

Депрессия у больных сахарным диабетом

ПОДГОТОВИЛА

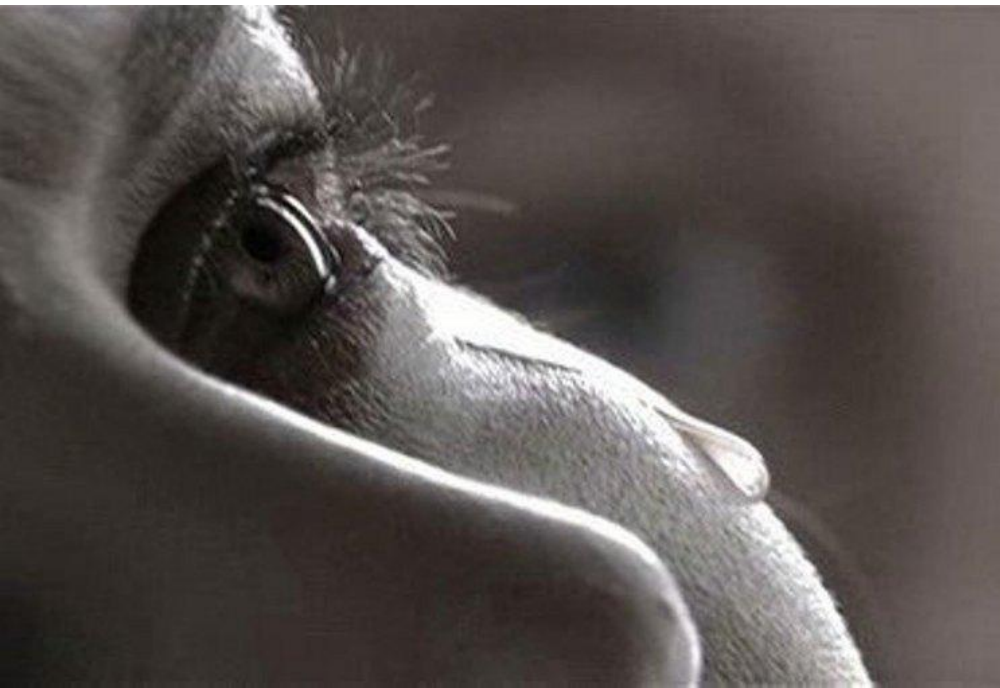
Нуралиева Нурана
Фейзуллаевна,

