Assessing Depression

At least 5 symptoms in 2 weeks for all or most of the day:

- Depressed mood (feeling sad or empty)**
- Markedly diminished interest/pleasure in all or almost all activities most of day
- Significant weight loss when not dieting or weight gain or decrease/increase in appetite
- Trouble sleeping or sleeping too much
- Feeling very agitated or physically sluggish
- Fatigue or loss of energy
- Feeling worthless or excessively or inappropriately guilty
- Diminished ability to think or concentrate or indecisiveness
- Recurrent thoughts of death or suicide, an attempt or plan to commit suicide
Assessing Depression

• Ask about feelings/coping at every visit
  – “Are you feeling more down than you used to?”
  – “Have you noticed that things aren’t as enjoyable as they used to be?”

• Educate patients about the co-occurrence of depression and diabetes

• Note the patient’s presentation but recognize this is not always the best predictor

Assessing Depression

• Assess for stressful life events
  – “Has anything significant changed in your life since we last spoke?”
  – Death in the family, retirement, loss of job, divorce, health problems, other major life changes

• Include family members in visits who can provide additional information

• If depression is suspected, have patient complete a standardized screening tool
Case Example #1
Barbara is a 65-year-old woman who was diagnosed with type 2 diabetes 8 years ago. She currently takes Metformin to manage her diabetes and is here for her regular check-up. Since her last visit, Barbara has gained 10 pounds and her diabetes control has worsened such that her average blood glucose is around 250 mg/dl.
Barbara was a high school math teacher until retiring earlier this year. When you ask how she’s been doing, Barbara replies “Fine, except I’ve been feeling tired and have had some trouble sleeping.”

What are symptoms that Barbara has that may suggest depression?
- weight gain, sleep problems, fatigue

Does she have any stressful life events that may have impacted her mood?
- recently retired, worsening diabetes control

What might you ask Barbara about next?
Case Example #1

**HCP:** Have you been feeling more down than you used to?

**Barbara:** Well, since I’ve retired I haven’t been doing much. I was really looking forward to it because I’d have much more time for things I enjoy, but mostly I’ve just been moping around.

**HCP:** I’m sorry to hear that, Barbara. Have you been noticing that things aren’t as enjoyable as they used to be?

**Barbara:** Well, I guess so. I used to love gardening but it just seems like so much effort now. Even though I have plenty of time, I’ve only been out in my garden once in the past few months. It just hasn’t interested me. Nothing really has.

**HCP:** Since you’ve retired, it seems like you’ve been feeling more down than usual and you aren’t enjoying things like you used to.
Case Example #1

HCP: Plus, you’re having trouble sleeping, you’re feeling tired, and you’ve gained some weight. I’m concerned that you may be suffering from depression. In fact, depression is twice as common for people with diabetes. Would you be willing to fill out a questionnaire to help us figure out if you might have other symptoms of depression?

Addressing Depression:
Referring for Treatment

• Focus on their symptoms and experience and how this is impacting them
  – “You’ve been struggling with feeling down and it seems like this is making it hard to take care of your diabetes and other things in your life”
• Normalizing their difficulties
• Reassure that treatment can help and is not a sign of weakness
Addressing Depression: Referring for Treatment

• Sometimes “planting the seed” for a future psychological referral is the best action
  – Insisting upon a referral or forcing the issue is usually not helpful
  – Follow-up at their next visit

• Referring to a professional specializing in diabetes can be very helpful