Diabetes current perspectives and lessons learnt from the epicenter, the Persian Gulf

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Abstract

Given the upsurge in type 2 diabetes of epidemic proportions especially within the Persian Gulf region, it is of utmost importance to realize that no health care system in the world could deal with it just through therapeutic interventions or management of its complications. Given its myriad affects type 2 diabetes has the potential to pass the threshold of sustainable spending in the health care sector of even the wealthiest economies of the world. This talk aims to run through lifestyle habits of a sedentary obesogenic society as the root cause of the epidemic and addresses the current dearth of knowledge amongst health care providers and their 'glucocentric' approach which often results in missed diagnosis of warning signs of this syndrome or suboptimal care once diagnosed. In the industrial and automation age there has been a paradigm shift in the metabolic syndrome's prevalence and unless a holistic, multifaceted and multifactorial approach is adopted we run the risk of not only cutting short the productive years of life but also add to the enormous burden of morbidity and mortality spanning virtually all age groups . Kuwait features amongst the top countries of the world in this regard and has a unique cohort where an indigenous population compares expats in the disease prevalence indicating a strong environmental factor. This talk runs through type 2 diabetes in a holistic manner covering all aspects of it within Kuwaiti society and sets guidelines for the rest of the affluent world.

Type 2 diabetes mellitus (T2DM) is associated with depressive symptoms, and comorbid depression in those with T2DM has been associated with adverse clinical profiles. Recognizing and addressing psychological symptoms remain significant clinical challenges in T2DM. Possible mediators of the reciprocal relationship between T2DM and depression may include physical activity levels, effectiveness of self-management, distress associated with a new T2DM diagnosis, and frailty associated with advanced diabetes duration. The latter considerations contribute to a "J-shaped" trajectory from the time of diagnosis. There remain significant challenges to screening for clinical risks associated with psychological symptoms in T2DM; poorer outcomes may be associated with major depressive episodes, isolated (eg, anhedonic), or subsyndromal depressive symptoms, depressive-like symptoms more specific to T2DM (eg, diabetes-related distress), apathy or fatigue. In this review, we discuss current perspectives on depression in the context of T2DM with implications for screening and management of these highly comorbid conditions.

The likelihood of depression in type 2 diabetes mellitus (T2DM) is approximately double that found in the general population.1–3 The cardinal symptoms of a major depressive episode according to Diagnostic And Statistical Manual Of Mental Disorders, Fifth Edition criteria are sadness and/or anhedonia with additional symptoms of decreased energy, changes in thinking, appetite changes, disrupted sleep, or suicidality.4,5 These symptoms may occur together or in isolation in people with T2DM. Depression or depressive symptoms have been associated with adverse clinical profiles, including poorer glycemic control, eating habits,6,7 and exercise adherence8 in those with T2DM. Despite their importance, recognizing and addressing psychological symptoms in T2DM remain significant clinical challenges.

There has been considerable debate over the past decade about the most important symptom clusters, psychological constructs, and screening tools. Clinical outcomes have been associated with specific symptoms of major depression (eg, anhedonia),9,10 isolated or subsyndromal depressive symptoms that are not part of a depressive episode,7 fatigue, or depressive-like symptoms more specific to the burden of T2DM (ie, diabetes-related distress).2,9,11 Recent studies suggest that duration of diabetes may be an important factor in the temporal trend of depressive symptoms at the population level, likely due to the development and severity of diabetes-related distress and frailty.12–15 In this review, we discuss current perspectives on diabetes and depression with implications for screening and management of these highly comorbid conditions. Our primary aims were to summarize temporal trends in depressive symptoms, overlapping psychosocial constructs and the instruments used to assess them, possible implications for pharmacotherapy, and the impact of comorbid diabetes and depression on longer-term outcomes.

Extended Abstract

Although there is debate surrounding the bidirectional relationship between diabetes and depression, it is clear that the two conditions occurring together can make both conditions more difficult to manage, and contribute additively to adverse long-term sequelae such as mortality, stroke, and dementia. There are challenges in identifying the most harmful symptoms of depression in the context of diabetes with subsyndromal symptoms and depression-like symptoms posing considerable barriers to effective management. Due to overlap in the multiple relevant psychological symptoms, it will be important to examine further the properties of different psychometrics, including those designed to capture more specific subdomains, in T2DM, with careful attention to how these constructs may uniquely predict different aspects of the management of diabetes and clinical outcomes over the different epochs of duration of diabetes. It may be particularly important to recognize and distinguish between diabetes-related distress, frailty, fatigue, apathy, anhedonia, and clinical depression in studies assessing the effectiveness of both pharmacological and non-pharmacological treatment modalities for T2DM. Particular attention should be paid to manage T2DM and psychological conditions together.

Biography :

Kashif Rizvi is a Consultant Endocrinologist at Mazaya Clover Centre, Jabriya, Kuwai, Director of New Mowasat Hospital Diabetes & Medical Centre, Kuwait and Former Head of Department of Endocrinology and Diabetes - Kettering, UK. He earned Certificate of Completion of Specialist Training UK and served as Accredited Physician, Endocrinologist & Diabetologist and Teaching Faculty at University of Leicester/Wales, UK. He is the Editor of Journal of Endocrinology & Human metabolism, California USA. He is a Member of Royal College of Physicians (London - UK), British Diabetes Association, British Endocrine Society and Association of British Clinical Diabetologists, author of several peer reviewed research papers and Tutor of Royal College of Physicians

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