6 курс, ЛФ, 57 группа

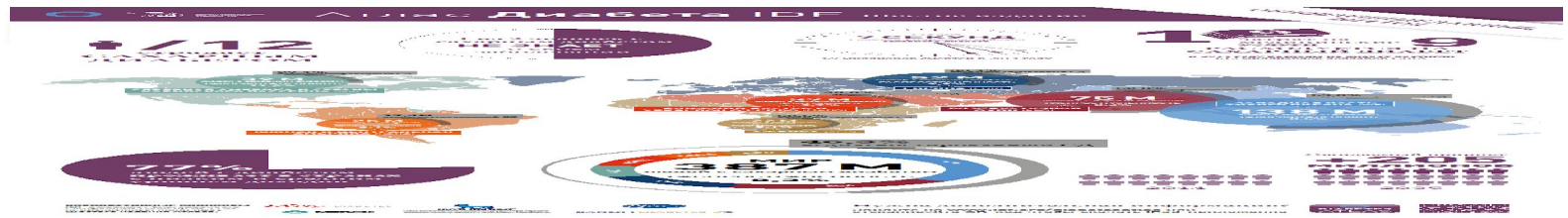
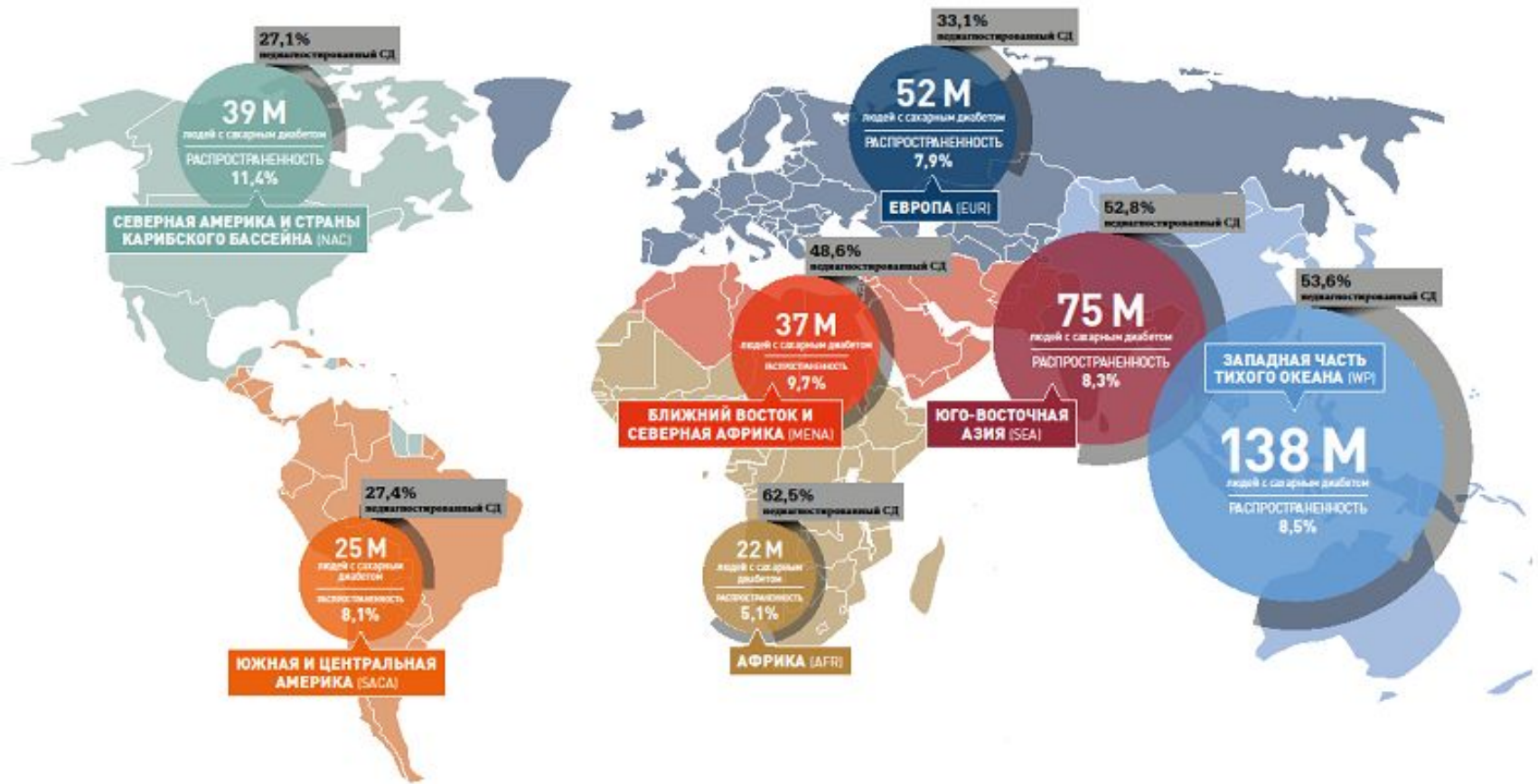
РУКОВОДИТЕЛЬ

