

糖尿病患者常見情緒問題

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Common emotions in Diabetes:

Anger, fear, guilt, anxiety, low mood and distress are common emotions in the early stage. Eventually, they are normal emotional reactions and may lessen with time. Only discussion, ventilation, psychosocial support and lifestyle adjustment are needed. However, if the negative emotions persisted or exaggerated, getting help Diabetes-specific Stress Diabetes patients have some specific stress. For example: fear of complications, treatment burden (food deprivation, physical discomfort, scheduling regimen tasks, frustrations of blood sugar fluctuations.....) and social stigma.

Depression and diabetes

The published studies on the prevalence of depression in diabetes differ widely in terms of method used to measure depression. Up to 30% of individuals with diabetes report “depressive symptoms”, only 10% have clinically significant “major depression”. The causal-relationship Studies have shown that people with diabetes have a greater risk of developing depression than people without diabetes. But scientists do not yet know whether depression increases the risk of diabetes or diabetes increases the risk of depression. Current research suggests that both cases are possible. The stress of and the effects of diabetes on the brain may contribute to depression. Depression may reduce overall physical and mental health, not only increasing risk for diabetes but making diabetes symptoms worse. Risk factors for depression in diabetes A range of factors may be implicated in increasing the risk of developing depression in diabetes: (1) Non-diabetes specific risk factors: female, lack of social support, low socioeconomic status, younger age, older age, physical health problems, critical life events,...etc. (2) Diabetes specific risk factors: manifestations of diabetes, occurrence of late complications, poor glycemic control, need for insulin therapy, hypoglycemia problems, ... etc.

Management

For common emotional reactions, psychosocial support and lifestyle adjustment can help. Participating a patient group/ self-help group or attending educational classes is recommended. For more severe or persisting symptoms, psychological intervention should be considered. If clinical depression developed, antidepressive agents and/ or other psychiatric treatments are absolutely needed.