

What are the links between anxiety, depression and diabetes?

Research shows there are strong links between anxiety and depression and diabetes. More than 1.7 million Australians have diabetes⁶ and around 3 million Australians are living with depression or anxiety.⁷ One in five women and one in eight men will experience depression at some time in their life.⁷ On average, one in four people will experience anxiety.⁷

Approximately one in four people with type 2 diabetes experience depression and one in six with type 2 diabetes experience anxiety.⁸ Among people with type 1 diabetes, approximately one in five experience depression and one in seven experience anxiety.⁸

The connections between anxiety and depression and diabetes are complex.

- Some people may experience depression or anxiety before they are diagnosed with diabetes. In fact, depression may double the risk of developing type 2 diabetes. People with depression tend to be less physically active, eat more, and be more likely to smoke – all of which are risk factors for developing type 2 diabetes.⁹ In addition, there are biological changes associated with depression that encourage the development of diabetes. A person who is experiencing depression before the diagnosis of diabetes may find it difficult to take in the necessary information about diabetes management and follow their diabetes management plans.
- Other people may develop depression or anxiety following diagnosis of diabetes. Being diagnosed with diabetes can be a shock, resulting in feelings such as denial, anger, guilt or grief. Anxiety, and even sadness, is a normal part of adapting to changes in your lifestyle and the way you view yourself. However, for some people these feelings do not pass with time and can lead to persistent anxiety and/or depression. It is also possible that a person with diabetes may develop anxiety or depression as a result of things unrelated to their diabetes – such as ongoing life difficulties and stress, other serious medical illness, substance use, personality factors,

chemical changes in the brain, and family history of depression and anxiety. For some people, living with anxiety or depression can make it more difficult for them to manage their diabetes.¹⁰

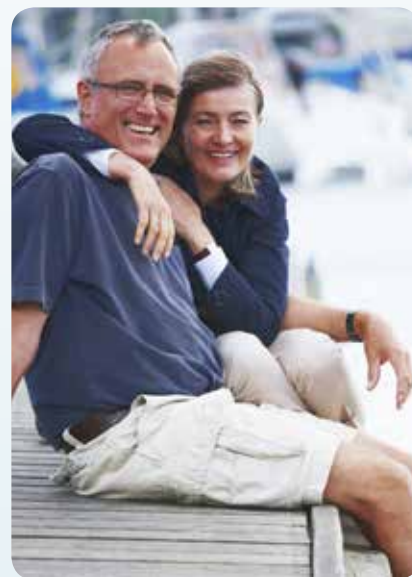
- For many people with diabetes, over time, managing diabetes (regular blood glucose testing, taking medication, following a healthy eating plan and undertaking regular physical activity) can take its toll and leave a person feeling frustrated, fed up, overwhelmed or 'burnt out'. This may increase a person's risk of depression.
- Worrying about the complications of diabetes is consistently rated as a serious problem by people with diabetes. Many people also experience considerable anxiety about severe hypoglycaemia – low blood glucose levels – (regardless of whether they experience these on a regular basis); this is known as 'fear of hypoglycaemia'.¹¹
- Worrying about the complications of diabetes can lead to feelings of hopelessness. Feelings of guilt when people get 'off track' with their diabetes management can also leave people feeling that they are hopeless, they never manage to get it right, or that it's all their fault. None of this is true, it is a mindset that can be changed.
- Many other aspects of living with diabetes also gives rise to anxieties, including concerns about gaining weight, the need to maintain a healthy diet and active lifestyle, the continual effort to keep blood glucose levels within target, commencing insulin injections, worries about the financial and social consequences. When any of these issues becomes overwhelming, this may lead to the development of an anxiety condition.

Regardless of whether a mental health condition came before or after the diabetes, untreated depression makes it harder to deal with everyday tasks and affects a person's ability to manage their diabetes.¹ This means that depression can increase the likelihood of developing diabetes complications.

What are the treatments for anxiety and depression?

Managing anxiety and depression can greatly improve a person's wellbeing and ability to manage their diabetes.¹ There is no one proven way that people recover from anxiety or depression and it's different for everybody. However, there is a range of effective treatments and health professionals who can help people on the road to recovery. There are also many things that people with anxiety, depression and diabetes can do to help themselves to recover and stay well. The important thing is finding the right treatment and the right health professional that works for you.

Different types of anxiety or depression require different types of treatment. This may include physical exercise for preventing and treating mild anxiety and depression, through to psychological and medical treatment for more severe episodes.



The treatment for anxiety and depression in someone with diabetes involves a coordinated approach that monitors and manages the symptoms of anxiety, depression and diabetes.

Psychological treatments

Psychological therapies may not only help with recovery, but can also help prevent a recurrence of anxiety or depression. These therapies help build skills in coping with stressful life circumstances and can be provided by a psychologist, psychiatrist or other trained health professional.

