

BREAKING FREE FROM
**DEPRESSION
AND DIABETES**

10 THINGS YOU NEED TO KNOW AND DO



Behavioral Diabetes Institute



Depression is like a black hole. It can take the joy out of life, drain your energy and motivation, and cause you to feel hopeless and worthless. Even worse, depression can make the tasks required to manage diabetes seem much more difficult and, therefore, may seriously hurt your long-term health.

There are many reasons why someone might develop depression. Sometimes it may be related to diabetes, sometimes not. In either case, when you combine diabetes and depression, it is a very toxic mix.

But there is good news: This booklet was designed to help you understand depression and how it may be linked to diabetes. By learning these ten important facts, you take an important step toward feeling good again. So hang in there!

You CAN overcome depression, handle diabetes more successfully and feel much, much better again.



Important Resources for You

- Behavioral Diabetes Institute. The world's first organization wholly dedicated to addressing the unmet emotional needs of people with diabetes. In addition to developing this booklet, the Institute has further information available online about diabetes and depression (and other common emotional issues related to diabetes). Visit us at www.behavioraldiabetes.org.
- National Suicide Prevention Lifeline. A free, confidential 24-hour hotline available to anyone in suicidal crisis or emotional distress. 1-800-273-TALK (8255). Your call will be routed to the nearest crisis center to you.
- The Depression and Bipolar Support Alliance website (www.dbsalliance.org) provides timely information on depression, anxiety, and bipolar disorder, and explains how doctors screen for these conditions. This site also provides information for the newly diagnosed as well as recovery steps, and ways to help a loved one with depression and bipolar disorder.
- The National Institute of Mental Health (NIMH) is the largest research organization in the world that focuses on mental health diseases. The NIMH website (www.nimh.nih.gov/health/topics/depression) provides in-depth information and the latest findings on depression.



“Depression made it really hard for me to concentrate and think through all of the decisions I needed to make with my diabetes. I couldn’t even remember if I had taken my insulin or not. It added to my feeling that I was a failure.”

01

Depression and Diabetes: Why This is a Big Deal.

Depression is painful all by itself, but depression and diabetes together is a dangerous combination.

- Having diabetes increases the chances of having a significant problem with depression, and depression can make it difficult to manage diabetes effectively. Scientific research has shown that depressed people are more likely to skip medications, get little exercise, have an unhealthy diet, and have difficulty managing their weight.
- People with diabetes, both type 1 and type 2, are almost twice as likely to develop depression as those who do not have a chronic medical condition. On any given day, it is estimated that 15%-20% of people with diabetes are struggling with a moderate or severe form of depression.
- When combined with diabetes, depression contributes directly to
 - poorer blood glucose control
 - more frequent hospital visits
 - higher risk of long-term complications (such as heart disease and retinopathy)
 - a shorter life span

Yes, depression, if left untreated, is toxic. And this is why it is so important to address it!



*"I had depression long before I got diabetes.
Diabetes is not that bad for me next to
everything else I have to deal with."*

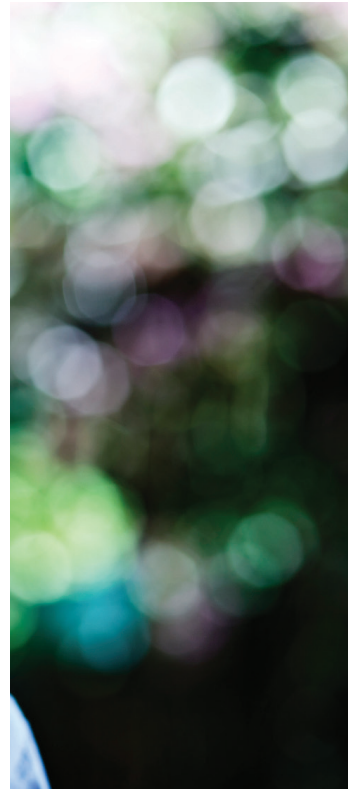
02

Why is Depression So Much More Common for People with Diabetes?

