

### Services Provided:

- Individual therapy
- Group therapy
- Pre-surgical evaluations
- Psychological evaluations

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# COLORADO HEALTH PSYCHOLOGY

www.coloradohealthpsychology.com

VOLUME 1, ISSUE 8

AUGUST 2008

## Diabetes

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches, and other food into energy needed for daily life. The cause of diabetes continues to be a mystery, although both genetics and environmental factors such as obesity and lack of exercise appear to be factors.

Type 1 diabetes results from the body's failure to produce insulin, the hormone that "unlocks" the cells of the body, allowing glucose to enter and fuel them. It is estimated that 5-10% of Americans who are diagnosed with diabetes have type 1 diabetes.

Type 2 diabetes results from insulin resistance (a condition in which the body fails to properly use insulin), combined with relative insulin deficiency. Most Americans who are diagnosed with diabetes have type 2 diabetes.

Pregnant women who have never had diabetes before but who have high blood sugar (glucose) levels during pregnancy are said to have gestational diabetes.

Gestational diabetes affects about 4% of all pregnant women.

Pre-diabetes is a condition that occurs when a person's blood glucose levels are higher than

normal but not high enough for a diagnosis of type 2 diabetes. There are 57 million Americans who have pre-diabetes in addition to the 23.6 million with diabetes.

It is estimated that about 5.4 million affected people in the United States are unaware that they have the disease. All forms of diabetes increase risks of damage to the heart, kidneys, nerves, eyes, and other organs.

This is the eighth of our monthly CHP newsletters. Please feel free to email us with topic requests, questions, etc. for future issues.

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## Treatment of Diabetes

The diabetes regimen may include daily insulin or an oral hypoglycemic agent, blood glucose testing, a constant carbohydrate diet, and regular exercise. Extensive research on adherence with this regimen has yielded the following broad conclusions:

- Adherence with the regimen is not related to a global or stable personality traits. Adherence with the various regimen components varies within and among patients, and a

weak association often exists between measures of adherence with the various aspects of care (Glasgow et al., 1987; Johnson et al., 1996)

- Perfect adherence with the regimen is uncommon; most patients have at least moderate difficulty integrating all of the treatment and monitoring demands into their daily lives (Anderson, 1996)

- Treatment adherence is difficult to maintain during adolescence (Johnson, 1995; Weissberg-Benchell et

al., 1995), and this may be a common cause of preventable hospitalizations. Behavior therapy has been used successfully to treat this problem (e.g., Anderson et al., 1989; Delamater et al., 1990; Wysocki et al., 1989; Wysocki et al., 2000)

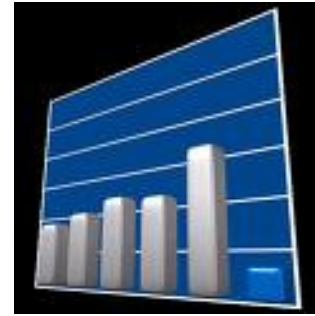
- Efforts to find a robust link between treatment adherence and diabetic control have often failed (Johnson, 1995).

Inadequate treatment adherence is a common reason for referral of patients with diabetes to clinical health psychologists.



## Diabetes Statistics

- 23.6 million people, 7.8 percent of the population, have diabetes (NDIC, 2007). Of this number, 17.9 people were diagnosed and 5.7 people were undiagnosed.
- People with diabetes have a greater risk of depression than those without diabetes ([www.diabetes.org](http://www.diabetes.org)).
- One study (Kaiser Permanente, 2000) found that those with diabetes were more likely to have been treated for depression within six months before their depression diagnosis. About 84% of diabetics also reported a higher rate of earlier depressive episodes.
- Patients who experience a great deal of stress or who cope ineffectively are at risk of poor diabetic control (Surwit, Schneider, & Feinglos, 1992).
- Stress may interfere with diabetes self-management by distracting the patient from careful monitoring and proactive self-care (Hanson & Prichert, 1986)
- Stress increases secretion of counter-regulatory hormones that block insulin action or transform stored glycogen into glucose for release into the bloodstream (Aiken, Wallander, Bell & Cole, 1992; Chase & Jackson, 1981; Hanson, Henngeler, & Burghen, 1987)
- Diabetes increases the risks of depression and anxiety disorders. One study (Kovacs et al., 1997) showed prospectively that 27% of youths had an episode of major depression during the 10 years after onset of diabetes, and 13% had anxiety disorders.
- Patients with Type 2 diabetes have an increased risk of depression (Lustman, Griffith, Gavaard, & Clouse, 1992)
- Depression may impede treatment adherence, and its treatment may improve diabetic control (Lustman, Griffith, & Clouse, 1996).



## Diabetes and Depression [www.diabetesmonitor.com](http://www.diabetesmonitor.com)

Depression can strike anyone, but people with diabetes, a serious disorder that afflicts an estimated 16 million Americans, may be at greater risk. In addition, individuals with depression may be at greater risk for developing diabetes. Treatment for depression helps people manage symptoms of both diseases, thus improving the quality of their lives.

Several studies suggest that diabetes doubles the risk of depression compared to those without the disorder. The chances of becoming depressed increases at



diabetes symptoms worsen. Research shows that depression leads to poorer physical and mental functioning, so a person is less likely to follow a required diet or medication plan. Treating depression with psychotherapy, medication, or a combination of these treatments can improve a patient's well-being and ability to manage diabetes.

Causes underlying the association between diabetes and depression are unclear. Depression may develop because of stress but

also may result from the metabolic effects of diabetes on the brain. Studies suggest that people with diabetes who have a history of depression are more likely to develop diabetic complications than those without depression. People who suffer from diabetes and depression tend to have higher health care costs in primary care.

Despite the enormous advances in brain research in the last 20 years, depression often goes undiagnosed and untreated. People with diabetes, their family and friends, and even their physicians may not distinguish the symptoms of depression. However, skilled mental health professionals will recognize these symptoms, inquire about their duration and severity, diagnose the disorder, and suggest and provide appropriate