Prevalence and correlates of depressive disorders in elderly with type 2 diabetes in primary health care settings

Shehata, A. Rabeia, M. El-Shahri, A.

Current Psychiatry. Ain Shams University (Print)

2009 v16 n2

This work aimed to assess the prevalence of depressive symptoms and antidepressant medication use among elderly with and without type 2 diabetes and the association between depression and diabetes complications. In 2004-2006, the primary health care research in type 2 diabetes study applied the beck depression inventory ii (bdi-ii) to 458 participants with type 2 diabetes (47% male, aged 65 + or- 8.9 years, type 2 diabetes duration 19 + or- 8.7 years) and 546 participants without diabetes (non diabetic group) (51% male, aged 59 + or- 8.7 years). Use of antidepressant medication was self-reported. Depressive disorder was defined as a bdi-ii score >14 and/or use of antidepressant medication. Occurrence of diabetes complications (retinopathy, blindness, neuropathy, diabetes-related amputation, and kidney or pancreas transplantation) was self-reported. Results showed that mean bdi-ii score, adjusted for age and sex, was significantly higher in participants with type 2 diabetes than in non diabetic participants. The prevalence of depressive disorder (as defined by bdi-ii >14 and/or antidepressant use) in participants with type 2 diabetes was significantly higher than that of age- and sex-adjusted non diabetic participants (32.1 vs. 16.0%, $p < 0.0001$). Type 2 diabetic participants reported using more antidepressant medications (20.7 vs. 12.1%, $p = 0.0003$).
More type 2 diabetic than non diabetic participants were classified as depressed by bdi-ii cut scores (17.5 vs. 5.7%, $p < 0.0001$) or by either bdi-ii cut score or antidepressant use (32.1 vs. 16.0%, $p < 0.0001$). Participants reporting diabetes complications ($n = 209$) had higher mean bdi-ii scores than those without complications (10.7 + or- 9.3 vs. 6.4 + or- 6.3, $p < 0.0001$).