Commentary

Katon et al add to previous work on interventions to improve care for depression1 as a comorbid disorder for people with diabetes mellitus.2,3

In the current study, about two thirds of people with (mainly type 2) diabetes had three or more prior depressive episodes. Improved and specialised care, including problem solving skills, for people with depression and diabetes is therefore important. It is difficult to explain why the individualised depression treatment intervention did not positively affect metabolic control, beside low HBA1c levels on admission. However, the sustained effects of the enhanced care intervention found after one year highlight the importance of long term compliance and quality of treatment for depression outcomes in primary care.

Offering people with diabetes a treatment approach that focuses on the psychiatric and psychological aspects of their illness is crucial. We now need to look at young people with type 1 diabetes and aim to enhance treatment in a similar way for this young age group.

Andreas Karwautz, MD
Professor of Child & Adolescent Neuropsychiatry
Department of Neuropsychiatry in Childhood and Adolescence
Eating Disorders Unit, Medical University of Vienna, Austria

References