Getting depression doesn't mean you are crazy nor does it mean you have a weak mind. The major factors that contribute to depression are your genes, the amount of stress in your life, and how you think about yourself and your future. And having diabetes makes depression even more likely. There are two reasons why this is so:

- The psychological influence. Managing diabetes takes attention and effort, and this can be burdensome. It can feel like you have been given a full-time job: a job that you didn't apply for, don't want, and can't quit. The constant effort to watch what you eat as well as the daily work of monitoring blood sugars and taking medications correctly can be stressful, especially when the results are discouraging. Dealing with diabetes complications can contribute to the burden. At times, this can become overwhelming and make some people feel like quitting. Not surprisingly, all of this can make depression more likely.
- The biological influence. Certain common medications (like beta blockers) and other diseases (like hypothyroidism) can sometimes cause symptoms of depression or make it worse. Chronic pain (such as pain due to neuropathy) as well as sleep problems can also contribute to depression. In addition, chronically high blood glucose levels may worsen depressive symptoms.

But just because depression is more common with diabetes, it doesn't mean that it is inevitable or that it can't be overcome. Not at all!



“I didn’t even care whether I got out of bed or not. It was even harder to care about planning healthy meals and checking my blood sugar. Treating my depression helped me care more about getting back to my life and freed up the energy to start tackling my diabetes.”

03

Getting Help for Depression is Worth the Effort.

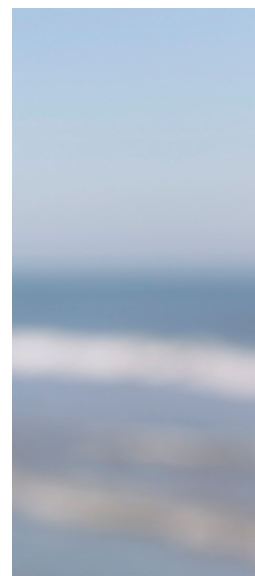
Too many people never seek treatment for depression. As a result, they suffer with depression unnecessarily and for far too long.

The scientific evidence is overwhelming: Good treatment for depression can help you to

- feel better
- have more energy
- have better concentration
- have greater interest and motivation to take care of your diabetes and live longer and happier.

So what's stopping you?

Depression is a serious medical condition that is common but not a normal part of life. Depression is unlikely to go away all by itself; this is not because you are weak or haven't tried hard enough. Even if you have tried some treatment in the past and it didn't work, don't give up. There are a number of new therapies that might help you now.



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Is Depression a Problem for You?

Depression causes negative changes in mood, thinking and behavior. It can also affect your energy level, appetite, ability to concentrate and so much more. Depression can happen to anyone. It can be very sneaky. You may think something is wrong but not realize it could be depression.

Depression comes in many shapes and sizes. The most common forms are:

- Adjustment disorder (usually mild, occurring in response to a stressful event)
- Dysthymia (long-term, mild to moderate severity)
- Bipolar disorder (also known as manic depression, with extreme highs and lows of mood)
- Major depression (the focus of this booklet)

All forms of depression can make diabetes more difficult and all can benefit from professional treatment.

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Major Depression is characterized by the presence of five or more of the following symptoms for a period of at least 2 weeks. They must cause serious distress and interfere with the person's ability to perform the daily activities involved with self-care, work/school, or family and social life:

- Sadness, irritability, or "empty" mood that lasts most of the day, nearly every day
- A loss of pleasure or interest in doing things you used to enjoy
- Feelings of hopelessness or pessimism
- Decreased energy, fatigue, and feeling "slowed down"
- Difficulty concentrating, remembering, and making decisions
- Feelings of worthlessness, inappropriate guilt, or helplessness
- Insomnia, early-morning awakening, or oversleeping
- Changes in appetite, eating either more or less than you used to (when not dieting), resulting in changes in weight
- Nervousness or restlessness
- Recurrent thoughts of death (not fear of dying) or suicidal thoughts

Remember that depression can influence how you see the world. Because of depression, it may seem that anything you do or achieve is "never good enough". Therefore, you may also feel like you are constantly failing with your diabetes. Even though it isn't true, this can make it harder to stay motivated and to keep up your efforts to manage diabetes.



