Research round-up

Diabetes

High rates of suicidal thoughts in those with type 1 and type 2 diabetes

The rate of suicidal thoughts is seven times higher in people with diabetes compared with the general population, according to an Australian study by Handley et al (2016). Researchers surveyed 3,338 adults with type 1 or type 2 diabetes, 1,238 of whom were not insulin dependent.

Participants, who completed an online or postal questionnaire, were asked about depressive symptoms and to rate separately the frequency of “thoughts that you would be better off dead, or of hurting yourself in some way” over the previous two weeks. They were also asked about diabetes-specific emotional distress. This included items such as feeling:

- Scared when thinking about having diabetes;
- Alone with diabetes;
- Overwhelmed by their diabetes regimen;
- Other questions were on physical health, financial hardship and social support.

In total 14.5% of respondents reported having had suicidal thoughts in the previous two weeks. The study had no control group but the authors note that suicidal ideation among the Australian population is estimated at 2.3%.

Suicidal thoughts occurred most often in respondents with type 2 diabetes using insulin. Higher levels of diabetes-specific distress increased the risk of suicidal thoughts. The study identified factors that offered protection and reduced the risk. For example, for those with insulin-dependent diabetes, the risk of suicidal thoughts was halved if they had a partner. Better self-reported physical health also had an effect, reducing the risk by half in respondents with type 1 diabetes or those with type 2 diabetes not using insulin. Greater self-reported social support showed a significant protective effect.

The findings show that the effects of diabetes-specific distress on suicidal thoughts were, in some cases, independent of depression. The researchers suggest that screening for, and addressing, this distress may be an important strategy. They state:

“As suicidal ideation is one of the most significant risk factors for a suicide or suicide attempt, these findings have implications for healthcare professionals working with people with type 1 or type 2 diabetes, and point to the importance of adequate screening for depressive symptoms and suicide vulnerability in this population.”

They conclude that the findings show how important it is to ensure that mental and physical care are fully coordinated and integrated for people with diabetes.

Kathryn Godfrey, practice and learning editor, Nursing Times

Reference


What this means for nursing: an expert view

Georgia Noble-Bell is diabetes specialist nurse at King’s College Hospital, London

“It is well recognised that emotional distress and other psychological problems, including depression and suicide ideation, are common in people with diabetes. This study concurs with current evidence that depressive symptoms are a major risk factor for suicide ideation in this group. It also indicates a direct correlation between diabetes and suicide ideation independent of depression; this finding supports the inclusion of screening for suicide ideation as a part of routine care for people with diabetes. However, study limitations, including self-reporting and the lack of a control group, compromises the generalisability of its findings.

A pilot of the 3 Dimensions of Care for Diabetes – a care model that addresses psychological, social and physiological aspects of care for people with diabetes – showed an integrated approach improved clinical outcomes including glycaemic control, reduced psychological distress and improved quality of care (Doherty et al, 2015).

Given that emotional distress, depression and other psychological problems increase the risk of suicide ideation in people with diabetes, it is vital that health professionals caring for this group are aware of this. Psychological assessment should be incorporated into routine diabetes care. Health professionals should receive training to assess patients’ emotional and psychological needs. The routine use of a screening tool for diabetes-related emotional distress, such as the Problem Area in Diabetes tool, is one strategy that may identify emotional distress early and prompt referral to a psychologist or social worker to improve the patient’s mental health.”

Reference