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EDITORIAL

Psychological and psychiatric aspects of diabetes

K. Madhu[1]

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Diabetes follows one like a shadow without night. It is behaviorally demanding, requiring fast and radical modifications in lifestyle. These rapid changes can generate many problems for the individual and for the family. Many find it challenging to make these lifestyle changes, including changing their diet.

Psychosocial issues play a crucial role in the management of diabetes. The Journal recognized the importance and brought out a special issue in June 2001 (21:59). The issue covered psychosocial aspects of type 1 diabetes mellitus, influence of socio-economic factors, gender differences in mental care and in diabetes, role of stress in the cause of diabetes and cardiovascular disease, and coping mechanisms. The intervening years have seen a spurt of research in these areas and are reflected in this special issue.

To the unaffected, treatment of diabetes may appear straightforward: match insulin lack with need. But to achieve this is complicated. Diabetes is managed primarily by a complicated regime of self-care behavior. The treatment of diabetes includes following a daily routine of medication or insulin usage, self-testing blood glucose levels many times per day, as well as a specific diet and exercise. All of these tasks must be performed multiple times per day in a highly coordinated fashion.

Society does not yet understand diabetes. Many people consider that type 2 diabetes is "relatively mild" and that serious diabetics inject insulin. It does not comprehend that diabetes cannot be simply controlled by medications and that the condition markedly alters the lives of individuals and their families. Diabetes self-care is a key component in successful management.

Diabetes self care is difficult for a number of reasons demands of diabetes self management can be overwhelming—quickly learning a large number of new behaviors and performing them all immediately and at once. The demands of diabetes self-care are constant with no vacations and no retirement. Diabetes management might result in emotional (anxiety, depression) and social problems (pressure to eat something they should not because "once would not hurt") as well. Furthermore, self-care management of diabetes does not always produce predictable results.

Nearly all patients with diabetes experience lapses in adherence at some point during the course of their illness. The complexity of the treatment regimen, human nature, and the chronic nature of the disease may result in nonadherence. Most people assume that nonadherence is due to inadequate knowledge about proper diabetes care. In fact, many other psychosocial factors contribute significantly to this problem, such as inadequate social support, time pressures, stress, and health beliefs that are incompatible with the regimen [1–3]. Nonadherence may also be a manifestation of more serious psychological problems, such as depression, anxiety, or eating disorders.

One of the most important contributions psychology has made to diabetes management is the measurement of psychological outcomes and processes. Quality of life among patients with diabetes is being examined, especially with regard to the nature of Quality of life and measurement of Quality of life.

Approximately one out of every five patients with diabetes experiences depression which critically reduces the quality of life. Depression has also been associated with treatment noncompliance, inadequate glycemic control, and increased chance for micro- and macrovascular illness developments. Depression continues to be unrecognized and untreated in the majority of cases despite its connection to diabetes.

✉ K. Madhu
mkosuri.psy@gmail.com

[1] Department of Psychology, Andhra University, Visakhapatnam, India

Mood and stress disturbances are most prevalent and are seen significantly more often in patients with diabetes. Roughly one-third of sufferers with diabetes have psychological difficulties at some period during their life. These disturbances can affect inadequate glycemic control through changes in neurotransmitter and neurohormonal functioning and cause disruption in diabetes self-care.

The proliferation of information linking health and behavior has led to the recognition of the significance of the mental care professional in managing medically ill persons. Lancet [4] believes that treating diabetes with drugs is the wrong approach. In their June 2010 issue, Lancet writers call the epidemics of obesity and type II diabetes "a public health humiliation." They call diabetes a "mostly preventable disease", which requires changes in lifestyle and nutrition, and claim that, by treating diabetes with medications, "the medicine might be winning the battle of glucose control, but it is losing the war against diabetes."

A crusade advocating the importance of maintaining a healthy lifestyle should be executed. Therapy should be incorporated into the treatment of diabetics because this is one condition that can be avoided by shifting cultural views and implementing a healthy lifestyle.

The majority of diabetes treatment is self-care and there can be severe problems if the person requires motivation. The habits needed to control blood sugar levels and curb the diabetes can be very complicated. It is crucial that doctors employ psychologists to help the patient recognize the seriousness of the disease.

Against this background, research on psychology and diabetes should be focused on three themes:

1. Evaluating the psychosocial impact of diabetes and its complications on patients living with diabetes as well as significant others;
2. Analyzing the psychosocial barriers to optimal self-management, including beliefs, psychological distress, and social factors;
3. Development, evaluation, and implementation of psychoeducational and psychological interventions for people with diabetes and those at high-risk of developing diabetes.

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