к.м.н. асс. кафедры
эндокринологии

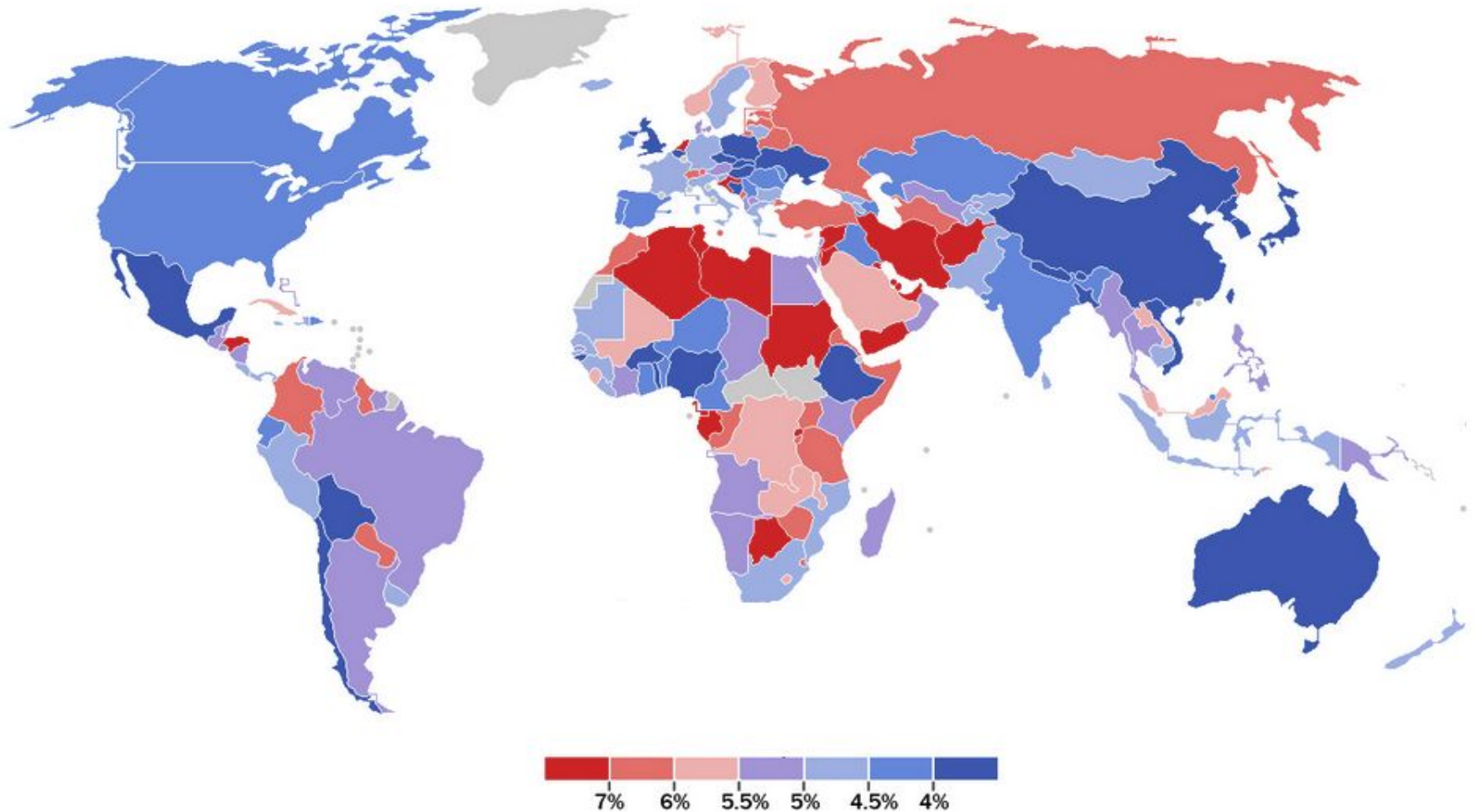
Моргунова Татьяна
Борисовна



Эпидемиология сахарного диабета



Эпидемиология депрессии



A stunning map of depression rates around the world. Washington Post. 2013

Томас Уиллис (1621-1675)



Сахарный диабет
является
следствием «грусти
или длительной
печали»

The Prevalence of Comorbid Depression in Adults With Diabetes

A meta-analysis

David Endicott, MD, PhD, Robert J. Taylor, MD, PhD, and Robert J. Taylor, MD, PhD

Depression in those with diabetes... has been associated with... increased risk of... complications...

OBJECTIVE: To review the published literature of comorbid depression in adults with diabetes...

RESEARCH DESIGN AND METHODS: MEDLINE and PsycINFO databases were searched for articles...

RESULTS: A total of 42 eligible studies were identified... prevalence of depression in adults with diabetes...

CONCLUSIONS: The amount of diabetes-related... depression remains an affected by chronic illness...

KEY WORDS: depression, diabetes, prevalence, comorbidity

Diabetes Care 2000;23:1089-1096

Depression is a common... associated with... complications...

Depression and Poor Glycemic Control

A meta-analysis review of the literature

David Endicott, MD, PhD, Robert J. Taylor, MD, PhD, and Robert J. Taylor, MD, PhD

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Longitudinal effects of depression on glycemic control in veterans with Type 2 diabetes

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Increased Risk of Myocardial Infarction in Depressed Patients With Type 2 Diabetes

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Diabetes Care 2000;23:1089-1096

Depression is a common... associated with... complications...