- **Cognitive behaviour therapy (CBT)** is an effective treatment for people with anxiety and depression. It teaches people to evaluate their thinking about common difficulties, helping them to change their thought patterns and the way they react to certain situations.
- **Interpersonal therapy (IPT)** is also effective for treating depression and some types of anxiety. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.



Medication

Antidepressant medication, alongside psychological therapies, can also play a role in the treatment of moderate to severe depression and some anxiety conditions.

Making a decision about which antidepressant is best for a person can be complex. The decision will be made in consultation with a doctor, after careful assessment and consideration. The doctor should discuss differences in effects and possible side-effects of medications. Stopping medication should only be done gradually, with a doctor's recommendation and under supervision.

A doctor or treating health professional will take into account several factors when suggesting the most suitable treatment. It's important that any current medication for diabetes or over-the-counter medications (including herbal or natural remedies) are reviewed by the doctor before starting a course of medication.

Regular contact with and ongoing assessment by a doctor to check that treatments are working effectively is an important part of becoming and staying well. Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after the person has stopped taking the medication.

"The number one thing is to look after your own physical, mental and emotional health because if you look after those things, then everything else will fall into place. In a way, I am lucky that I know I have these two things – diabetes and depression – and there are proactive things I can do to look after myself. But it's up to me, the buck stops with me."

– Maggie, 47, diagnosed with type 2 diabetes

Who can assist?

A General Practitioner (GP) is a good first step to discuss your concerns. Your GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to the condition
- discuss available treatments
- if appropriate, work with the person to draw up a Mental Health Treatment Plan so he or she can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, psychological therapies
- prescribe medication
- refer a person to a mental health specialist such as a psychologist, social worker or psychiatrist.

Make sure that the doctor managing your diabetes knows if you have anxiety or depression. They can provide additional support and discuss the implications of anxiety and depression on managing your diabetes.

Psychologists are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Psychologists are not doctors and cannot prescribe medication in Australia.

Psychiatrists are doctors who specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as CBT, IPT and/or medication. If the condition requires hospital admission, a psychiatrist will be in charge of the person's treatment.

Mental health nurses are specially trained to care for people with mental health conditions. They work with psychiatrists and doctors to review a person's mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies.

Social workers in mental health are specially trained to work with people who are experiencing difficulties in life. Social workers can help people find ways to manage more effectively some of the situations that trigger these conditions such as family issues, financial problems, work stress and living arrangements. Mental health social workers can also provide focused psychological self-help strategies.

Occupational therapists in mental health help people who, because of a mental health condition, have difficulty participating in normal, everyday activities. Mental health occupational therapists also provide focused psychological self-help strategies.



Aboriginal and Torres Strait Islander mental health workers

Understand the mental health issues of Indigenous people and what is needed to provide culturally safe and accessible services. Some may have undertaken training in mental health and psychological therapies.

Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

The cost of treatment from a mental health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression. See *beyondblue's Getting help – How much does it cost?* fact sheet at www.beyondblue.org.au/resources

To find a mental health practitioner in your area, visit www.beyondblue.org.au/find-a-professional or call the *beyondblue* Support Service on 1300 22 4636.

Helpful strategies and tips

An important thing to remember is that, if you do experience anxiety or depression, effective treatments are available and with the right treatment, most people recover. Speak to your doctor or diabetes health professional about how you are feeling.

In addition to medications and psychological therapy, small changes to lifestyle can also help with anxiety and depression:

- Exercise regularly
- Eat healthily and include a wide variety of nutritious foods
- Achieve and maintain a healthy weight
- Get enough sleep
- Limit your use of alcohol, tobacco and caffeine
- Allow yourself time to relax and reduce your stress.

Most of these can be very helpful in managing all types of diabetes too.

- If you have been recently diagnosed with diabetes, be gentle on yourself. Think about how you have faced previous stressful situations in your life and what helped you cope (and what didn't).
- Most people find managing their diabetes challenging. It can involve eating a more healthy diet and being more physically active, frequent blood glucose checks and diabetes medications/injections often several times a day. In addition to these self-care activities, people with diabetes also have to interact with family members or friends who may not understand what life with diabetes entails – or may impose their own ideas – and also attend regular health check-ups. All of this can feel like a burden and leave you feeling 'burnt out'. You may find it helpful to connect with other people with diabetes and share your experiences.
- Checking blood glucose levels is often a source of anxiety, guilt or despair for people who often see

the readings as 'good' or 'bad'. Instead, think of blood glucose monitoring as a way of getting immediate feedback on how you are managing your diabetes, and as a prompt for what to do next, e.g. is it safe to drive? Do you need some food to avoid a 'hypo'? Could a short walk be helpful to reduce an elevated level?

