Diabetes and Mental Health

In the U.S., 17.9% 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. 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. 

18-45% of people with diabetes exhibit diabetes distress – a condition where the emotional burden and stresses of living with diabetes manifest 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).

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% had thoughts of self-harm. 

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

Diabetes can lead to disordered eating

Rates of disordered eating behaviors are as high as 51.8% in women with type 1 diabetes. Those with diabetes are at an elevated risk of developing a psychiatric eating disorder with 6.4% affected by bulimia, binge eating and anorexia.

To best support those with mental health conditions, diabetes educators 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.

AADE American Association of Diabetes Educators

For more information on diabetes and mental health go to DiabetesEducator.org/mentalhealth

References can be found at DiabetesEducator.org/mentalhealth