Распространённость депрессии среди больных сахарным диабетом составляет 20-25%

A meta-analysis review of the literature

David Endicott, MD, PhD, Robert J. Taylor, MD, PhD, and Robert J. Taylor, MD, PhD

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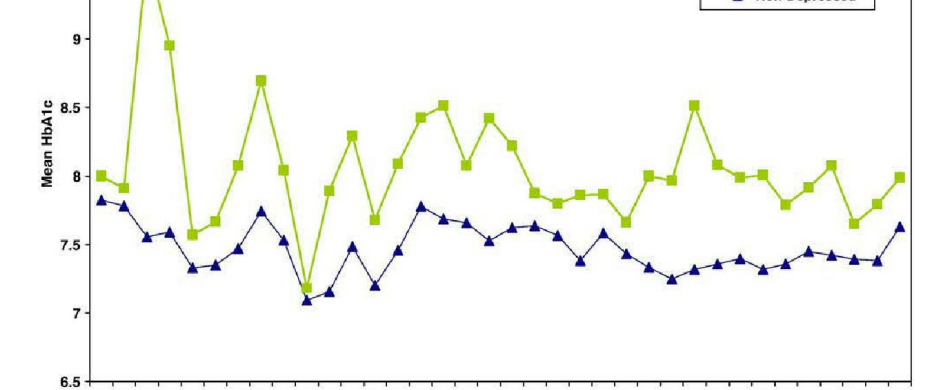
Diabetes Care 2000;23:1089-1096

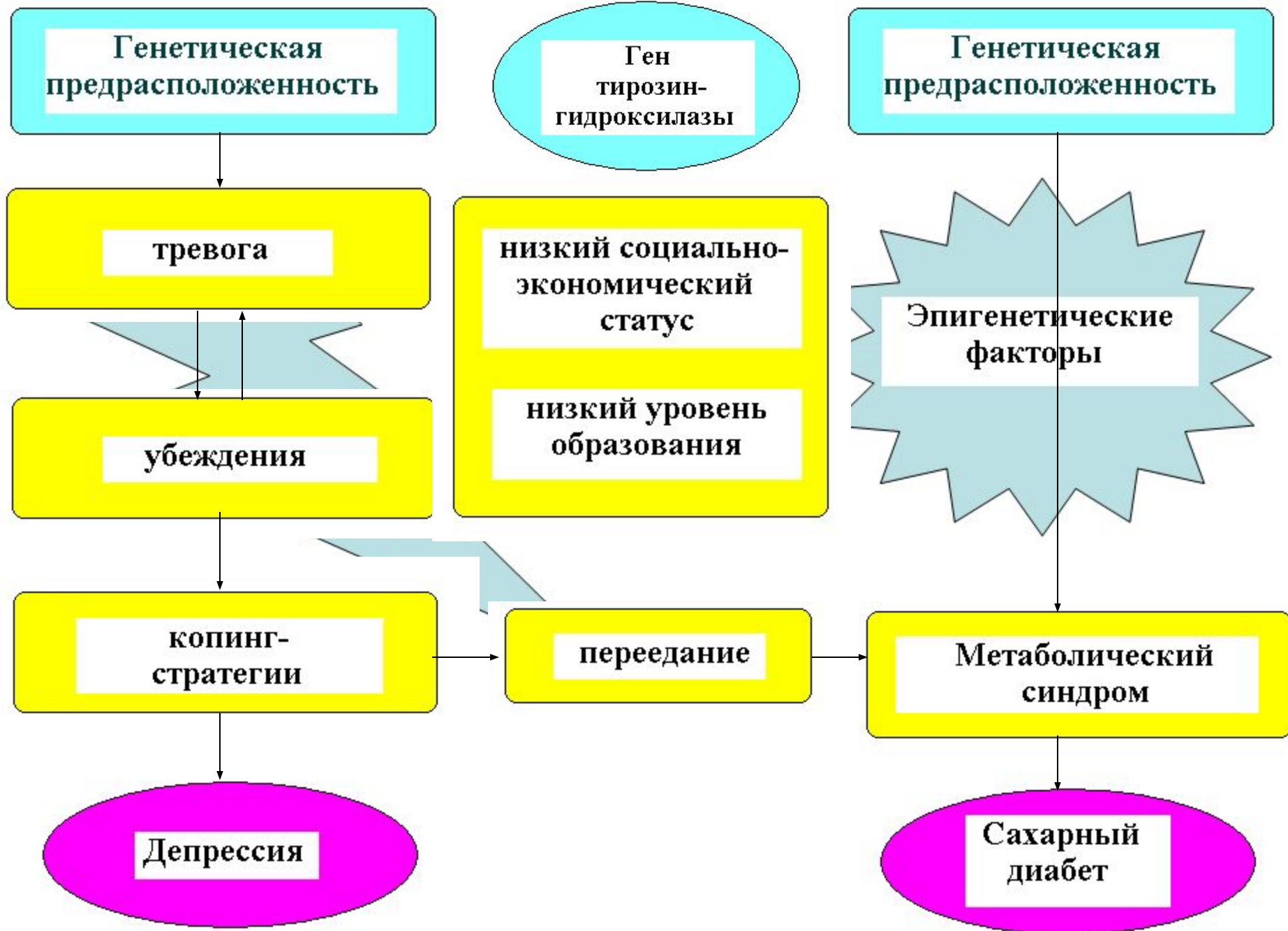
Depression is a common... associated with... complications...

