

REVIEW

The Influence of Anxiety and Depressive Syndrome on Treatment Adherence in Diabetes Mellitus

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Abstract

Diabetes mellitus (DM) is the chronic disease with the prevalence in a continuous rise – reaching a percent of 8.5% from the general population in 2014. Depression is a medical condition more frequently associated with chronic illness such as DM and highly associated with a more reduced quality of life and adherence to medical recommendations. We used the PubMed library and searched after the following key-words: type 1 diabetes mellitus, type 2 diabetes mellitus, anxiety, depression, depressive syndrome, treatment adherence, life quality. Diagnose of a new condition such as DM may be a traumatic experience for patients which could deny the reality, could accuse others of their problems or could refuse to go for a second opinion medical advice, to admit the truth. The newly diagnosed cases of type 2 DM benefit from unique medical training just from the perception of the illness point of view, while the evolution of parameters such as HbA1c does not differ significantly compared with usual care. Also, in newly diagnosed patients with type 2 DM, there is a higher incidence of depression and lower mental quality of life.

Key words: diabetes mellitus, quality of life, depression, newly diagnosed diabetes mellitus, treatment adherence.

Introduction.

Diabetes mellitus (DM) is the chronic disease with the prevalence in a continuous rise – reaching a percent of 8.5% from the general population in 2014 [1]. There are two main types of diabetes known – type I or autoimmune diabetes, secondary to β pancreatic cells deficiency developed through auto-antibodies; and type II, developed by insulin resistance, fact that progressively exhaust the pancreatic secretion of insulin [2].

Diagnose of a new condition such as DM may be a traumatic experience for patients which could deny the reality, could accuse others of their problems or could refuse to go for a second opinion medical advice, to admit the truth. On the other hand, there are the patients that had a long evolution from the moment of diagnosing of their condition. These two categories of diabetic patients have different influences from the depressive syndrome – the first category tends to be more willing to do something in order to influence the disease evolution, while the second one tends to be more at