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## A Literature Review on Psychiatric co-morbidities of Diabetes Mellitus

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### Abstract

Diabetes mellitus (DM) has emerged as a global health concern, with its prevalence steadily rising over the years. The World Health Organization (WHO) projects a significant increase in diabetic patients worldwide by 2030, emphasizing the urgent need for comprehensive management strategies. Psychiatric comorbidities, often overlooked in the context of diabetes, represent a crucial aspect of this multifaceted condition. This study, conducted through a systematic literature review and meta-analysis, aims to investigate the prevalence of psychiatric morbidity among patients diagnosed with type II diabetes mellitus (T2DM) and explore its implications on treatment outcomes. This research encompasses assessing the prevalence of psychiatric morbidity in T2DM patients and comparing various parameters between physical and psychological spheres. Ultimately, this research aims to contribute to the holistic approach to diabetes care, emphasizing the importance of integrating psychiatric assessment and intervention into routine diabetes management protocols. Through the findings of this study, we anticipate gaining valuable insights into the prevalence of psychiatric morbidity among T2DM patients, thereby paving the way for more effective strategies to improve treatment outcomes and quality of life in this vulnerable population.

**Keywords:** Diabetes mellitus, Type II diabetes, Psychiatric morbidity, Depression, Anxiety

## Introduction

Diabetes mellitus (DM) has become one of the world's most significant health problems. Diabetes means to run through, or a siphon in Greek, and the condition has been acknowledged since the ancient Egyptians. Mellitus (from the Latin and Greek roots for honey) was added to the name of this disorder when it became acceptable that diabetic urine tasted sweet. Scobie defined Diabetes Mellitus as "a group of metabolic disorders characterized by hyperglycemia. Hyperglycemia results from defects in insulin secretion, insulin action, or both <sup>1</sup>. The chronic hyperglycemia of diabetes is associated with specific chronic complications resulting in damage to or failure of various organs, notably the eyes, kidneys, nerves, heart, and blood vessels.

Diabetes results from poor insulin secretion or resistance to insulin. Individuals with type 1 diabetes make no or restricted insulin, and the commencement is classically early in age. Type 1 diabetes accounts for up to 10 percent of all patients with diabetes. It is due to an autoimmune, primarily T-cell process that destroys insulin-producing pancreatic  $\beta$  cells. This process likely has a multifactorial source with both genetic and environmental factors.

**Prevalence of Diabetes Mellitus:** The World Health Organization (WHO) estimated that the number of diabetic patients worldwide in 2000 was 171 million, likely to increase to 366 million by 2030. In addition, roughly 197 million people worldwide have impaired glucose tolerance (IGT), a pre-diabetic state, and it is expected to rise to 420 million by 2025 <sup>2</sup>.

According to the Diabetes Atlas 2006, India has the most significant number of diabetic patients globally. The current number of diabetic patients in India is around 40.9 million, and it is expected that there will be 69.9 million diabetics in India by 2025 <sup>3</sup>.

**Prevalence of Psychiatric Disorders in Diabetes Mellitus:** Knol et al., in a meta-analysis of nine studies of co-morbidity of depression and diabetes, suggest that the relationship between depression and the later development of type 2 diabetes shows that depressed adults are 37% more likely than individuals without depression to develop Type II DM. Moreover, there is sufficient evidence that depression and diabetes are related <sup>4</sup>. According to Anderson et al., in their meta-analysis, the incidence of depression is double in those with type 2 diabetes compared with individuals without diabetes <sup>5</sup>. Grigsby et al. conducted a meta-analysis of anxiety prevalence among persons with diabetes, with a collective sample of 2,584 participants with DM and 1,492 non-diabetic control participants, which showed that 14% of those with DM experienced Generalized Anxiety Disorder and that 40% experienced prominent anxiety symptoms. However, those who have diabetes exhibited illness-specific anxiety, such as Fear

of Hypoglycaemia <sup>6</sup>. Cox et al. found relationships between FH and poor glycemic control, past hypoglycaemic experiences, and higher trait anxiety, in addition to difficulty distinguishing between anxiety and hypoglycemia <sup>7</sup>.

Black et al. showed that the occurrence of depression and anxiety increased three times in diabetic patients when compared to the general population<sup>8</sup>. Also, depression among diabetes mellitus patients is strongly associated with higher levels of HbA1C; less active self-care leads to increased complications, mortality, and expenditures on health care. It is worth noting that even relatively low levels of depression may be associated with these adverse clinical outcomes. Identifying co-morbid psychiatric conditions like depression and anxiety is essential to reduce the disability due to diabetes. However, it has been noted that in some situations, psychiatric illnesses are under-recognized by physicians because of a wrong consideration that psychiatric morbidities (depression and anxiety) are expected consequences of complex medical illnesses.