“I didn’t feel sad or depressed so I didn’t know this was depression. I didn’t really feel anything at all. The worst thing was that I didn’t have any joy in my life anymore. I just wasn’t interested in anything.”

05

As a First Step, Talk to Your Doctor.

There are many different ways to treat depression, but which one is best for you? Antidepressant medication? Some type of counseling? But maybe your symptoms of depression aren't really depression at all.

Symptoms of depression can be caused by certain medical conditions and can be made worse by a number of commonly prescribed medications. Also, chronic pain, major sleep problems or chronically high blood sugars can all contribute to depression. That is why talking to your doctor should be your first step.

By working together with your doctor to identify the causes of your symptoms, he or she can help you select the best treatment for you. Plan to explain in detail what you have been experiencing. The better your doctor understands, the easier it will be to make an accurate diagnosis and to help you feel better again.



“I was really reluctant to take another pill.
But once I got started, it really helped me
deal with things better.”

06

Antidepressants Can Help, But They Are Not Perfect.

No one is happy about taking additional medications, especially if you feel like you are already taking too many. But antidepressant medications have helped millions of people to recover from depression and regain their lives.

When prescribed an antidepressant, your dose may need to be changed over the first several months, and it may take 4–6 weeks before you start feeling better. And these drugs aren't foolproof. In almost half of all cases, the first antidepressant that is tried doesn't really help. But don't despair; there are many kinds of antidepressant drugs and this just means you may need to try a second drug, or even a third, before you get real benefit.

Like all drugs, there may be unpleasant side effects. Some antidepressants are associated with weight gain, increased blood pressure or sexual problems, so it is important that you and your doctor select the best medication for you. If you can't tolerate the medication, you can always talk with your doctor about stopping it safely.

If you are also struggling with drug or alcohol abuse, are having anxiety problems or suicidal thoughts, or have already tried a few different antidepressants without benefit, then request a referral to a good psychiatrist (a physician who specializes in mental health and appropriate medications) who knows about diabetes. And remember that self-medicating (with alcohol, drugs, food or shopping) doesn't work!



07

Cognitive-Behavioral Therapy (CBT) Can Help.

There are many forms of counseling, but only one, CBT, has been consistently shown in scientific research to help people overcome depression.

CBT is based on our understanding that depression causes you to notice only the negative things going on in life. These are automatic forms of thinking that you may not even notice you are doing. For example:

- All-or-nothing thinking – includes absolutes (like perfect/or failure, everything/or nothing) and often includes words such as “always”, “never”, “completely”, and “perfect.” For example, you eat a piece of cake and think “I totally blew it. I might as well take today off from diabetes and start tomorrow.”

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- The Shoulds – are strict, unattainable rules you set for yourself and that don't allow for flexibility. For example, "I should always be able to keep my blood sugars under 150 mg/dl. When I don't, I am a bad diabetic."
- Catastrophizing – is when you only expect the worst to happen without considering other possibilities. For example, "I have a doctor's appointment tomorrow and I am sure my numbers have all gotten worse. I am going to end up blind."

By helping you to see how depression is causing mistakes in how you think, CBT allows you to view challenging situations more clearly and learn how to respond to them in a more effective way. As a result, you begin to feel better and better.

CBT helps you to fight back against those negative thoughts and to overcome depression. So ask your doctor about a referral to a CBT-knowledgeable (and, if possible, diabetes-knowledgeable) mental health professional in your area.

What you can do on your own: Although it is difficult when you have depression, make sure you notice what you are doing right! Making the effort to acknowledge the little triumphs that you have throughout the day (including your efforts to manage diabetes), can help fight depression and make the "job" of diabetes feel more rewarding.



“Even when I get really depressed, I still take on the tasks of my diabetes. It is everything else in my life that seems to get harder for me.”

08

Good Sleep and Regular Exercise: The World's Cheapest Antidepressants.

Most of us don't get enough restful sleep OR exercise, and those with depression are even less likely to be getting enough.

