

Concurrent treatment for type 2 diabetes and depression significantly improves both conditions

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(Medical Xpress) -- Patients simultaneously treated for both Type 2 diabetes and depression improve medication compliance and significantly improve blood sugar and depression levels compared to patients receiving usual care, according to a new study by researchers from the Perelman School of Medicine at the University of Pennsylvania. Of patients receiving integrated care combined with a brief period of intervention to assist with adherence to prescribed medication regimens, more than 60 percent had improved blood sugar test results and 58 percent had reduced depression symptoms, compared to only 36 percent and 31 percent, respectively, of patients receiving usual care. The full results of the study are published in the January/February issue of *The Annals of Family Medicine*.

There is a link between depression and diabetes – as depression is a risk factor for diabetes, diabetes also increases the risk for the onset of depression. Not only is depression common in patients with diabetes, but it also contributes to poor [adherence](#) to medication regimens, which often results in worsening diabetes management.

“Though research demonstrates the link between depression and diabetes, few integrated programs are being implemented in practice,” said lead author Hillary Bogner, MD, MSCE, an assistant professor of Family Medicine and Community Health in the Perelman School of Medicine, and a senior scholar at the Center for Clinical Epidemiology

and Biostatistics, both at the University of Pennsylvania. “Our results demonstrate that integrated treatment for both conditions, combined with a brief program focused on adherence for primary care patients with Type 2 diabetes and depression can result in a significant improvement in clinical outcomes. We hope the findings will encourage the adoption of adherence programs aimed at improving outcomes.”

Researchers randomly assigned participants to integrated care or usual care groups. Treatment for the integrated care group combined typical primary care with a brief medication adherence program. Primary care physicians and patients worked with integrated care managers to identify and address potential barriers to maintaining the prescribed medication regimen, such as the cost of medications, or a lack of social support. Integrated care managers developed individualized programs aimed at improving adherence to antidepressants and [diabetes](#) medication. Through the use of electronic monitors affixed to pill bottles, researchers were able track the precise date and time participants took their prescribed medications over the course of a 12-week period.

After 12 weeks of monitoring for medication adherence, 60.9 percent of patients who received the integrated approach were found to achieve improved blood sugar test results, compared to only 35.7 percent patients who received only the usual primary care. Additionally, patients in the [integrated care](#) group were also more likely to show signs of remission of depression in comparison with patients in the usual care group (58.7 percent vs. 30.7 percent, respectively).

“Our study calls for a greater emphasis within healthcare systems on the development and promotion of clinical programs to enhance medication adherence, particularly among [patients](#) with chronic medical conditions and depression,” said Dr. Bogner. “An integrated approach to [depression](#) and [type 2 diabetes](#) treatment may facilitate adoption in practices with competing demands for limited resources.”

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