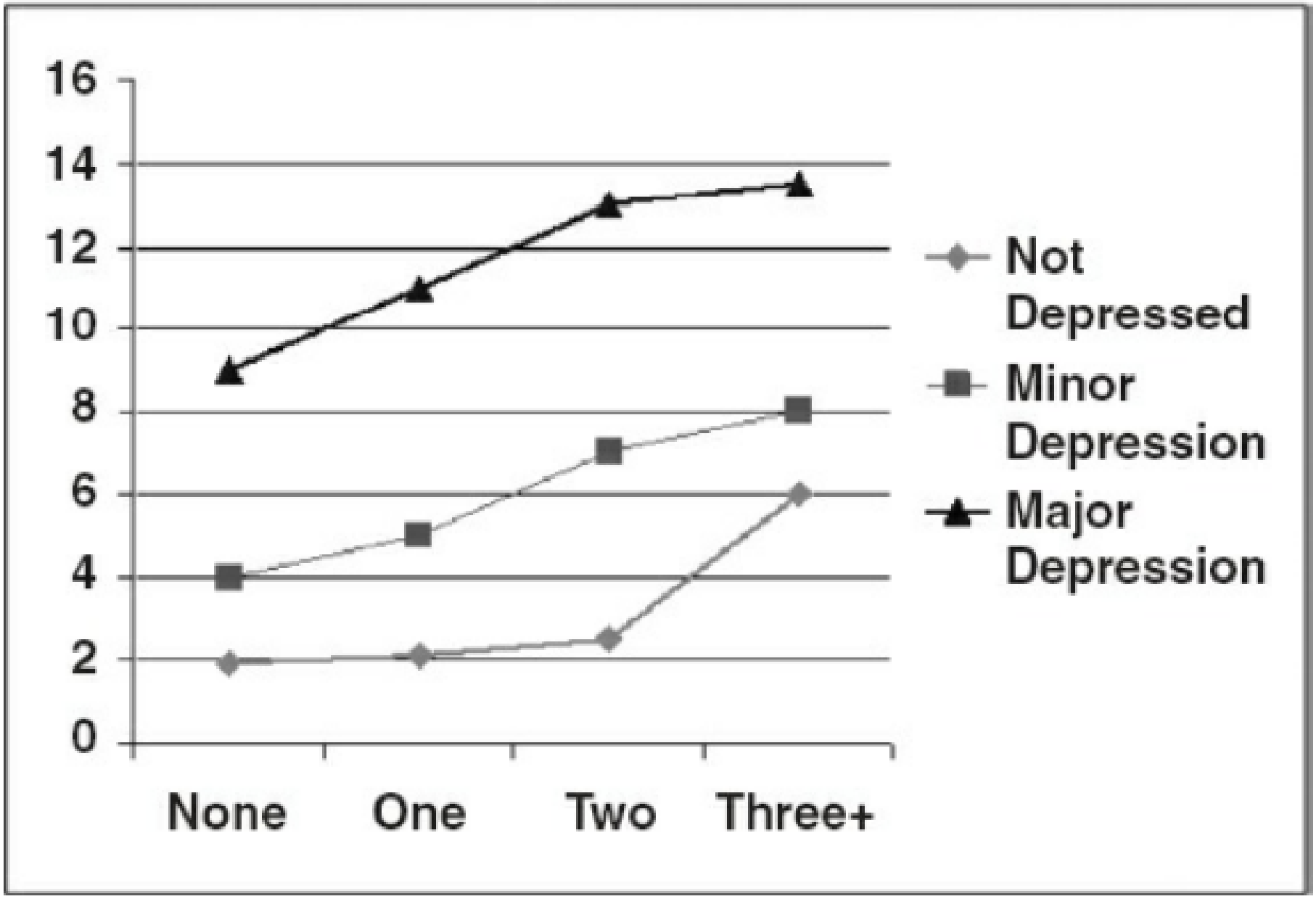
2. poor diabetes treatment adherence
3. adverse lifestyle habits
4. changes in health care patterns