Депрессия достоверно связана с плохим уровнем гликированного гемоглобина у больных сахарным диабетом 2 типа, страдающих депрессией, достоверно выше, чем у больных без депрессии

Депрессия увеличивает риск развития инфаркта миокарда у больных сахарным диабетом 2 типа

Уровень гликированного гемоглобина у больных сахарным диабетом 2 типа, страдающих депрессией, достоверно выше, чем у больных без депрессии





Генетическая предрасположенность

Ген тирозин-гидроксилазы

Генетическая предрасположенность

тревога

низкий социально-экономический статус

Эпигенетические факторы

убеждения

низкий уровень образования

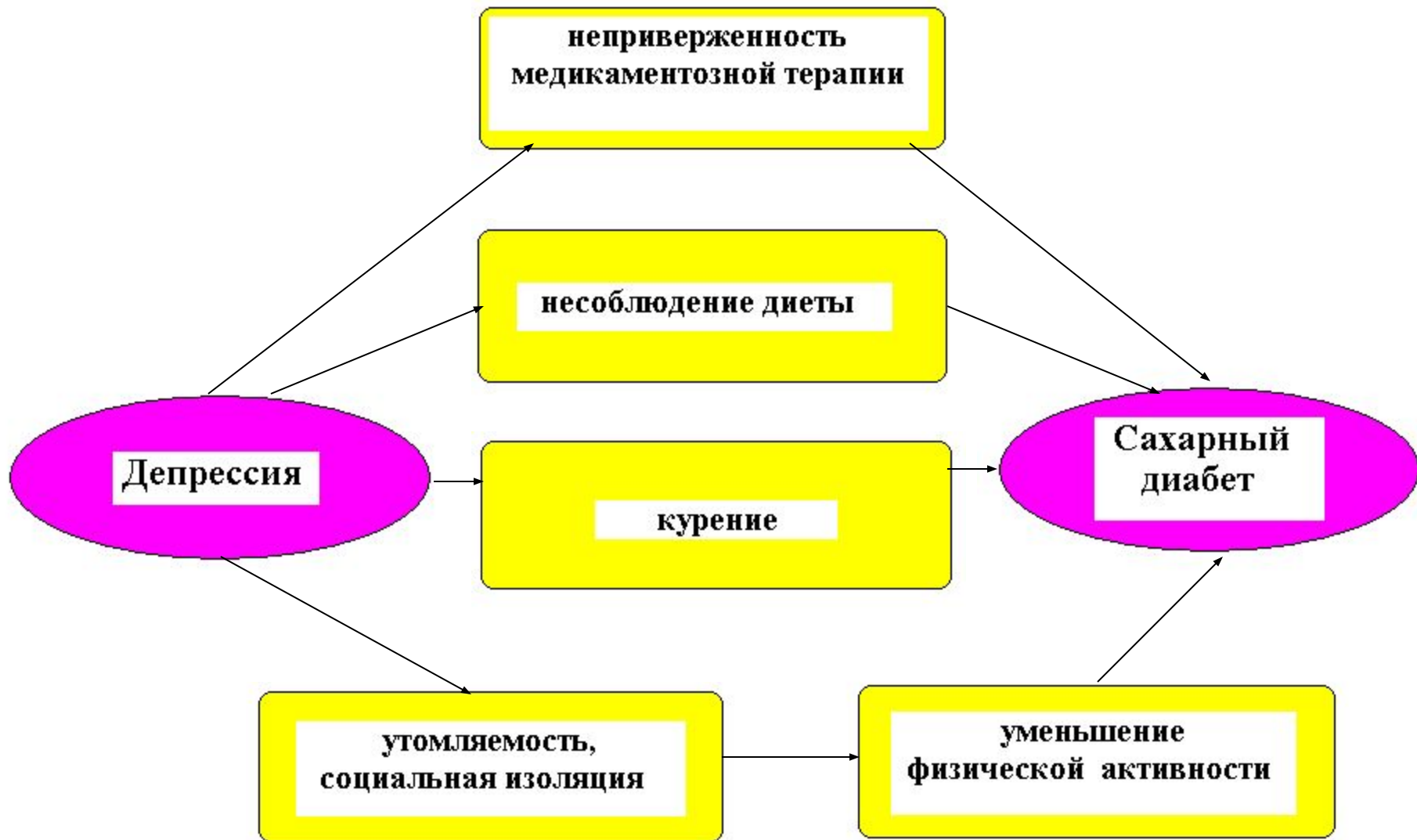
копинг-стратегии

переедание

Метаболический синдром

Депрессия

Сахарный диабет

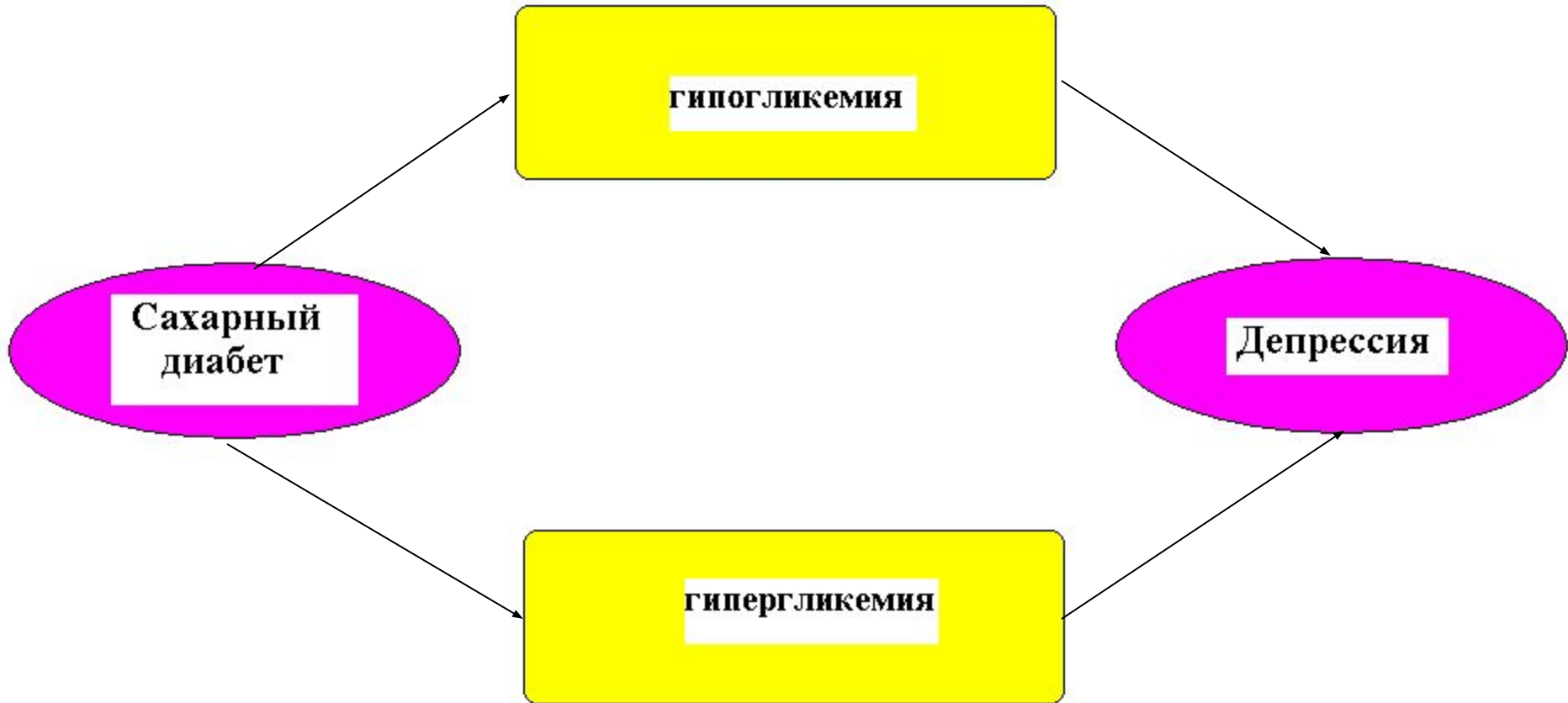




«Депрессия может рассматриваться как независимый модифицируемый фактор риска сахарного диабета 2 типа и развития осложнений и смертности при СД 1 и 2 типов, стоящий в одном ряду с такими факторами риска как возраст, ожирение или низкая физическая активность»

