

Psychovigilance in diabetes

Sanjay Kalra^{1,2}, Komal Verma³, Navneet Agrawal⁴, Atul Dhingra⁵

Abstract

Diabetes is associated with a myriad of mental health challenges, ranging from distress and depression to schizophrenia and substance abuse. These conditions are associated with hyperglycaemia, and also interfere with efforts to achieve good glucose control. One way in which this can be handled is by screening, early diagnosis, and timely management of mental health dysfunction and disorders. We term this action as psychovigilance.

Keywords: Anxiety, depression, diabetes distress, psychosocial aspects, type 1 diabetes, type 2 diabetes

DOI: <https://doi.org/10.47391/JPMA.23-94>

Glycaemic happiness

Mental health and diabetes have a bidirectional connection with each other.¹ Screening for mental and emotional well-being is a part of routine diabetes praxis. Optimal glycaemic control and wellbeing cannot be achieved unless mental and emotional health are taken care of. This concept has been described poetically as euthymic euglycaemia, or more simply, as glycaemic happiness.^{2,3}

Psychiatric disorders

Various psychiatric disorders are known to occur with greater frequency¹ in persons living with diabetes. These include anxiety, depression, schizophrenia and substance abuse. Coping disorders such as diabetes distress and insulin distress have also been reported in persons with diabetes.^{4,5} Eating disorders, ranging from orthorexia nervosa to anorexia nervosa, are also linked with dysmetabolic states.⁶

Psychovigilance

There is a need, therefore, to be vigilant for mental and emotional health care issues in persons living with diabetes. We term this as psychovigilance. Psychovigilance may be defined as “keeping careful watch for possible psychological health issues, and acting to mitigate them in a timely manner”.

¹Department of Endocrinology, Bharti Hospital, Karnal, India; ²University Center for Research & Development, Chandigarh University, Mohali, India;

³Department of Psychology, British University Bahrain; ⁴Department of Medicine, Diabetes Obesity and Thyroid Centre, Gwalior, India; ⁵Department of Endocrinology, Gangaram Bansal Hospital, Sriganganagar, India.

Correspondence: Sanjay Kalra. e-mail: brideknl@gmail.com

ORCID ID: 0000-0003-1308-121X

Timing of Psychovigilance

Psychovigilance should be integrated into routine praxis. Special attention must be paid, however, to persons who are newly diagnosed with diabetes, or with a major complication of diabetes; persons who have been advised a therapy that “intrudes” into their lifestyle, e.g., insulin, renal replacement therapy; persons with unexplainable poor or variable glycaemic control; and persons with a history of suboptimal social or psychological care.⁵

Tools for Psychovigilance

Simple validated tools may be used to practice psychovigilance. Examples include PHQ2 (Health Questionnaire-2) and WHO-5 (World Health Organization-5) questionnaires. Vigilance for specific psychological and psychiatric illnesses can be carried out using other psychometric instruments.^{7,8}

Therapy after Psychovigilance

It is not enough to suspect and diagnose psychological and psychiatric comorbidity. Treatment is required as well.^{8,9} Every health care provider must be able to offer psychological first aid (PFA) to persons who need it. PFA is defined as a compassionate and supportive presence designed to mitigate acute distress and assess the need for continued mental health care.¹⁰ It is an evidence-informed approach that is built on the concept of human resilience.¹¹

In the diabetes context, we define PFA as the empathic support, counselling and education to improve coping skills and optimize self-care of persons living with diabetes, so that psychological well being can be optimized. Some persons with diabetes may require specialized psychotherapy and/or pharmacotherapy. PFA helps in deciding which individual needs referral to a qualified mental healthcare professional.

Take-home message

Psychovigilance is an integral part of diabetes management. This should be made part of routine clinical assessment. Appropriate measures should be taken to optimize psychological health in case any dysfunction is noted.

References

- Balhara YP. Diabetes and psychiatric disorders. *Indian J Endocr Metab.* 2011;15:274.
- Kalra S, Das AK, Priya G, Joshi A, Punyani H, Krishna N, Gaurav K. An

- expert opinion on “glycemic happiness”: delineating the concept and determinant factors for persons with type 2 diabetes mellitus. *Clinics and Practice*. 2021;11:543-60.
3. Kalra S, Balhara YP, Bathla M. Euthymia in diabetes. *Europ Endocrinol.* 2018;14:18.
 4. Kalra S, Verma K, YP SB. Management of diabetes distress. *J Pak Med Assoc.* 2017;67:1625-7.
 5. Kalra S, Bajaj S, Sharma SK, Priya G, Baruah MP, Sanyal D, et al. A practitioner’s toolkit for insulin motivation in adults with type 1 and type 2 diabetes mellitus: evidence-based recommendations from an international expert panel. *Diabetes Ther.* 2020; 11:585-606.
 6. Winston AP. Eating disorders and diabetes. *Curr Diabetes Rep.* 2020; 20:1-6.
 7. Roy T, Lloyd CE, Pouwer F, Holt RI, Sartorius N. Screening tools used for measuring depression among people with Type 1 and Type 2 diabetes: a systematic review. *Diabetic Med.* 2012;29:164-75.
 8. El Sayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al. 5. Facilitating positive health behaviors and well-being to improve health outcomes: standards of Care in Diabetes—2023. *Diabetes Care.* 2023;46(Supplement-1): S68-96.
 9. Kalra S, Sridhar GR, Balhara YP, Sahay RK, Bantwal G, Baruah MP, et al. National recommendations: Psychosocial management of diabetes in India. *Indian J Endocr Metab* 2013;17:376.
 10. Everly Jr GS, Flynn BW. Principles and practical procedures for acute psychological first aid training for personnel without mental health experience. *International Int J Emerg Ment Health* . 2006;8:93-100.
 11. Hermosilla S, Forthal S, Sadowska K, Magill EB, Watson P, Pike KM. We need to build the evidence: A systematic review of psychological first aid on mental health and well-being. *J Trauma Stress.* 2023;36:5-16.
-