



Impact on Diabetes in Mental Health, Quality of Life and Interaction

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(A Qualitative Study based on Colombo South Teaching Hospital.)

Abstract

Diabetes is fourth leading non communicable diseases in world. Diabetic and psychiatric diseases are more prevalence in our society.it has shared bio directional association both influencing multiply ways. Mental health problems currently included Diabetes as risk factors currently rise in all over the area. For some people, stress of living with diabetes can concern for mood and potential complications.it may also leads for Depressions, anxiety, and confusion.

This study was conduct as a qualitative research with 12 diabeteition with age of (23-35) by selected randomly from endocrinologist unit in Colombo south teaching hospital. We collected primary data by using interview method with a three main focus group for discussion. According to pilot of study, we identify number of mental health issues that cause by diabetic. Main objective of this study is preventing the mental health issues of diabetic and generating idea to reduce crisis from our community.

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Research Background

Diabetes is among the fourth leading non-communicable diseases that affect morbidity, mortality disability in the world. It was 8 the leading cause of global deaths in 2018. expected to advance to be the 5 the cause by 2030. Importantly low and middle-income countries are more income countries valuable to diabetes-related deaths. Srilanka too seeing I increase in the cases of debates.

According to recent statics by the International Diabetes Fedriation (DF), the prevalence of diabetes among adults in a country suffers from diabetes which totals to 1.16 million over the past five years approximately 1-4% of total diabetes patients have lost their lives due to the diseases. Recent studies express that middle income and low-income countries have non – existent with mental health disorders with diabetes, but high-income countries are opposing the following statement.

In next few decades, diabetes takes place greatest place with mental health issues, patients will meet changes without health care systems. WHO estimates in 2011, half of the world population lives in a country where, on average, there is just one psychiatrist for every 200.000 people, 80% of patients in low income and high-income countries with senior mental health disorders. They do not receive care about what they need.

The commodity of debates and psychiatric disorders can present in different patterns .two can present as independent conditions with a direct connection. In such a scenario both are outcome of the indented and parallel pathway.in such cases, diabetes disorders case diabetes contributes to phsychartrics disorders.

Mental health problems currently included Debates as risk factors currently rise in all over the area. Especially urban people more effected by diabetes psychiatric disorders. People with diabetes are 2-3 times more likely to have depression than the people with diabetes only 25-50% of people have diabetes who have depression get diagnosed.

But treatment therapy medicine both usually very effective in our country to reduce it.

1. Introduction

Diabetes is a disease that occurs that your blood glucose also called blood sugar, is too high .blood glucose is your main source of energy and comes from the food you eat. Insulin a hormone made by the pancreas helps glucose from food get into your cells to be used for energy. Sometimes your body doesn't make enough glucose then stays in your blood and doesn't reach your cells.

Over time having too much glucose in your blood can cause health problems. Although diabetes has no cure, you can take steps to manage your diabetes and stay healthy some time people call diabetes "although of sugar" or borderline diabetes these terms suggest that someone doesn't have diabetes or has a less serious case, but every case of diabetes is serious.

➤ **Type 01**

Diabetes mellitus is characterized by loss of insulin-producing beta cells of its self's of Langerhans in the pancreas. Leading to insulin deficiency .this type can be further classified as an immune-mediated autoimmune attack that leads to the loss of beta-cell thus insulin. The majority of type 1 diabetes affected mainly to young people with an abrupt often life-threatening onset of symptoms and requires long term treatment with insulin injections. The main symptoms of this type of diabetes include high blood glucose levels, excessive thirst, frequent urination weight reduction, and tiredness.

➤ **Type 02**

Type 02 Diabetes mellitus is characterized by insulin resistance which may be combined with relatively reduced insulin secretion the defective responsiveness of body tissue to insulin is believed to involve the insulin receptor. However, the specific defects are not known defects are class fields separately. Type 2 diabetes is a common type.

Type 02 Diabetes is due primarily to lifestyle factors and generic a number of lifestyle factors are known to be important to the development of type 2 diabetes including obesity (defined by a body mass index of greater than thirty) lack of physical activity, stress, and urbanization. Its effect mainly middle-aged (40+) elderly people and has a more gradual onset.

Dietary factors also influence the risk of developing type diabetes consumption of sugar-sweetened drinks in excess is associated with an increased risk.

➤ **Gestational Diabetes**

Gestational Diabetes is diagnosed the first time during pregnancy. The hormones of pregnancy cause insulin resistance and often this form of diabetes disappears after delivery of the baby. Women who have gestational diabetes have an increased risk (as high as 30-70) of subsequently developing type 2 diabetes in Asia the incidence of gestational Diabetes has increased dramatically with 10-15% of all pregnancy affects Many countries.

Routine screening of all pregnancies at 28-30 weeks with a 75-gram oral glucose test and if abnormal institute dietary and lifestyle changes and when necessary insulin therapy. The problems related to gestational diabetes are significant and can affect the health of the fetus and the mother. There is a higher risk of abortions stillbirths, fetal abnormalities, and the need for cesarean section.

➤ **Children's and adolescents with diabetic**

Children and adolescents, in particular, there is a need to identify mental health illnesses associated with diabetes. Minimize the impact over the course of development children and adolescents with type 1 diabetes have significant risks for mental health problems. Including depression, anxiety, eating disorders, and disruptive behaviour disorders.

The risk will increase significantly during the adolescences mental health diseases product poor diabetic management and it controls medical outcomes. Adolescents with type 1 diabetes have been shown to have a generally comparable rates for diabetic distress compared to adults with type 1 diabetes.