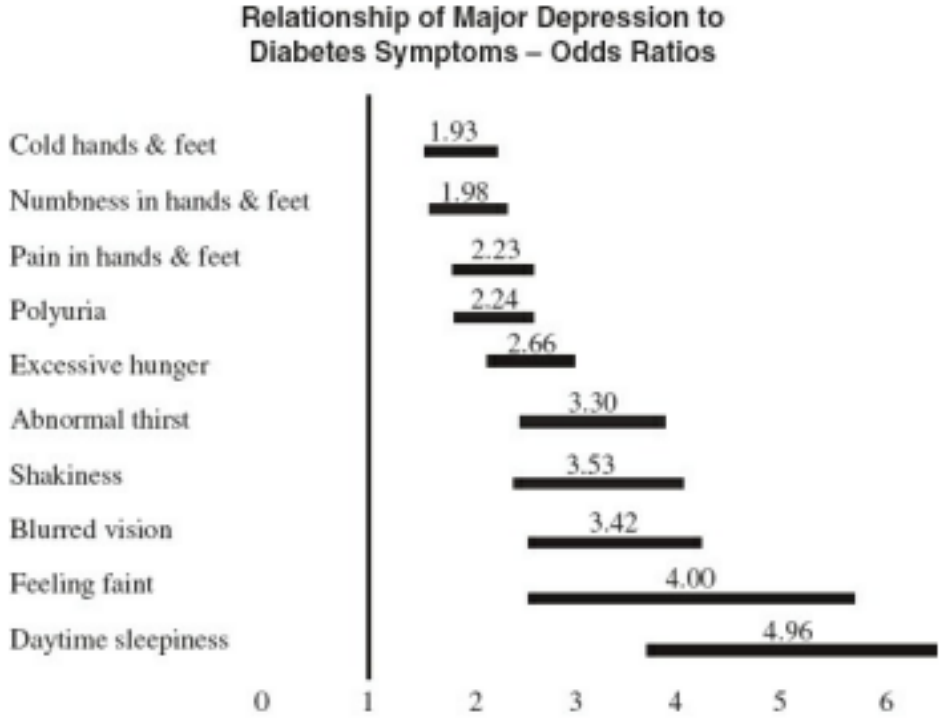
1. amplify diabetes symptoms
2. poor diabetes treatment adherence
3. adverse lifestyle habits
4. changes in health care patterns
5. reduce levels of trust and satisfaction

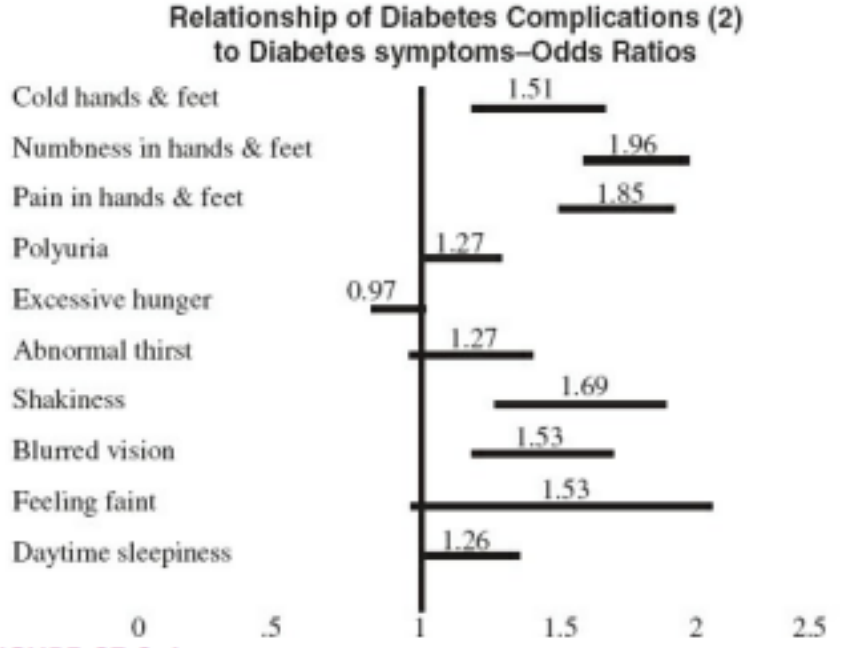
diapression

1. amplify diabetes symptoms
2. poor diabetes treatment adherence
3. adverse lifestyle habits
4. changes in health care patterns
5. reduce levels of trust and satisfaction

