Psychological Factors in Diabetes

and Other Chronic Diseases

By Cheryl Yanuck, MD

he interplay between diabetes and psychiatric disorders is complex. Many of the medications used to treat schizophrenia cause weight gain and elevations of blood sugar, putting patients at increased risk of developing Type 2 diabetes. Some antidepressants can also increase blood sugar, whereas others can help lower blood sugar. A person's psychological state can put them at risk for developing diabetes, also: for instance, a sedentary lifestyle that results from a low-energy, unmotivated depressive state can lead to weight gain and eventual type 2 diabetes. Eating disorders that lead to obesity can have the same effect.

Conversely, patients with diabetes are at increased risk for depression and other forms of psychological distress. Low blood sugar reactions can mimic panic attacks; correctly making the diagnosis and implementing the correct treatment (sugar vs. relaxation techniques) is a matter of life and death. Once someone has diabetes, their state of mind has a large impact on how effectively they manage their disease. Diabetics have to measure their blood sugar several times a day, control their diets, exercise cautiously, and administer insulin or other medications. For all this to be done effectively requires clear thinking and a high level of motivation! Any emotional difficulties can compound the illness.

Since Type 1 diabetes usually starts early in life, the illness can have an impact on the child's self image, body image, and social experiences (think: birthday parties where everyone else is eating whatever they want). Adolescents often rebel against rules they had been following about exercise and insulin administration, causing their blood sugars to fluctuate. Experimenting with alcohol and drugs will affect blood sugars as well. Young people with diabetes are at increased risk of eating disorders.

CASE EXAMPLE

A middle-aged patient with Bipolar Disorder was stable on her psychiatric medications. Her family doctor put her on Metformin. She came to her next appointment with me saying that her anxiety level had increased, and she had even had a few panic attacks. We reviewed possible causes for her anxiety, including stressors in her life. When I heard that she had started taking Metformin, I looked it up, and found that it can increase lactic acid levels. I remembered that lactic acid infusions are used in experiments to induce panic attacks. We ordered a lactic acid level, and it was elevated. The patient talked to her family doctor, who switched her to a different hypoglycemic agent, and her mental state returned to normal.

CONNECTIONS BETWEEN MEDICAL AND PSYCHOLOGICAL ISSUES

A few diabetes clinics have support groups or patient educators that can help diabetics with emotional difficulties. Some patients will need to be referred to a psychiatrist who is familiar with all the complexities of managing their emotional problems in the context of their diabetes.

Similar issues arise for patients with other chronic medical conditions: autoimmune disorders, cancer, hypertension, heart disease, epilepsy, chronic pain, thyroid and other glandular conditions. For instance, having a heart attack increases the risk of depression, and taking certain antidepressants reduces the risk of dying shortly after a heart attack. Some autoimmune conditions can directly attack the brain, but this can easily be missed by a therapist who doesn't have a medical background. Thyroid imbalances almost always manifest with emotional symptoms such as depression or anxiety, and sometimes these are the only sign of thyroid disease early on. Cancer patients



who participate in support groups live longer than those who do not (18 months longer in one study of women with metastatic breast cancer). In 1991-92, I led a cancer support group, studied the psychiatric aspects of cancer, and did research on end of life issues.

These are just a few examples of the overlap between medical and psychological issues. If you have a chronic illness and are experiencing emotional distress, I would be happy to work with you.

Cheryl H. Yanuck, M.D., is a psychiatrist who has practiced in Chapel Hill since 1992. She specializes in treating adults with mood and anxiety disorders, eating disorders, relationship and self esteem problems, and in teaching stress management. She provides both psychotherapy and medication management as indicated. She is experienced at treating patients with chronic medical illnesses.

To contact Dr. Yanuck:

CHERYL YANUCK, MD

101-B Cloister Court
Chapel Hill, NC 27514

Telephone: (919) 493-0406
www.CherylYanuck.com