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STUDY TO EVALUATE KNOWLEDGE, ATTITUDE AND PRACTICE OF DEPRESSION AMONG DIABETIC PATIENTS

Clinical Psychology

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ABSTRACT

The burden of psychological disorders continues to grow with significant impact on health and major social, human right and economics consequences worldwide. Mental health not only affects your daily life but it can also lead other medical complications like diabetes. Diabetes is a lifestyle disorder where there is an increase in the blood glucose levels which can be observed. Being diabetic is stressful and being stressful worsens your diabetes and this may also lead to depression. The **Aim** of the study is to evaluate the 'knowledge, attitude and practice regarding depression among the diabetic patients. **Method:** This is a cross-sectional observational study conducted on the 50 patients of diabetes diagnosed with depression. A questionnaire was designed to assess the knowledge, attitude and practice regarding the depression. **Results:** 35% of the people think that depression is age related problem and 32% of the people are aware that depression with diabetes is not a good sign it may lead to severe complications and complexities. The patients have average knowledge regarding the depression, but their attitude towards depression is negative despite of knowing the consequences, very fewer patients go to the counselor or psychologist for treatment or continue it. Diabetes itself is a complicated disease and diabetes with depression makes it more complicated. The knowledge regarding the same must be spread amongst the patients so that they know how to manage the diabetes with depression. In case of any emergencies they know enough they help themselves with first line aid.

KEYWORDS

INTRODUCTION

The world Health Organization (WHO) ranked depression as the fourth most common disease in 1990, after lower respiratory tract infection and diarrheal diseases. In 2015 about 56,675,679 people suffer from depression in India that of about 4.5 of the total population. Depression is expected to be the second most common disease by 2020 and account for 15 percent of the disease burden in the world[1]. Depression is also a leading cause of disability, workplace absenteeism, decreased productivity and high suicide rate[2]. Depression is a mood disorder diagnosed by depressed mood, guilt feeling, decrease in appetite, thinking about death and suicide, insomnia, fatigue and loss of energy, considerable weight loss and loss of function.[3]India is home to the second largest numbers of adult with diabetes worldwide after China.[4]

Diabetes is a group of metabolic disorders characterized by chronic hypoglycemia associated with disturbance of fat, carbohydrate and protein metabolisms due to absolute deficiency in insulin secretion and/or action. It is categorizes into Type 1 and Type 2 Diabetes Mellitus (DM).[5]

The current prevalence of diabetes in India is more than 63 million Indian are affected, which is more than 7.1% of the adult populations. The average age on its onset is 42.5 years. Every year nearly 1 million Indian dies due to diabetes. It was reported that India is going to be diabetic capital of the world. It affects multiple systems of the body. Being diabetic is stressful and being stressful worsens diabetes. Hence, management of stress is most important in diabetic patients. Timely assessment of stress and counseling the patients are highly essential in the management of diabetes[6]. If the stress is ill-managed, it leads to the depression. Depression has to be screened and managed appropriately. Otherwise, it increases the tendency of suicides. Earlier studies have reported that depression increases the risk of diabetes[7]. Therefore to control the increasing rate of depression and diabetes together, it is very important to manage both of them equally.

Many studies have demonstrated that persons labeled as mentally or psychologically ill are perceived with more negative attribute and are more likely to be rejected regardless of their behavior[8]. Stigma remains a powerful negative attribute in all social relations. It is considered an amalgamation of three related problems: a lack of knowledge (ignorance), negative attitude (prejudice), and exclusion or avoidance behaviors (discriminations). Mental illnesses are poorly understood by the general public. Poor knowledge and negative attitude towards the psychological or mental problems threatens the effectiveness of the patients care and rehabilitation. People with depression and diabetes should be adequately treated and counseled as this can potentially result in improvement of psychological and medical outcomes. This would be the first step towards improved treatment of depression in the people of diabetes.[9]

OBJECTIVE OF THE STUDY

1. To evaluate the knowledge regarding depression among the diabetic patients.
2. To evaluate the attitude regarding depression among the diabetic patients.
3. To evaluate the Practice regarding depression among the diabetic patients

MATERIAL AND METHODS:

The present study is a cross sectional observational study done on the patients of diabetes. Total 50 patients were taken diagnosed with Depression and Type II diabetes Mellitus. Pre-designed and pre-tested questionnaire contained information on Depression, questions regarding the knowledge, awareness, and practice regarding depression with diabetes. Each correct response was assigned score 1 and wrong response was assigned 0. The knowledge and attitude and practise regarding the depression were assessed using the questionnaire by semi-structured interview. A semi structured interview is used for selecting the study subject.

