Sentara® Health Plans

# BEHAVIORAL HEALTH GUIDELINE

# SCREENING FOR DEPRESSION IN ADULTS WITH DIABETES

Guideline History

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| Date Approved | 09/24 |
| Date Revised | |
| Date Reviewed | |
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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). From 2011 to 2019 the prevalence of depression in adults with diabetes was about 29%. People with Type 1 diabetes have a higher prevalence of diabetes than people with Type II diabetes. Women with diabetes have a greater prevalence of depression. The prevalence of diabetes in 2021 in the US was 11.6%.

## 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, and 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

Intervention, follow-ups, and referrals should happen 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 J Affect Disord. 2012;142 Suppl:S72-9