Psychovigilance in diabetes
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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

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Glycaemic happiness
Mental health and diabetes have a bidirectional connection with each other.1 Screening for mental and emotional wellbeing 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”.

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


