Depression screening result among patients with the diabetic foot syndrome

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Background

The Diabetic Foot Syndrome (DFS) – widespread late complication of the Diabetes Mellitus (DM), which often (30-70%) comes with foot trophic ulcer and can cause amputation (in 30-50% of the cases). The patients with DM have 15% higher risk of the depression. Chronic diabetic complications associated with the high risk of the depression. The patient with the DM and the depression compensates the disease worse, it causes the increasing of the appearance of other chronic complications; also, it reduces quality of life and increases mortality. Likewise, the expenses of the health care for the patient's treatment growing on 50–75%.

In the IDF Guidance for the treatment of the people with type 2 DM evaluation of the patients' mental health is included. However, people with DM are poor diagnosed with the depression: 50-75% of the cases are not diagnosed. Consequently, patients with DM require active detection and treatment of the anxious disorder with depression symptoms, especially with such serious complication as DFS.

Aim

To evaluate popularity of the depressive and anxious syndromes among patients with DFS.

Methodology

Screening of the depressive disorders conducted among patients with DFS (including foot ulcer affect), who was hospitalized in the Department of Surgery in Vinnytsia Region Highly Specific Endocrinologic Center on 10.2016-03.2017. HADS (Hospital anxiety and depression scale) which was developed by A.S. Zigmond and R.P. Shraith was used according to the WHO recommendations. The scale includes 14 statements, which consists of two subscales: anxious (odd items) and depression (even items). Each statement has 4 answer's variants. Patient should have been choosing that variant, which was based on his/her condition last week. The summary of the result according to the HADS both subscales for each of them should be within 6-9 points, this showed to the subclinical demonstration of the anxiety and depression, 10 and more points demonstrated clinically apparent. Also, with the goal to detect the impact of the different medical and social factors on the level of the anxiety and depression, the next information was indicated: sex, age, duration and severity of DM, kind of blood glucose lowering drug (if insulin- the length of treatment), HbA1c level. The results of the research were statistical processed.

Results

Survey of 92 patients with DM were done. Type 1 DM had 11 patients (12%), Type 2 DM – 80 patients (88%). Average age was 55,9±10,6 years, 39% of which – men, women- 61%, average level of HbA1c - 8,8%±2,1 (DM compensation supposed with the level of HbA1c less than 7%).

Human sex ratio

Type of Diabetes Melitus

Depression of different seriousness were discovered for 40 patients (42%). Anxiety were diagnosed for 36 patients (39%), subclinical had 20 patients (22%), clinical – 16 patients (17%). Herewith 82% of patients (33 from 40) with depression had anxiety (15- subclinical, 18- clinical). Anxious disorder with depression symptoms quite frequently happens in the group of Type 2 DM.

Diagnosis of patients (%)

88% of patients with the anxious disorder with depression symptoms with different seriousness, the level of HbA1c was higher then normal (7%), it shows the deficiency of compensation of the disease and the high risk of appearance DM complications. The most elevated results according to the scale "anxiety" (12-15 points) had patients with severe DM (chronic injuries, ulcer relapses). Mixed anxious disorder with depression symptoms diagnosed for 80% of the patients among that people, who had insulin treatment. According to the quiz of patients with amputation it was discovered: before the surgery patients had fear and panic, but after the postoperative period there were moments, connected with sharp changes of outside world (isolation, limitation). It was established, if the disease is more than 5 years long, there is decrement in acuity of emotions. That is why very often there is a need at least behavioural therapy.

Conclusions

Anxious disorder with depression symptoms happens in 42% of the cases and more often happens with the people with Type 2 DM. Most of the people with anxious disorder with depression symptoms have no compensation of the DM, this causes the high risk of the appearance of the severe complications, reduces quality of life, cost escalation of the expenses of the health care. The research results show the necessity of not only medical but psychological aid for the patients with DFS.

Key words:

diabetes mellitus, anxious syndromes, depressive, diabetic foot syndrome (DFS),

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