



DEPRESSION AND DIABETES MANAGEMENT

July 23, 2015

It can be challenging to manage diabetes, even more so when facing other health issues, including depression. This is important to consider when caring for American Indians and Alaska Natives (AI/ANs) with diabetes, who are more likely to have co-occurring depression compared with non-Hispanic whites.¹

The UIHI wanted to better understand the clinical impact depression has on an urban population of AI/ANs with diabetes. Does having depression affect glycemic control? Does it influence whether a patient with diabetes is more likely to smoke? Are patients with both depression and diabetes less likely to receive foot, eye, or dental exams?

To answer these and other questions, the UIHI analyzed data about urban AI/ANs who received diabetes care at 33 Urban Indian Health Organizations (UIHOs). The data came from the IHS 2011 Diabetes Care and Outcomes Audit.

Urban AI/ANs with both depression and diabetes were found to be 1.5 times more likely to smoke than those with diabetes but without depression.

Possibly, individuals with depression might use smoking to self-medicate, or they might find that the experience of having depression reduces their motivation to quit smoking.² Offering smoking cessation programs for urban AI/ANs with diabetes and depression could provide the critical support patients need. Also beneficial would be holistic programs that address several behavioral risk factors together. This and other findings were published in winter 2015 in [Ethnicity & Disease](#).³

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References

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3. Knaster ES, Fretts AM, Phillips LE. *The Association of Depression Management Among Urban American Indians/Alaskan Natives in the United States, 2011*. *Ethnicity & Disease*, 2015; 25(1), 83-89.