

Diabetes and Mental Health

In the U.S., **17.9%**¹ of the population is affected by a mental illness; however, for people with diabetes this number is often greater and if left unrecognized can have a serious impact on diabetes management. The good news is a diabetes educator can work with individuals to create a diabetes care plan that supports their overall mental health and addresses challenges.



People with diabetes experience higher rates of mental health issues



Increased symptoms of **depression affect one in four adults with diabetes** with rates ranging from 21.3% in adults with type 1 diabetes to 27% in adults with type 2 diabetes.²



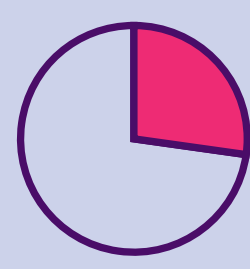
18-45%³ of people with diabetes exhibit **diabetes distress** – a condition where the emotional burden and stresses of living with diabetes manifests in physical ways such as fatigue, tension and burnout.



Adults with diabetes have been found to have **elevated rates of anxiety symptoms** and conditions including generalized anxiety disorder (GAD) and anxiety symptoms that are specific to the experience of living with diabetes or diabetes complications (e.g. fear of needles, fear of hypoglycemia).⁴



Diabetes can have a greater impact on young people

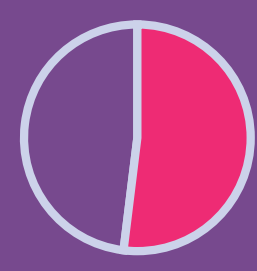


27% of teenagers with type 1 diabetes exhibited moderate to high risk for depression and 8% endorsed thoughts of self-harm.⁵



Youth with type 2 diabetes are also at risk of depression with rates ranging from 8% to 22%.⁶

Diabetes can lead to disordered eating



Rates of disordered eating behaviors are as high as **51.8% in women** with type 1 diabetes.⁷



Those with diabetes are at an elevated risk of developing a psychiatric eating disorder with 6.4% affected by bulimia, binge eating and anorexia.⁸



To best support those with mental health conditions, diabetes care and education specialist and the diabetes care team can:

- Focus on the overall psychological health as part of an individualized management plan.
- Refer individuals to appropriate mental health services and follow up with them to understand how their treatment is progressing.
- Do not assume that a physical symptom is the result of a mental illness. Diabetes education should always be individualized, but no automatic modification should be made based on the presence of a psychiatric diagnosis.
- Challenge stigmatizing beliefs held by others and recognize your own personal bias.