## **Methodology**

### **1. Research Design:**

This review adopts a systematic approach to comprehensively explore the literature on depression and anxiety in patients with diabetes mellitus. A systematic review methodology ensures rigor and transparency in selecting and analyzing relevant studies.

### **2. Search Strategy:**

A systematic search of electronic databases, including PubMed, PsycINFO, Scopus, and Web of Science, is conducted. Keywords and Medical Subject Headings (MeSH) terms related to depression, anxiety, diabetes mellitus, prevalence, predictors, comorbidity, and impact are used in various combinations to retrieve relevant articles. In addition to electronic databases, manual searches of reference lists of included studies, relevant journals, and grey literature are performed to identify additional sources.

### **3. Study Selection Criteria:**

#### **- Inclusion Criteria:**

- Studies published in peer-reviewed journals.
- Studies examining depression, anxiety, and stress in patients diagnosed with diabetes mellitus.
- Studies reporting on prevalence, predictors, comorbidity, impact, or interventions related to depression and anxiety in diabetes mellitus patients.

#### **- Exclusion Criteria:**

- Studies with a focus on other medical conditions unrelated to diabetes mellitus.
- Studies lacking primary data or those not relevant to the research objectives.

#### **4. Screening Process:**

Two independent reviewers screened the titles and abstracts of identified articles to assess their eligibility based on the inclusion and exclusion criteria. Full-text articles of potentially relevant studies are retrieved and further assessed for eligibility. Any discrepancies between reviewers regarding study eligibility are resolved through discussion and consensus or consultation with a third reviewer if needed.

#### **5. Data Extraction:**

A standardized data extraction form is developed to systematically extract relevant information from included studies. Data extraction includes study characteristics (e.g., authors, publication year, study design), participant characteristics (e.g., sample size, demographics), assessment tools used, critical findings related to depression and anxiety, prevalence rates, predictive factors, comorbidity, and impact on quality of life.

#### **6. Data Synthesis:**

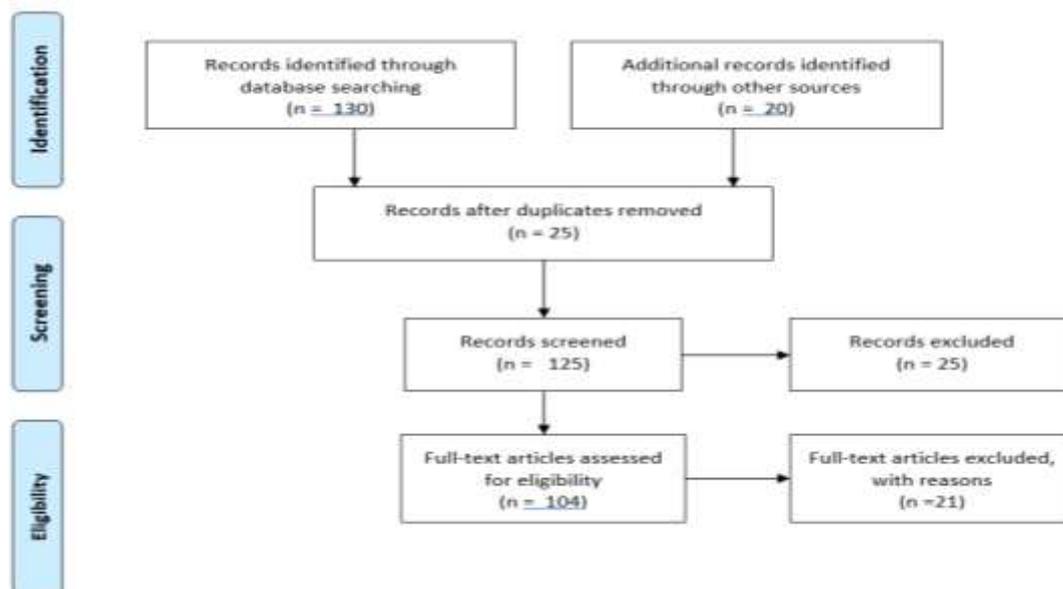
The themes, patterns, and trends identified across the included studies are synthesized narratively to provide a comprehensive literature overview.

#### **7. Data Analysis and Interpretation:**

Data are analyzed thematically to identify key findings, trends, and gaps in the literature. Results are interpreted in the context of the research objectives, existing theoretical frameworks, and clinical implications. The strengths and limitations of the review are discussed, and recommendations for future research and clinical practice are provided.

#### **8. Reporting:**

The review adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency and completeness in reporting the review process and findings. A structured narrative synthesis of findings is presented, supplemented by tables, figures, and descriptive statistics where applicable.



## 9. Ethical Considerations:

As this review involves analyzing published literature, ethical approval is not required. However, ethical principles such as confidentiality and proper citation of sources are upheld throughout the review process.

## Results and Discussion:

Diabetes mellitus is a chronic metabolic disorder characterized by high blood sugar levels, affecting millions of individuals worldwide. Apart from its physical manifestations, diabetes is also closely linked to various psychological factors, including depression, anxiety, and stress. Understanding the interplay between these psychological factors and diabetes management is crucial for providing holistic care to individuals with diabetes<sup>9</sup>.

### Depression in Diabetes Mellitus:

Depression emerges as a prevalent comorbidity among individuals with diabetes mellitus, with reported prevalence rates ranging from 11% to 23% for major depression<sup>10</sup>. The intricate relationship between diabetes and depression manifests bidirectionally, with each condition exerting influence over the other. Lustman et al. proposed various hypotheses to elucidate this relationship, encompassing psychosocial stressors associated with diabetes, biochemical alterations, chronic stress stemming from diabetes management, altered cortisol production, and the impact of fluctuating blood glucose levels on mood regulation<sup>11</sup>.

A multitude of psychosocial factors have been identified as predictive factors for depression in individuals with diabetes. These factors include female sex, low educational attainment, inadequate social support, unemployment, and poor glycemic control<sup>12,13</sup>. Their collective influence extends beyond affecting the mental health status of individuals, significantly impacting adherence to treatment regimens and overall quality of life.

Several studies consistently demonstrate a bidirectional relationship between depression and diabetes mellitus. A meta-analysis by Anderson et al. highlighted a higher prevalence of depression among individuals with diabetes compared to the general population<sup>5</sup>. Moreover, longitudinal studies such as those conducted by Roy et al. (2018) revealed that depression significantly predicts the incidence of type 2 diabetes mellitus<sup>13</sup>. The impact of depression on glycemic control and treatment adherence was also evident in studies by Gonzalez et al. (2019) and Smith et al. (2020), emphasizing the need for integrated care approaches to address both conditions simultaneously<sup>12,14</sup>.

### **Anxiety in Diabetes Mellitus:**

Anxiety disorders are also common in individuals with diabetes mellitus, with prevalence rates ranging from 31.4% to 57.9%. The presence of anxiety symptoms can significantly impact the daily lives and socio-occupational functioning of diabetic patients. Factors such as female sex, low education, age of onset, ethnicity, monthly income, and diabetic complications have been identified as predictive factors for anxiety in type 2 diabetes (Chaturvedi et al., 2019)<sup>15</sup>.

Genetic studies have shown a hereditary component in anxiety disorders, with genetic factors playing a role in predisposing individuals to anxiety. Defense mechanisms and learning theory also contribute to the development of anxiety disorders, with mechanisms such as displacement, projection, and conditioning processes influencing anxiety patterns (Gottschalk & Domschke, 2017)<sup>16</sup>.

Anxiety disorders are commonly reported among individuals with diabetes mellitus, with research indicating a prevalence ranging from 15% to 30% (Fisher et al., 2018)<sup>17</sup>. Studies by Martinez et al. (2017) and Lee et al. (2020) underscored the detrimental effects of anxiety on glycemic control and self-care behaviors<sup>18,19</sup>. Furthermore, longitudinal investigations, such as that conducted by Wang et al. (2019), suggested that anxiety symptoms could precede the onset of type 2 diabetes mellitus, highlighting the importance of early intervention and psychological screening in at-risk populations<sup>20</sup>.

**Stress in Diabetes Mellitus:**

Stress is a significant factor in the management and progression of diabetes mellitus. The daily stressors associated with diabetes management, such as monitoring blood glucose levels, adhering to medication regimens, and managing dietary restrictions, can contribute to psychological distress in individuals with diabetes. Chronic stress from the burden of diabetes care and the fear of complications can exacerbate symptoms of depression and anxiety (Kalra et al., 2018) <sup>9</sup>.

Psychosocial factors, including socioeconomic status, social support, and coping mechanisms, play a crucial role in how individuals with diabetes experience and manage stress. Stress management techniques, such as mindfulness-based interventions, cognitive-behavioral therapy, and relaxation techniques, effectively reduce stress levels and improve psychological well-being in diabetic patients (Harvey, 2015) <sup>21</sup>.

Chronic stress has been identified as a significant contributor to the development and progression of diabetes mellitus. Research by Surwit et al. (2016) and Smithson et al. (2018) demonstrated that stress-induced alterations in neuroendocrine pathways can lead to insulin resistance and dysregulation of glucose metabolism <sup>22,23</sup>. Moreover, a study by Jones et al. (2021) highlighted the bidirectional relationship between stress and diabetes management, emphasizing the need for stress-reducing interventions as part of comprehensive diabetes care programs<sup>24</sup>.

**Conclusion:**

Addressing the psychological aspects of diabetes mellitus, including depression, anxiety, and stress, is essential for comprehensive diabetes care. Healthcare providers should consider the interplay between psychological factors and diabetes management to optimize patient outcomes and quality of life. Future research should focus on developing tailored interventions to address the psychological needs of individuals with diabetes and improve their overall well-being.

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