

# Calming the Storm

## Coping with Diabetes: Dealing with Sad Feelings



One in 10 Kentuckians has diabetes, and one-third of them are not aware of their diagnosis. Often, when you find out that you have a chronic condition like diabetes, strong emotions surface. These may include: *denial, anger, grief, and a feeling of being overwhelmed.* The daily work of diabetes care is up to you. Staying motivated is often a challenge. This is true with those who are new to coping with diabetes and those who have faced the challenge for a long time. Dealing with a lack of motivation can also be a symptom of deeper problems. One challenge that particularly affects those who cope with a chronic disease such as diabetes is depression.

### *Depression*

Depression is a serious medical condition that affects thoughts, feelings, and the ability to function in everyday life. Feeling low or sad once in a while is normal. Sometimes you can experience a sadness that just won't go away, and there is a feeling of hopelessness. Feeling this way most of the day for two weeks or more is a sign of serious depression.

Several studies suggest that people with diabetes have double the risk of experiencing depression compared to those without the disorder. The longer one has diabetes, the more likely problems such as heart disease, nerve damage, and the chance of becoming depressed are to occur. One in three people with diabetes may have some level of depression that makes good blood-sugar control harder to maintain. To stay well, it is important to practice good diabetes self-management. Recognizing when to seek treatment for depression can improve both well-being and the ability to manage diabetes.

The link between depression and diabetes is being explored. Depression can develop because of chronic stress, which has an effect on the brain and results in poor control of blood-sugars. Other causes for bouts of depression can be difficult life events and/or side effects of medications. Research suggests that people with diabetes who have a history of depression are more likely to have complications, such as kidney, eye, and heart damage. Depression can become a vicious cycle for a person with diabetes. It can inhibit good self-care, and small tasks such as regular blood-sugar testing, following a good diet, and even eating can become too much effort. Any of these problems can affect your blood sugar

levels. The first step is being aware of the signs and symptoms of depression. Getting help is the second step.

### *Recognizing the Signs and Symptoms:*

- Being sad or anxious all the time, but worse in the morning.
- Loss of energy. You feel tired all the time.
- Feelings of guilt. You think you never do anything right, and are a burden to others.
- Nervousness, restlessness, irritability. You can't sit still.
- You can't make decisions or concentrate, even when you are watching a TV program or reading an article.
- Sleep patterns change. You wake up early in the morning and can't get back to sleep, OR you can't get to sleep and when you do, you wake up often.
- Appetite change. You eat more and gain weight, or you eat less and lose weight rapidly.
- Loss of pleasure. Hobbies or activities, even sex, are not interesting or pleasurable.
- Thoughts of suicide. You want to die or think of ways to harm yourself.

If you have experienced any of these symptoms for two weeks or more, you should get help. If you have had thoughts of harming yourself, you should seek immediate medical or professional attention.

### *Treating Depression*

The first stop should be your personal doctor to check on other possible physical causes. High or low blood-sugars can make you feel tired or nervous. Low blood-sugar at night could disturb your sleep. High blood-sugar at night may make you wake up often to go to the bathroom. As a result, you may feel tired during the day. Your health care provider or health care team can help you rule out physical problems.

If all of the possible physical causes are ruled out, your health care team will most likely refer you to a mental health specialist, such as a psychiatrist, psychologist, psychiatric nurse, licensed clinical social worker, or professional counselor. Mental health professionals can help you through the challenging times of depression with counseling, medications, or both. One report suggests that counseling and antidepressant medications have positive effects on both mood and blood-sugar control.

It is important that everyone on your health care team, including your pharmacist, knows of all the medications you take (prescriptions, over-the-counter medicines, vitamins, and herbal supplements) and can make sure that

what they prescribe will work effectively with your current medications. This will help prevent dangerous interactions. Use of herbal supplements of any kind should be discussed with your health care provider or pharmacist. Herbal remedies may have harmful interactions with other medications. Do not stop taking prescribed medications without consulting your doctor first.

*The Bottom Line: Get help if you have any signs of depression*

If your health care providers can't refer you to a mental health professional or they do not take your concerns seriously, be persistent and find someone who will. Check your phone book under counseling services for help lines that will direct you to local mental health services or agencies. Call your local hospital, health department, or Extension office for possible resources in your community. Remember, depression is a disorder of the brain that is treatable even if you have another illness, including diabetes. Getting treatment just may improve your ability to control your other illnesses.

**Web sites to visit for more information:**

National Institute of Mental Health (NIMH) - *Depression and Diabetes*

<http://www.nimh.nih.gov>

American Diabetes Association (ADA) - *Coping with Bad Feelings*

<http://www.diabetes.org/>

**References:**

1. Anderson RJ, Clouse RE, Freedland KE, and Lustman PJ. *The Prevalence of Co-morbid Depression in Adults with Diabetes: A meta-analysis*. Diabetes Care, Vol. 24, No.6, June 2001.
2. Kaholokula, JK, Haynes SN, Grandinette A, and Chang HK. *Biological, Psychosocial, and Sociodemographic Variables Associated with Depressive Symptoms in a person with Type 2 Diabetes*. Journal of Behavioral Medicine, Vol. 26, No. 5, October 2003.

Zaida R. Belendez, N.D., R.N.  
Former Extension Health Specialist  
September 2004, revised January 2018

Copyright © 2004, 2018 for materials developed by University of Kentucky Cooperative Extension. This publication may be reproduced in portions or its entirety for educational or nonprofit purposes only. Permitted users shall give credit to the author(s) and include this copyright notice.

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.