

ADVANCED TRACK

MENTAL HEALTH AND DIABETES



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EPIC DIABETES CONFERENCE

MAY 20, 2023 | SHERATON DENVER DOWNTOWN HOTEL

EMPOWERING PATIENTS
FOR
INDIVIDUALIZED CARE



**THE PRESENTERS HAVE NO RELEVANT
CONFLICTS TO REPORT**



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OVERVIEW

- I. Depression
- II. Anxiety
- III. Disordered eating



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DIABETES AND MENTAL HEALTH – DID YOU KNOW THAT...

- ✓ People with diabetes are 2-3 times more likely to have depression than the general population
- ✓ Less than half of people with diabetes receive an appropriate diagnosis and treatment for depression
- ✓ People with diabetes are 20% more likely to have anxiety than the general population
- ✓ Low blood sugar can feel like anxiety and vice versa
- ✓ Untreated depression and anxiety may make it more difficult to control your blood sugar
- ✓ People with diabetes may be 2-5 times as likely to have obsessive-compulsive disorder
- ✓ Some medications used to treat depression and anxiety may make it harder to manage your diabetes
- ✓ People with diabetes are at a heightened risk to develop disordered eating patterns and eating disorders



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DEPRESSION

Depressed mood and/or loss of interest/pleasure for at least 2 weeks

And at least 4 other symptoms - SIGECAPS

S – sleep, increased or decreased

I – loss of interest/pleasure

G – guilt, excessive or inappropriate, feeling worthless

E – energy, loss of (fatigue)

C – concentration, difficulty with

A – appetite, decrease or increase (or change in weight)

P – psychomotor (slowed down or sped up)

S – suicidal thoughts



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ANXIETY

- generalized,
- social
- obsessive-compulsive disorder
- panic disorder



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ANXIETY

- Feeling overwhelmed or stressed frequently
- Trouble with sleep
- Appetite changes
- Difficulty concentrating
- Feeling on edge or wound up
- Headaches, muscle tension, stomach problems
- Worrying, getting stuck on negative thoughts
- Increased mood swings – crying, feeling irritability
- Avoiding activities or places
- Excessive worry about what others think about you
- Doing behaviors or rituals to alleviate anxiety
- Fear that you are a bad person
- Worry that bad things are going to happen to you or a loved one
- Episodes of panic/feeling like you're going to die



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MEDICATIONS –DEPRESSION AND ANXIETY

SSRI's (serotonin)

- Sertraline, citalopram, escitalopram, paroxetine, fluoxetine, fluvoxamine

SNRI's (serotonin and norepinephrine)

- Venlafaxine ER, desvenlafaxine, levomilnacipran, milnacipran, duloxetine

For sleep: trazodone

Other medications that act on serotonin

- Vilazodone
- Vortioxetine

Less common: Tricyclics and monoamine oxidase inhibitors



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MEDICATIONS, CONT.

ANXIETY

Propranolol (and other beta blockers) – **caution with hypoglycemia**

Hydroxyzine

Benzodiazepines (use rarely)

Buspirone

DEPRESSION

Bupropion (Wellbutrin)

Thyroid hormone (T3)

Atypical antipsychotics - **caution**

Lithium



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EATING DISORDERS, DISORDERED EATING, AND DIABETES

- Diabetes is a high-risk factor for eating disorders due to the intense focus on food, labels, numbers (weight, A1c, food intake, blood glucose) and control, and disruptions in a person's metabolic system.



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Information on this slide is adapted from the National Eating Disorders Association website

EATING DISORDERS, DISORDERED EATING, AND DIABETES

Identified often as “Diabulimia” by society

- Refers to a person with diabetes (typically type 1 diabetes), where the person purposefully restricts insulin in order to lose weight.
- Can also involve bingeing and then restricting insulin or restricting food and insulin.



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EATING DISORDERS, DISORDERED EATING, AND DIABETES

- ✓ Avoidance or neglect around diabetes management
- ✓ Avoidance of eating or testing around others
- ✓ Increasing neglect of diabetes management
- ✓ A1c of 9.0 or higher (on a continuous basis)
- ✓ A1c inconsistent with meter readings
- ✓ Unexplained weight loss
- ✓ Constant episodes of nausea and/or vomiting
- ✓ Frequent urination and persistent thirst
- ✓ Multiple DKA or near DKA episodes
- ✓ Low sodium and/or potassium
- ✓ Frequent bladder and/or yeast infections
- ✓ Deteriorating or blurry vision

Information on this slide is adapted from the National Eating Disorders Association website



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EATING DISORDERS, DISORDERED EATING, AND DIABETES

Best practice is for this person to have a full and comprehensive treatment team:

- An endocrinologist,
- A registered dietitian who has knowledge of both diabetes and eating disorders
- A psychiatrist
- A mental health professional who specializes in eating disorders

Mindful and intentional eating, exercising, and diabetes management looks like:

- Consistently taking appropriate amounts of insulin
- Not engaging in rigid dieting or over-exercise
- Not intentionally running blood sugars high
- Eating flexibly most of the time
- Not acting on eating disorder thoughts or feelings



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EATING DISORDERS, DISORDERED EATING, AND DIABETES

What to do if you suspect this is **your loved one**:

- Explain your concerns. Refer to specific situations and behaviors you've noticed, and why they concern you.
- Don't offer solutions. Express love and concern.
- Try not to talk about eating or weight. Make an effort to talk about other things. Discuss concerns thoughtfully and avoid shaming.
- Offer support and ask what support looks like to them.
- Encourage flexible eating
 - No off-limits foods (Food has no morale value!)
 - Focus on moderate portions and variety



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TREATMENT

Manage your expectations

- Take small steps

Get support

- Diabetes burnout management
 - Time spent outside of diabetes management
 - Intentional time with yourself and a hobby
 - Intentional time with others (connection!)

■ Therapy

- Cognitive Behavioral Therapy
- Acceptance and Commitment Therapy
- Family Therapy
- Couples Counseling

■ Online community support

■ Support groups



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REFERENCES

- www.cdc.gov/diabetes/managing/mental-health.html
- www.nationaleatingdisorders.org
- Lustman PJ, Anderson RJ, Freedland KE, de Groot M, Carney RM, Clouse RE. Depression and poor glycemic control: a meta-analytic review of the literature. *Diabetes Care*. 2000 Jul;23(7):934-42. doi: 10.2337/diacare.23.7.934. PMID: 10895843.
- Grassi G, Figeo M, Pozza A, Dell'Osso B. Obsessive-compulsive disorder, insulin signaling and diabetes - A novel form of physical health comorbidity: The sweet compulsive brain. *Compr Psychiatry*. 2022 May 29;117:152329. doi: 10.1016/j.comppsy.2022.152329. Epub ahead of print. PMID: 35679658.



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RESOURCES

Psychology Today

NAMI

NEDA

Beyond Type 1 (website) (<https://beyondtype1.org/mental-health/>)

JDRF (<https://www.jdrf.org/t1d-resources/living-with-t1d/mental-health/>)

Behavioral Diabetes Institute (<https://behavioraldiabetes.org/>)



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THANK YOU!

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