METHEDOLOGIES:

This study is a **cross-sectional observational study design** which is carried amongst all the patients of diabetes with depression of VISHUDH DIABETES CLINIC situated at Indira nagar, Lucknow. The consent was taken by the ethical members of the clinic.

RESULTS

Table 1: Demographic Characteristics Of Subjects.

Sample Characteristics	Frequency %
Age (in years)	
18-30	22 (44%)
>30	28 (56%)
Sex	
Male	20 (40%)
Female	30 (60%)
Occupation	
Professional	18 (36%)
Non professional	32 (64%)
Monthly Income	
Up to 10000	21 (42%)

>10000	29 (58%)
Educational status	
Below 10th standard	22 (44%)
Above 10th standard	28 (56%)

Table 2: Knowledge Of Subjects Regarding Depression

Total knowledge score		
Domains of knowledge score	Yes	No
Have you ever heard of depression?	35 (70%)	15 (30%)
Do you consider depression as a health problem?	30 (60%)	20 (40%)
Depression affects people of a particular age group?	35 (70%)	15(30%)
Depression is caused by witchcraft, charms or evil spirits.	15 (30%)	35 (70%)
Patients with depression and diabetes can break down at any time.	26 (52%)	24 (48%)
Patients with diabetes can develop depression at a very early stage?	32 (64%)	18 (36%)
Medication of diabetes can be one of the reasons of Depression?	40 (80%)	10 (20%)
Do depression required any medical assistance?	38 (76%)	12 (24%)
Does Depression have any impact on diabetes or vice versa?	28 (54%)	22 (46%)
Depression can only be treated by anti depressant?	32 (64%)	18 (36%)
Depression can also be treated by psychotherapies and counseling?	28 (54%)	22 (46%)

Table 3: Attitude Of Subjects With Depression

Attitude domains	Yes %	No %
Do you visit a clinician if you had medical related problems regarding diabetes?	41 (82%)	9 (18%)
Do you visit a psychologist if you had an emotional problem?	15 (30%)	35 (70%)
Are you afraid of someone with depression staying next door?	30 (60%)	20 (40%)
Are you willing to maintain friendship with someone with depression and associated diabetes?	12 (24%)	38 (76%)
Do you believe controlling your blood sugar can cure depression?	24 (48%)	26 (52%)
Are you ashamed for someone in your family with diabetes and associated depression?	26 (52%)	24 (48%)
Becoming depressed is a way that people with poor stamina deal with life's difficulties	28 (54%)	22 (46%)
Becoming depressed is a natural part of old age	20 (40%)	30 (60%)
Depression reflects a characteristic response that is not amenable to change	28 (54%)	22 (46%)
Diabetes itself is a chronic disease; in this case depression is natural. It is not related to our thoughts and beliefs	15 (30%)	35 (70%)

Table 4: Practice Of Subjects With Depression

Practice Domain	Yes	No
Are you able to manage depression and diabetes smoothly?	20 (40%)	30 (60%)
Are you able to handle the complications of depression on diabetes?	15 (30%)	35 (70%)
Do you accept yourself with depression and diabetes?	10 (20%)	40 (80%)
Do you visit your psychologist as per session required?	14 (28%)	36 (72%)
Do you visit hospital for your regular check-ups and treatment	20 (40%)	30 (60%)
Do you able to consider assessments life circumstances that can affect psychological and physical health outcomes	15 (30%)	35 (70%)

RESULTS AND DISCUSSION:

Demographical characteristic of the subjects as shown in Table 1, 56%of the subject were in the age group of above 30 years, and most of them are female (60%). Nearly two third (56%) respondents studied above 10th standard, 64% of them were non-professional by occupation and 58% of then earns more than Rs 10000 per month.

Knowledge of subjects regarding depression i.e. Table 2: Domains like depression affects people of a particular age group? 35% of the people usually think that depression is age related problem and 32% of the people are aware that depression with diabetes is not a good sign it may lead to severe complications and complexities. 80% of them knows very well that the medication of diabetes and being diabetic is very stressful because it may change your whole lifestyle and many alterations in your eating pattern in short Diabetes can change your whole life which itself is very stressful and depressing. 32% of them also think that depression can only be treated with anti depressants. Majority of the people knows what depression is and depression is common in diabetes.