Сопутствующие заболевания, повышенный риск развития которых связан с сахарным диабетом

- Нарушение слуха
- Синдром обструктивного апноэ во сне
- Жировая болезнь печени
- Снижение уровня тестостерона у мужчин
- Заболевания пародонта
- Определённые раки
- Переломы
- Когнитивные нарушения
- Депрессия







- *Беспокоило ли Вас чувство безнадежности или беспомощности в течение последнего месяца?*
- *Можно ли сказать, что в течение последнего месяца Вас часто беспокоило отсутствие интереса или удовольствия от какой-либо деятельности?*

Анкета о состоянии здоровья (PHQ-9)

Как часто за последние 2 недели Вас беспокоили следующие проблемы?

(Выбранный ответ отметьте значком "✓")

| | Ни разу | Несколько ко дней | Боле половина ы всех дней | Почти каждый день |
|---|---------|----------------------|------------------------------------|-------------------------|
| 1. Вам было не очень интересно или не очень нравилось что-либо делать | 0 | 1 | 2 | 3 |
| 2. Вы грустили, были подавлены или испытывали чувство безысходности | 0 | 1 | 2 | 3 |
| 3. Вам было трудно заснуть, у Вас был прерывистый сон, или Вы слишком много спали | 0 | 1 | 2 | 3 |
| 4. Вы были утомлены, или у Вас было мало сил | 0 | 1 | 2 | 3 |
| 5. У Вас был плохой аппетит, или Вы переедали | 0 | 1 | 2 | 3 |
| 6. Вы плохо о себе думали – Вы считали себя неудачником (неудачницей) или были в себе разочарованы, или считали, что подвели свою семью | 0 | 1 | 2 | 3 |
| 7. Вам было трудно сосредоточиться, например, на чтении газеты или на просмотре телепередач | 0 | 1 | 2 | 3 |
| 8. Вы двигались или говорили настолько медленно, что окружающие могли бы это заметить? Или наоборот, Вы были настолько суетливы или взбудоражены, что передвигались гораздо больше обычного | 0 | 1 | 2 | 3 |
| 9. Вас посещали мысли о том, что Вам лучше было бы умереть, или о том, чтобы причинить себе какой-нибудь вред | 0 | 1 | 2 | 3 |

Если бы Вам пришлось выбрать ответом на какое-либо из пунктов, то насколько, насколько трудно Вам было бы работать, вести домашние или личные дела и другими людьми из-за этих проблем?

Совсем не
трудно

Немного
трудно

Очень
трудно

Чрезвычайно
трудно

| Общий балл | Выраженность депрессии |
|-------------------|-------------------------------|
| 1-4 | Минимальная депрессия |
| 5-9 | Легкая депрессия |
| 10-14 | Умеренная депрессия |
| 15-19 | Тяжелая депрессия |
| 20-27 | Крайне тяжелая депрессия |

Диагностика депрессии

- депрессивное настроение;
- значительное уменьшение интереса или удовольствия от повседневной деятельности;
- значительная потеря/увеличение веса;
- инсомния/гиперсомния;
- психомоторное возбуждение/заторможенность;
- утомление;
- чувство никчёмности/чрезмерной вины;
- трудности в концентрации/принятии решений;
- повторяющиеся мысли о смерти/суициде.

Соблюдение
диеты



Соблюдение
рекомендаций
по физической
активности

АНТИДЕПРЕССАНТЫ

нарушающие
нейрональный захват
моноаминов

ингибиторы
моноаминооксидазы

атипичные
антидепрессанты

серотонина и
норадреналина

норадреналина

серотонина

~~трициклические
антидепрессанты~~

Fluoxetine for Depression in Diabetes

A randomized double-blind placebo-controlled trial

PATRICK J. LUSTMAN, PHD
KENNETH E. FRIEDLAND, PHD

LINDA S. GRIFFITH, MSW
RAY E. CLOUSE, MD

OBJECTIVE— Depression is prevalent in patients with diabetes. It is associated with poor glycemic control and is linked to an increased risk for diabetic complications. In this study, we assessed the efficacy of fluoxetine for depression in patients with diabetes.

RESEARCH DESIGN AND METHODS— Sixty patients with diabetes (type 1, $n = 26$; type 2, $n = 34$) and major depressive disorder entered an 8-week randomized placebo-controlled double-blind trial. Patients were given daily doses of fluoxetine (up to 40 mg/day). The Beck Depression Inventory (BDI) and Hamilton Rating Scale for Depression (HAM-D) were used to measure the severity of depression and to determine the percentage of patients who achieved substantial improvement or complete remission. GHb levels were obtained to monitor glycemic control.