Deep, restful sleep (typically, 7–9 hours/night) is a process that restores the mind and body. When sleep is disrupted or inadequate over long periods of time, it can lead to increased tension, difficulty concentrating, depressed mood, irritability and chronic fatigue. When fatigued, you are less likely to exercise. And when you are inactive, you may have more trouble sleeping. What a mess! You may end up in a downward cycle of inactivity and disturbed sleep, which can lead to depression.

Regular physical activity, such as brisk walking for 30 minutes/day (or whatever you are able to do), has been shown to reduce the symptoms of mild and moderate depression. Besides boosting mood, regular exercise can provide protection against heart disease while also lowering blood sugar, blood pressure and "bad" cholesterol levels.

So fight back against depression by getting started with some form of regular exercise. It may not be easy at first, but it will be well worth it. Talk with your doctor about the best exercise for you, and also ask about easy-to-learn tips for getting the restful sleep you need (for example, "sleep hygiene" techniques).



"I have felt like this for so long I didn't know that it could be depression and not just part of my personality. I suffered for 30 years with something that is really treatable!"

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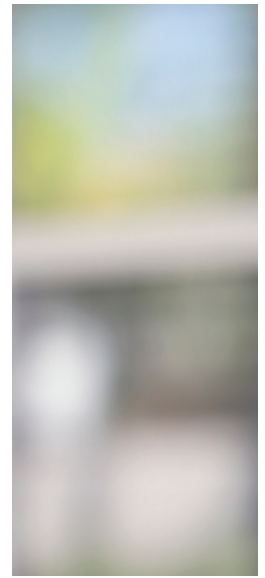
Get Up and Get Out!

Depression may cause you to withdraw from your friends and family and become isolated. It may feel like you have lost your “get up and go.” You may even find it hard to get out of bed on some days, or to go outside. And all of this makes depression worse and worse.

By breaking out of this pattern, even if it feels forced at first, you can begin to feel better again:

- Push yourself to take part in activities outside of the home. If you are retired or unemployed, consider volunteering your time for at least a few hours each week.
- Plan for “fun” activities, even though they may not seem like fun right now.
- Get involved with others. Attend a church or synagogue, take a class, join a club, anything!

Take small steps to become re-engaged with life. Don't sit around and just hope you will start feeling better some day. Get started now!



10

Deal With Your Negative Feelings About Diabetes.

Sick and tired of diabetes? Many people feel frustrated, scared, angry or overwhelmed. They may believe that they are “failing” at diabetes, that complications are inevitable, that nothing they try seems to work, or that they are alone with diabetes. Any of these can lead to “diabetes burnout” which can cause or worsen depression.

To address these feelings, there are six things you must first know:

- Now in the 21st Century, more and more people are living long and healthy lives with diabetes. Terrible complications do not have to happen. With good care and attention to your diabetes, odds are good you can do very well.

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- Diabetes is an important part of your life, but it doesn't have to run your life.
- You are not a bad person because you developed diabetes. It is not your fault. You are not "bad" because you didn't exercise today or because you ate more than you intended last night.
- It is important to measure diabetes progress in a realistic manner. You can never be perfect with your diabetes care, nor do you need to be. So measure your progress with your results (for example, A1C, blood pressure and cholesterol), not your day-to-day behavior. Remember, don't let blood sugar readings determine your self-esteem. Blood sugar results may be important, but they are neither "bad" nor "good." They are just information.
- Make sure you have a specific and doable plan for action. If you just have a vague sense that you should be "exercising more" or "checking blood sugars more often," you might believe you are never doing enough. To start, pick one action that might have a positive impact on your diabetes. Be specific. For example, exactly how much exercise this week? Exactly what are you going to do? When? How often? Break this down into small steps. By clarifying your action plan, you are much more likely to be successful.
- Don't do diabetes alone. Talk to your doctor or enroll in a diabetes education program to get the support you need, learn about the powerful benefits of good diabetes care, and understand how to fit diabetes into your life without blame or shame.

Yes, you can feel more confident and in control of your diabetes. And you can feel better again. To learn more about how to do so, visit us at www.behavioraldiabetes.org.



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