

Understanding the bidirectional causal association between depression and diabetes

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Description

Depression and diabetes have a two-way causal relationship. This association suggests biochemical changes (including neuroendocrine changes such as hypercortisolemia, limbic leptin activity, alterations in glucose transport, and pro-inflammatory cytokines) associated with diabetes or its treatment, psychological may be due to social factors like diabetic distress, poor adherence to treatment, Behavioral factors (more sedentary lifestyle, smoking, use of other psychoactive substances such as alcohol and over-eating). The effects of diabetes and postpartum depression comorbidity are also bidirectional. Poor control and management of diabetes can increase the risk of postpartum depression, which is associated with poor self-care, poor diet, poor adherence to treatment, and the search for prenatal care. It may influence glycemic control and diabetic outcomes by influencing reduction. In addition, it is expected to have short-term and long-term adverse effects on the health of mothers and their children. Numerous studies have shown that untreated PPD increases the risk of alcohol and other psychoactive substance use, social relationship problems, breastfeeding problems, and on-going maternal depression. In children, it affects weight, general health, and infant sleep, movement, cognitive, social, emotional, and language development. It also interferes with child-rearing and weakens the bond between mother and child. Furthermore, the incidence of depression in diabetes is also associated with increased morbidity, mortality, and healthcare costs.

Early detection of postpartum depression is important. Clinic visits for treatment of pregnancy and diabetes provide an important opportunity to screen for postpartum depression. Research has shown good acceptance and willingness to screen during visits to children's hospitals

where paediatricians can play an important role in screening her for PPD. Various screening tools are available for this purpose. The Edinburgh Postpartum Depression Scale (EPDS) is one of the most commonly used instruments for this purpose. There are screening tools developed primarily in Urdu. These include the Aga Khan University Anxiety and Depression Scale (AKUADS), Pakistan Anxiety and Depression Questionnaire (PADQ), and Siddiqisha Depression Scale (SSDS). EPDS and PHQ have also been translated into other South Asian languages.

A limited number of guidelines on managing depression in people with diabetes comment on the management of postpartum depression. These guidelines emphasize the importance of screening patients and connecting them with mental health professionals. A consensus statement released by the American Diabetes Association recommended screening for depression before and during pregnancy in women with a history of diabetes and recommends the use of structured psychotherapy as first-line treatment for mild depression. Another Asian guideline recommends pharmacological interventions in the management of diabetes during pregnancy. In addition to emphasizing the role of psychosocial interventions evidence supports the use of pharmacological interventions, primarily selective serotonin reuptake inhibitors, as an important component in the treatment of moderate or severe postpartum depression.

Furthermore, adequate prenatal care combined with effective management of diabetes during pregnancy has been shown to have a protective effect against the development of postpartum depression. A large randomized controlled trial of 1,000 women with gestational diabetes examined the effects of gestational diabetes treatment in the form of dietary counselling, blood glucose monitoring, and insulin therapy on pregnancy outcomes and found that the incidence of postpartum depression was reduced. Therefore, there is a need to integrate supportive psychosocial care into supportive, patient-centred care in people with diabetes.

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Conflict of Interest

The author has nothing to disclose and also state no conflict of interest in the submission of this manuscript.

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