

# Primary care use aids patients with diabetes and coexisting psych disorders

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(HealthDay)—For patients with mental health (MH) or substance use

(SU) disorders with newly diagnosed diabetes, primary care engagement may offer moderate health benefits, according to a study published online Sept. 25 in *JAMA Network Open*.

Eric M. Schmidt, Ph.D., from the Veterans Affairs Palo Alto Health Care System in Menlo Park, California, and colleagues examined the impact of preexisting MH or SU [disorders](#) and primary care utilization before a new [diabetes](#) diagnosis in 122,992 patients, 23.3 percent of whom had preexisting MH or SU disorder diagnoses.

The researchers found that at the time of diabetes onset, SU disorders only or both MH and SU disorders, but not MH disorders only, correlated with lower Diabetes Complication Severity Index (DCSI) scores compared with no MH or SU disorders (−0.09 and −0.13, respectively) after controlling for sociodemographic characteristics and medical comorbidities. More than 90 percent of patients with MH and SU disorders and 58 percent of patients without had primary care visits before diabetes diagnosis. Lower baseline DCSI scores were seen for patients who had primary care visits before diabetes onset versus those without primary care visits. Patients with MH or SU disorders had lower overall, but more rapidly progressing, DCSI scores through year 7.

"Access to and engagement in an integrated model of health care delivery that includes [primary care](#) before the onset of diabetes provides modest, albeit impermanent, long-term health benefits in terms of diabetes complications," the authors write.

**More information:** [Abstract/Full Text](#)

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