



**Screening for Depression
In Adults With a Diagnosis of**

Diabetes Mellitus Guideline

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 problems sleeping, changes in appetite, low energy, fatigue, 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 Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5-TR) diagnostic criteria 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 psychotherapy, nutritionist, pharmacotherapy, and/or other interventions as appropriate). This should occur within 14-30 days after the assessment

REFERENCES:

1. The Guide to Clinical Preventive Services 2005, Screening for Depression, PP. 98-101.
2. Psychological Aspects of Diabetes, Canadian Diabetes Association, 2003.
3. van der Feltz-Cornelis CM, Muyen J, et al. [Effect of interventions for major depressive disorder and significant depressive symptoms in patients with diabetes mellitus: a systematic review and meta-analysis](#). Gen Hosp Psychiatry. 2010;32:380-95.
4. Holt RI, van der Feltz-Cornelis CM. [Key concepts in screening for depression in people with diabetes](#). J Affect Disord. 2012;142 Suppl:S72-9