LETTERS TO THE EDITOR

Studies of Diabetes and Psychiatric Disorders and the Importance of Coordinating Related Fields to Ascertain and Treat the Symptoms of Those Conditions

The Editor,

Sir,

A 2002 survey on diabetes in Japan indicated that 7.4 million people are likely to have diabetes, and a report has indicated that there are 16.2 million people in whom diabetes cannot be ruled out (1). Thus, diabetes must be studied from various perspectives. One crucial perspective relates to the comorbidity of diabetes and psychiatric symptoms. This report summarizes several previous reports on diabetes and psychiatric symptoms. This report also notes the importance of ascertaining and caring for various aspects of those conditions.

A report (2) cited Type 2 diabetes as a medical disorder that has often been accompanied by depression in recent years. Moreover, the report indicated that one-fifth to one-quarter of patients with diabetes present with major or moderate to severe depression and that such conditions are three times more prevalent in patients with diabetes than in the general population.

Another report (1) stated that significantly more patients with diabetes also have psychiatric disorders and that the incidence of associated depression is reportedly 8–27%.

Yet another report (3) examined patients with depression and diabetes with regard to the onset of the two conditions. The report divided patients into three groups (“patients developing depression first”, “patients developing diabetes first” and “patients developing depression and diabetes at about the same time”) and indicated that diabetes and depression were somehow mutually related. The same report (3) indicated the need for treatment of patients with diabetes via a psychosomatic approach and suggested consultation with a psychiatrist for patients with a moderate to severe depressive disorder or anxiety disorder.

Additional measures with regard to health matters should be taken in related fields (4). An active survey of the association between diabetes and psychiatric disorders and particularly the association between diabetes and depression reveals the need for both physical and psychological care in instances where a patient has both conditions. Coordination of treatment by psychiatry and internal medicine is also important (3).

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REFERENCES