Improving PTSD may also improve diabetes outcomes

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No longer meeting diagnostic criteria for posttraumatic stress disorder (PTSD) is associated with a lower risk for poor diabetes outcomes, particularly among younger veterans, according to a study published
online Aug. 13 in *JAMA Network Open*.

Jeffrey F. Scherrer, Ph.D., from the Saint Louis University School of Medicine, and colleagues examined the association between meeting diagnostic criteria for PTSD and risk for poor type 2 diabetes (T2D) outcomes among 10,002 veterans.

The researchers found that before controlling for confounding with entropy balancing, patients who no longer met PTSD diagnostic criteria had similar incidence rates for starting insulin (22.4 versus 24.4 per 1,000 person-years), poor glycemic control (137.1 versus 133.7 per 1,000 person-years), any microvascular complication (108.4 versus 104.8 per 1,000 person-years), and all-cause mortality (11.2 versus 11.0 per 1,000 person-years) compared with patients with persistent PTSD.

However, when controlling for confounding, there was a lower risk for microvascular complications (hazard ratio [HR], 0.92) among those no longer meeting PTSD criteria. For younger veterans (ages 18 to 49 years), no longer meeting PTSD criteria was associated with a lower risk for insulin initiation (HR, 0.69) and all-cause mortality (HR, 0.39). No longer meeting PTSD criteria was also associated with a lower risk for insulin initiation among patients without depression (HR, 0.73).

"The findings of this study suggest that PTSD is a modifiable risk factor for some adverse T2D outcomes among patients with comorbid PTSD and T2D," the authors write.

**More information:** Jeffrey F. Scherrer et al, Posttraumatic Stress Disorder and Type 2 Diabetes Outcomes in Veterans, *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.27569

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