

P01-25 - 'NON-COMPLIANCE AND DYSTHIMIA, IN LONG-TERM DIABETICS AND DIABETIC LIMB LOSSES'- HAVE WE GOT A ROLE HERE?

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Objectives: Chronic diabetics at some point gives up their vigilance in the sugar control. Many of them end up with intractable diabetic feet with limb losses incurring health budget, enormous morbidity and mortality.

Methods: 300 patients who presented with diabetic feet been interviewed and noticed that 'few weeks or months prior to their start of symptoms a major change in the treatment mechanism happens which lead to catastrophic complications of Diabetes'. They do not qualify according to DSM IV classification to be called MDE. But can be called Dysthymia. Surgical, Medical, Vascular and Psychiatric units in an Australian Hospital have been involved in these interviews (a simple questionnaire). Personal audit in two countries (Fiji Islands & Bangladesh) where Diabetes is pretty alarming in number have been included in the data.

Results: Diabetic patients over time develop Dysthymia when they feel hopeless about control of their illness. Often they are overwhelmed by thoughts of long-term complications like retinopathy, neuropathy that they give up hope that they could combat its complications. Diabetic educators should be involved during their early stage of their illness before complications set in and should be trained to pick up dysthymic signs and symptoms for prompt referral for early psychological and psychiatric intervention.

Conclusions:

- Diabetic feet are preventable.
- Early psychiatric assessment is helpful.
- Preventive steps are cost effective.
- Should Psychiatry Department have a role in the multidisciplinary management team of Diabetes?