RESULTS— Reduction in depression symptoms was significantly greater in patients treated with fluoxetine compared with those receiving placebo (BDI, -14.0 vs. -8.8 , $P = 0.03$; HAM-D, -10.7 vs. -5.2 , $P = 0.01$). The percentage of patients achieving a significant improvement in depression per the BDI was also higher in the fluoxetine group (66.7 vs. 37.0%, $P = 0.03$). Additionally, trends toward a greater rate of depression remission (48.1 vs. 25.9%, $P = 0.09$ per the HAM-D) and greater reduction in GHb (-0.40 vs. -0.07% , $P = 0.13$) were observed in the fluoxetine group.

CONCLUSIONS— Fluoxetine effectively reduces the severity of depression in diabetic patients. Our study demonstrated that after only 8 weeks, this treatment also produced a trend toward better glycemic control.

Diabetes Care 23:618–623, 2000

Major depressive disorder is present in 15–20% of patients with type 1 or type 2 diabetes (1) and has implications that exceed its recognized adverse effects on daily functioning and quality of life (2–4). Depression has been associated with poor compliance with the diabetes regimen (5,6), poor glycemic control (7–15), and an increased risk for micro- and macrovascular complications (16–19). It is not known, however, whether

these associations can be altered by the successful treatment of depression.

In general, little is known about the efficacy of antidepressant pharmacotherapy in diabetic patients. Nortriptyline hydrochloride, a secondary amine tricyclic antidepressant, is the only agent previously tested in a placebo-controlled trial with diabetic patients (20). Reduction in depression symptoms was significantly greater in patients treated with nortriptyline compared

with those receiving placebo, but the drug had significant adverse effects on glycemic control. Path analysis, controlling for opposing effects, showed that improvement in depression had a clinically significant benefit on glycemic control: depression remission was associated with a 0.8–1.2% reduction in glycosylated hemoglobin over the 8-week study period (20,21).

Hyperglycemia has not been reported in patients treated with newer classes of antidepressant agents such as the selective serotonin reuptake inhibitors (SSRIs) (22,23). The efficacy of fluoxetine hydrochloride, the first SSRI available in the U.S., for treating depression in healthy patients has been established in a number of controlled clinical trials (24–26), but its usefulness in diabetic patients has been unknown. Tollefson et al. (27) found that fluoxetine was less effective in patients over age 60, which might, the study suggested, partially result from more comorbid medical illness in this age group. The efficacy of depression treatment may be limited by lifestyle restrictions, pain, impairment, and disability—realities that often accompany advancing diabetes (20,21). This study was designed to determine the antidepressant efficacy of fluoxetine in diabetic patients with major depressive disorder. A secondary aim was to study the effects of treatment and depression improvement on glycemic control.

RESEARCH DESIGN AND METHODS

Patients

A study to determine the usefulness of fluoxetine for depression in diabetic patients was reviewed and approved by the Human Studies Committee of Washington University School of Medicine. The study was publicized within the Washington University Medical Center community and through various advertisements in the St. Louis, Missouri, metropolitan area. Patients with type 1 or type 2 diabetes who were 21–65 years of age were eligible to participate, provided they were able to give informed consent and answer questions and fill out research forms on their own. Patients were required to meet diagnostic

Снижение уровня гликированного гемоглобина при лечении Флуоксетином больных сахарным диабетом в течение 8 недель статистически недостоверно

From the Department of Psychiatry (P.J.L., K.E.F., L.S.G., R.E.C.) and the Department of Internal Medicine (R.E.C.), Washington University School of Medicine; and the Department of Veterans Affairs Medical Center (P.J.L.), St. Louis, Missouri.

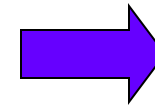
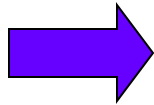
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Abbreviations: ANCOVA, analysis of covariance; BDI, Beck Depression Inventory; DIS, National Institute of Mental Health Diagnostic Interview Schedule; HAM-D, Hamilton Rating Scale for Depression; SSRI, selective serotonin reuptake inhibitor.

A table elsewhere in this issue shows conventional and Système International (SI) units and conversion factors for many substances.



Когнитивная поведенческая терапия



Bystritsky A., Danial J., Kronemyer D. Interactions between diabetes and anxiety and depression: implications for treatment. EndocrinolMetabClin North Am. 2014. 43: 269-283.

Электроконвульсивная терапия