Attitude of the subjects regarding depression i.e. Table 3: 82% of the sample population said yes, they visit to the clinician if they had any medical related issues regarding diabetes but 35% of them don't agree in visiting to the psychologist if they have any emotional or behavior related issues. This is due to the lack of awareness and knowledge regarding the psychological or mental illness. People still feel uncomfortable or resist them in venting their thoughts and feelings. People with depression are still ignored. About 38% of the people said that they are not willing to maintain friendship with someone with depression this shows lack of acceptance in the society.

Practice regarding Depression i.e. Table 4: It is very difficult to manage depression with diabetes simultaneously. But once the patients are aware and have knowledge about the pros and corns of depression with diabetes and the complication, complexities and reason behind it they can smoothly manage both the problems. When people are asked whether they are able to manage their depression and diabetes smoothly about 30% of them said no, this is because lack of knowledge and mismanagement of both the problems. 35% cannot handle the complications of depression on diabetes this is may be due to the lack of acceptance and lack of assistance which they do not take their doctors or psychologist. 36% not even continue the counseling sessions or go for follow-up. This shows that how the people take the mental or psychological problems in a casual way Although mental and psychological health is an integrated component of total health, in many countries it is largely neglected field. The international direction is to have fewer inpatient facilities and focus on a community based model of mental or psychological health. There is a deficiency in care at the community level. There are several obstacles to this expansion of community services, the public's knowledge and attitude regarding the depression being perceived as a major one[10].

The present study i.e. To evaluate the knowledge, attitude and practice regarding the depression among diabetic patients revealed that a substantial proportion of the community had poor knowledge regarding the depression, Although those who have good knowledge regarding the sign and symptoms, causes and consequences of depression they do not accept themselves with depression. They visit to the psychologist for the same but they do not follow up for the later consequences .Most of them believes that this is a curse by God; Deficiency of knowledge about treatment and prognosis of depression is persistent in most if the subjects.[11,12]

In the present study, negative attitude towards people with depression were widely held. Most of the subjects were uncomfortable in visiting the counselor or psychologist if they had any emotional problems or they discuss the problem with the clinician who is treating their diabetes, this reflects the stigma associated with depression or other mental illness and hindering treatment seeking. Here is the role of the clinician that they refer the patient to the counselor or psychologist to get the proper counseling or therapy for the same.

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

Recommendations for the Doctors and Patients

- Psychosocial care must be integrated with collaborative, patient-centered medical care provided to all people with type II diabetes with the goals of optimizing health outcomes and health-related quality of life.
- Doctors must consider an assessment of depression through their symptoms, using patient-appropriate standardized and validated tools at the first visit of the patients, periodic intervals, and when there is a change in the present problem, treatment, or life

circumstance. Caregivers and family members in this assessment are recommended.
- Monitor patient's performance of self-managing behaviors as well as psychosocial factors impacting the person's self-management.
- Addressing psychosocial problems upon identification is recommended. If any intervention cannot be initiated during the visit, when the problem is identified, a follow-up visit or referral to a qualified behavioral health care provider may be scheduled during the second visit.
- Consider assessment of life circumstances that can affect psychological and physical health outcomes and their incorporation with intervention strategies.

PSYCHOSOCIAL ISSUES IMPACTING DIABETES SELF-MANAGEMENT

Recommendations For Doctors And Patients

- Doctors or clinician should consider the burden of treatment and patient levels of confidence/self-efficacy for management behaviors as well as level of social and family support when making treatment recommendations.

Diabetic patients should be evaluated and receive training until they achieve competence in diabetes self-care skills and the use of technologies at the time of diagnosis, annually, if/when complications arise, and if/when transitions in care occur. The diabetes care team encouraged for direct and regular assess for these self-management behaviours.

DEPRESSION

Recommendations for Doctors and Patients

- Doctors and clinician should consider annually screening all diabetic patients and/or a self-reported history of depression for depressive symptoms, with age-appropriate depression screening measures, recognizing that further evaluation will be necessary for individuals who have positive screen.
- Beginning at diagnosis of complications or when there are significant changes in medical status, depression assessment must be considered.

Referrals for treatment of depression should be made to mental health providers with experience using cognitive behavioral therapy (CBT), interpersonal therapy, or other evidence-based treatment approaches in conjunction with collaborative care with the treatment of Diabetes.

CONCLUSION:

Knowledge about depression is average among the diabetes patients in the present study. The majority of the subjects have negative attitude and non- acceptance towards the depression. The people with minimal knowledge about depression suggest the need for strong emphasis on public education to increase mental health literacy among general public to increase awareness and positive attitude of people towards depression and other mental illness.

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