

Patients with diabetes and depression control glucose, blood pressure just as well as non-depressed counterparts

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(PhysOrg.com) -- A team of researchers at UW and Group Health Research Institute have found that patients with diabetes who are also depressed had similar levels of glycemia, blood pressure and lipid control compared with counterparts without depression. Results from the study are published in the June 2010 issue of the Journal of General Internal Medicine.

Patients with diabetes who also suffer from [depression](#) are known to have adverse cardiovascular outcomes and a risk of death that is higher than counterparts who do not suffer from depression. Physician researchers thought that these outcomes might occur because depressed patients found it difficult to maintain good diabetes self-care--namely taking medications, checking blood glucose, monitoring blood pressure, exercising and eating the right foods.

But now, a team of UW and Group Health Research Institute have found that patients with diabetes who are also depressed had similar levels of glycemia, [blood pressure](#) and lipid control compared with counterparts without depression. Results from the study are published in the June 2010 issue of the [Journal of General Internal Medicine](#) (previously available online in February 2010).

The results are somewhat surprising, said lead author Dr. Susan Heckbert, UW professor of epidemiology and affiliate investigator at

Group Health Research Institute. "We were expecting that depression might well be associated with patients having difficulty with taking medications consistently, exercising, and eating right, and that this might affect risk factor control," said Heckbert. "Patients tell us that when they are depressed, they sometimes have more difficulty maintaining consistent diabetes self-care."

Researchers examined medical records from nearly 4,000 Group Health Cooperative patients for the analysis, comparing three depression groups: minor, major and no depression.

Heckbert said that more research is needed to understand why depression in patients with diabetes is associated with less favorable cardiovascular outcomes and higher death rates. "This study suggests that worse risk factor control may not be responsible, and that other mechanisms such as biological effects of depression need to be further evaluated." Heckbert and her colleagues will continue to study this topic and hope to shed more light on the subject in the future.

Group Health Research Institute and the University of Washington remain committed to this area of research. Along those lines, Dr. Paul Ciechanowski, UW associate professor of psychiatry and behavioral sciences and a contributing researcher on this study, published findings in March 2010 that found people with [diabetes](#) who are overly cautious or dismissive in relating to people may lead shorter lives.

Provided by University of Washington

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