- Take a partner or friend with you when you go to the doctor. Not only can they help you to remember what was discussed, ask questions and give you support, but they may also benefit from having a better understanding of diabetes and its treatment.
- Remember that anxiety and depression can be treated. Having these conditions can affect the way you manage your diabetes, so it's important to seek help early – the sooner the better.
- Learn about anxiety, depression and diabetes and how these conditions interact.
- Learn how to distinguish the symptoms of diabetes from the symptoms of anxiety or depression.
- Plan with your doctor – have a mental health plan. Visit your doctor regularly to review your diabetes and mental health management.
- Talk to your doctor about possible barriers to taking medicine – such as cost, organisation or planning, or other concerns/worries – as well as what to do if your diabetes worsens.
- Get help, support and encouragement from family and friends and have them help you to manage your diabetes and mental health plans.
- Get involved in social activities.

"It's really easy to be hard on yourself, especially if doctors and professionals and friends and family are being really hard on you as well. But it's just really important that you say to yourself 'I'm doing the best that I can,' and it's not always going to be perfect, but it's enough."

– Danielle, 23, diagnosed with type 1 diabetes

How family and friends can help

- When a person has diabetes and anxiety or depression, it can affect family and friends. It's important for family and friends to look after their own health as well as helping the person who has diabetes.
- Learn about diabetes, anxiety and depression and their symptoms to help you recognise warning signs.
- Encourage the person to go to the doctor if their diabetes, anxiety or depression gets worse. Make sure you seek help if you think you need it, too.
- Let them know that they have your support and ask how you can help.

Support the person by helping them to follow their diabetes and mental health plans but don't try to take over – even when you have the best of intentions, people rarely like to be told what to do.

beyondblue and Diabetes Australia (Victoria) have produced a DVD – *Taking control: Diabetes, depression and anxiety* – featuring interviews with people who have diabetes and experienced and recovered from depression and anxiety. There are also interviews with health professionals. To order your **free** copy of the DVD go to www.beyondblue.org.au/resources or call the beyondblue Support Service on **1300 22 4636**. You can also view the DVD online at www.beyondblue.org.au/diabetes-dvd

References

- ¹ Barnard K et al (2006) 'The prevalence of co-morbid depression in adults with Type 1 diabetes: systematic literature review.' *Diab Med* 23(4): 445-448.
- ² Ali S et al (2006) 'The prevalence of co-morbid depression in adults with Type 2 diabetes: a systematic review and meta-analysis.' *Diab Med* 23(11): 1165-73.
- ³ Lin et al (2004) 'Relationship of depression and diabetes self-care, medication adherence, and preventive care.' *Diab Care* 27(9) 2154-2160.
- ⁴ Lustman, Patrick J., and Ray E. Clouse. 'Depression in diabetic patients: the relationship between mood and glycemic control.' *Journal of Diabetes and its Complications* 19.2 (2005): 113-122.
- ⁵ Forbes, Josephine M., and Mark E. Cooper. 'Mechanisms of diabetic complications.' *Physiological reviews* 93.1 (2013): 137-188.
- ⁶ Shaw & Tanamas (2012). *Diabetes: the silent pandemic and its impact on Australia*. Melbourne: Baker IDI Heart and Diabetes Institute.
- ⁷ Australian Bureau of Statistics (2008), 2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0). Canberra: ABS.
- ⁸ Speight J, Browne JL, Holmes-Truscott E, Hendrieckx C, Pouwer F, on behalf of the Diabetes MILES – Australia reference group (2011). *Diabetes MILES – Australia 2011 Survey Report*. Melbourne: Diabetes Australia.
- ⁹ Gebel E (2008) Double trouble with diabetes and depression. *Diabetes Forecast* p23.
- ¹⁰ Katon WJ (2009). 'The Comorbidity of Diabetes Mellitus and Depression.' *Am J Med* 121(11 Suppl 2): S8-15.
- ¹¹ Wild et al (2007). 'A critical review of the literature on fear of hypoglycemia in diabetes: Implications for diabetes management and patient education.' *Patient Education and Counseling* 68: 10-15.



This fact sheet was developed by beyondblue in consultation with Diabetes Australia and The Australian Centre for Behavioural Research in Diabetes.

The development of this factsheet included a consultation with bluevoices, beyondblue's national reference group. Feedback was collected from members who have diabetes and have experienced anxiety and/or depression. beyondblue is grateful to the participants for sharing their experiences.

Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety and depression, or talk it through with our Support Service.

☎ 1300 22 4636

✉ Email or 💬 chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect

www.mindhealthconnect.org.au

Access to trusted, relevant mental health care services, online programs and resources.

Diabetes Australia

1300 136 588

www.diabetesaustralia.com.au

A national body made up of state and territory organisations supporting people with diabetes, those at risk of developing diabetes, health professionals and research bodies.

Diabetes Counselling Online

www.diabetescounselling.com.au

Private counselling via email, group discussion forums and chat rooms for people living with diabetes, their friends and family.



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