Mean Number of Days Reduced Household Work




Relationship of Major Depression to
Diabetes Symptoms – Odds Ratios
Cold hands & feet
Numbness in hands & feet
Pain in hands & feet
Polyuria
Excessive hunger
Abnormal thirst
Shakiness
Blurred vision
Feeling faint
Daytime sleepiness
1.93
1.98
2.23
2.24
2.66
3.30
3.53
3.42
4.00
4.96
0
1
2
3
4
5
6


Relationship of Diabetes Complications (2)
to Diabetes symptoms–Odds Ratios
Cold hands & feet
Numbness in hands & feet
Pain in hands & feet
Polyuria
Excessive hunger
Abnormal thirst
Shakiness
Blurred vision
Feeling faint
Daytime sleepiness
1.51
1.96
1.85
1.27
0.97
1.27
1.69
1.53
1.53
1.26
0
.5
1
1.5
2
2.5

In addition to standard evaluation of depression

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1. loss of control

In addition to standard evaluation of depression

1. loss of control
2. stress and suboptimal disease selfmanagement

In addition to standard evaluation of depression

1. loss of control
2. stress and suboptimal disease selfmanagement
3. overlaps “stress.”

In addition to standard evaluation of depression

1. loss of control
2. stress and suboptimal disease selfmanagement
3. overlaps “stress.”
4. overlap with diabetes symptoms

In addition to standard evaluation of depression

1. loss of control
2. stress and suboptimal disease selfmanagement
3. overlaps “stress.”
4. overlap with diabetes symptoms
5. “biological” sequelae

In addition to standard evaluation of depression

1. loss of control
2. stress and suboptimal disease selfmanagement
3. overlaps “stress.”
4. overlap with diabetes symptoms
5. “biological” sequelae
6. “behavioral” sequelae

In addition to standard evaluation of depression

1. loss of control
2. stress and suboptimal disease selfmanagement
3. overlaps “stress.”
4. overlap with diabetes symptoms
5. “biological” sequelae
6. “behavioral” sequelae
7. anxiety ± panic attacks (hypoglycemia)

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1. loss of control
2. stress and suboptimal disease selfmanagement
3. overlaps “stress.”
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6. “behavioral” sequelae
7. anxiety ± panic attacks (hypoglycemia)
8. eating concerns

In addition to standard evaluation of depression

1. loss of control
2. stress and suboptimal disease selfmanagement
3. overlaps “stress.”
4. overlap with diabetes symptoms
5. “biological” sequelae
6. “behavioral” sequelae
7. anxiety ± panic attacks (hypoglycemia)
8. eating concerns
9. Break down tasks

Treatment

Treatment

- **comorbid anxiety**

Treatment

- **comorbid anxiety**, consider using SSRI or SNRI

Treatment

- **comorbid anxiety**, consider using SSRI or SNRI
- **sexual dysfunction**

Treatment

- **comorbid anxiety**, consider using SSRI or SNRI
- **sexual dysfunction**, consider using bupropion or mirtazapine (consider weight gain with mirtazapine)

Treatment

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- **sexual dysfunction**, consider using bupropion or mirtazapine (consider weight gain with mirtazapine)
- **neuropathy**

Treatment

- **comorbid anxiety**, consider using SSRI or SNRI
- **sexual dysfunction**, consider using bupropion or mirtazapine (consider weight gain with mirtazapine)
- **neuropathy**, consider bupropion, venlafaxine or duloxetine