SCREENING FOR DEPRESSION IN ADULTS WITH A DIAGNOSIS OF DIABETES MELLITUS

GUIDELINE

Virginia Premier Health Plan
Background: Depression is twice as common in people with diabetes as in the general population. Major depression is present in at least 15% of patients with diabetes. Depression is associated with poorer glycemic control. (Diabetes Care, 1993, 2001, 2002).

ADDITIONAL STANDARD
- As a separate component to the diabetes practice guideline, this guideline specifically focuses on members with diabetes and depression. As a result, a definite timely and necessary intervention, either directly by the clinician or via referral to a specialist will take place.

COMPONENTS OF THE VISIT
- Clinical assessment for major depression should be provided for any adult diabetic with poor glucose control or when the patient has symptoms suggesting possible depression such as insomnia, anorexia, or anhedonia. Ideally screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

While screening instruments (e.g. PHQ-9, PHQ-2, Zung, Beck, CES-D) may be utilized, a positive score on the screen is not sufficient for clinical diagnosis. Diagnosis requires a full history and examination using standard DSM-5 diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders) to determine the presence or absence of a specific depressive disorder. FOR THIS TO BE EFFECTIVELY IMPLEMENTED THE ENDOCRINOLOGIST MUST COLLABORATE WITH A QUALIFIED MENTAL HEALTH PROVIDER

Intervention/follow-up/referral: As needed (may include pharmacotherapy, psychotherapy, and/or other interventions as appropriate). This should occur within 14-30 days after the assessment.

REFERENCES: