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Introduction: Co-morbidity between depression and diabetes is a common underdiagnosed condition. Individuals with diabetes have about a 2-fold increased risk for major depression, affecting one of every 10 diabetic patients. The association between depression and diabetes may be due to biologic effects of depression on the hypothalamic-pituitary axis, platelet adhesion, inflammation or the autonomic nervous system; alternatively, the association may be due to non-adherence with medication leading to worse control of glycemia.

Objectives: To investigate the association between diabetes and depression symptoms within a community-based sample with type 2 diabetes mellitus, while controlling for socio-demographic, diabetes-related characteristics and complications, disability, other chronic illness and other health-related variables.

Methods 180 patients with diagnosis of diabetes mellitus type 2 were tested to evaluate mood (*Montgomery-Asberg Depression Rating Scale*, MADRS), health status (*Short Form 36*, SF-36) and personality (*Temperament and Character Inventory*, TCI) related to variables (sex, age, education, marital status, socioeconomic status).

Results: We found 1) mild depressive symptoms in 73% of patients (6≤ MADRS score ≤20), with a greater prevalence in female gender (94% females vs 53% males) and in older age (58% males vs 94% females); 2) a poor quality perception of health status in 68,7% of diabetics/depressed patients (subthreshold ISM, mental health index); 3) frequency methodical type personality (low NS, high HA, low RD) in 53% of sample (48% males, 71% females).

Conclusion: Diabetic population has increased risk of developing depression. Early identification of depressive symptoms may occur through the study of risk factors.