➤ **Diagnosis**

Diabetes mellitus characterized by recurrent or persistent hyperglycemia and is diagnosed by demonstrating any one of the following our doc

- Fasting plasma glucose level > 7.0 mm old/1 (26 mg / d)
- Plasma glucose > 11.1 mml/l(200mg/di) two hours after
- Symptoms of hyperclymeia had casual plasma glucose> 11.1 mm (200 mg/di)

➤ **How Diabetes and Mental health connected**

A diabetes diagnosis can feel like not just a threat to health if can also seem like a threat to person's way of life because managing diabetes means making changes to your day-to-day routine, your doctors might instruct you to charge you diet eatery certain kinds of foods avoided sugary beverages, these changes can be emotionally draining and you might start to notice that you feel bit comfortable.

- People living with type 1 or type 2 diabetes are at increased risk for depression, anxiety and eating disorders
- Rates of depression across the lifespan are 2 times greater for people with diabetes than in the general population
- People with type 1 diabetes are twice as likely to disorder eating

In women with type 1 diabetes, most common eating disorders while women with type 2 diabetes are more likely to deal with ages

The fear blood sugar fluctuations can be very stressful changes in blood sugar can cause rapid change is mood and other mental symptoms such as fatigue, trouble, thinking clearly and anxiety

Having diabetes can cause a condition called diabetes distress which shares some traits of stress, depression, and anxiety .unlike depression diabetes distress can be linked back to causal factors related to diabetes

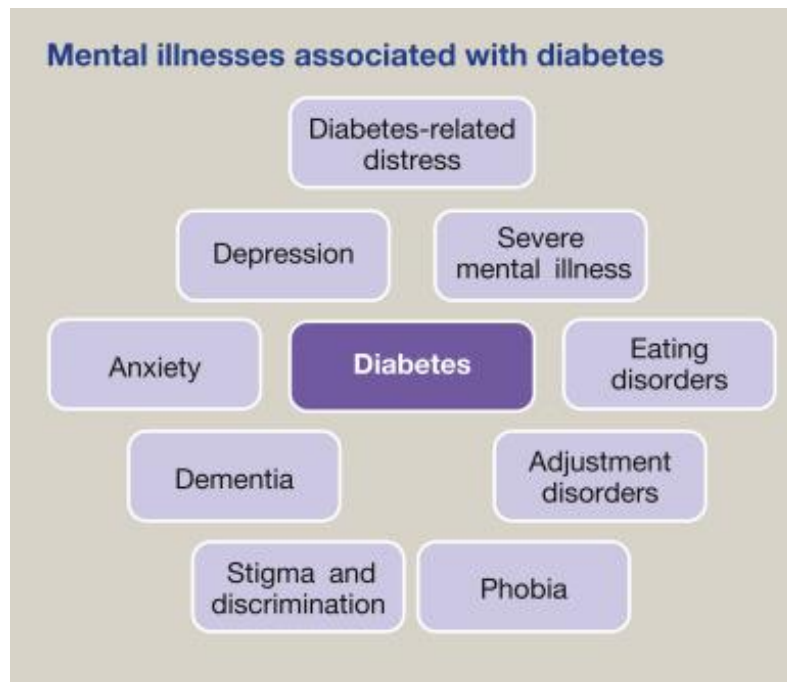
Egg. Fear of hypoglymea or a very low level of blood sugar may cause significant worry.

Diabetes distress also is affected by external factors like family and social support and health varied services.it is estimated that 30-50 percent of people with diabetes will experience diabetes distress at some point. Experts say that improving diabetes management to reduce stress talk therapy support groups can be helpful.

➤ **What is an Endocrinologist?**

who specialize in glides and the hormones they deal with metabolism, or all the biomedical process that make your bodywork. Including how your body changes how it gains. They may work with adults or kids. When they specialization with children they called pediatric endocrinologist as well as Endocrinologist. They often work with team with diabetes patients as well as educators, exercise

psychologists who were engaged with every aspect of diabetes which can be very complicated to manage. Well known in psychological therapy and structure treatments of Diabetes and mental illness



(American diabetic Association)

I. Anxiety disorders

The prevalence of anxiety disorders among patients with diabetes is considerably higher compared to general population. Negative correlations have been observed between prevalence of anxiety disorders and level .relation of anxiety disorders and diabetes has not been explored as-systematically and extensively as that of depression and diabetes .anxiety in the contact of diabetes has been studied mostly in association with depressions.

II. Mood disorders

Mood disorders include depression disorders, dismiss and bipolar affective disorders.occurrence of diabetes and depression has been established in clinical as well as general population studies. The risk of developing depression is 50-100% higher among patients with diabetes .its compared among the population 60% increased risk of diabetes. A specific association has been found between the risk of developing diabetes and non-severe depression persistent depression untreated depression.

III. Eating Disorders

Women with type 01 diabetes have a 2 fold increased risk for developing eating disorders .1.9% has increased risk for developing subthreshold eating disorders than women without diabetes.less amount of men have identified as diabetes patients and eating disorders also aver found. Distribute eating behaviour women with type 1 dates included brings caloric purging through insulin restriction. With rates of these distributing eating, behaviours reported to occur 13.3% to 40% women with type

1 aged between 15-30 years .moreover eating behaviour should come in under control.it will occur poor glycemecmic control with higher rates hospitalization and retinopathy and premature death compared with similarly aged women with type 1 diabetes.

IV. Depression

Depression is associated with poor health behaviours (i.e., smoking, physical inactivity, caloric intake) that increase risk of type 2 diabetes. Depression is also related to central obesity and potentially impaired glucose tolerance. Depression is associated with physiological abnormalities, including activation of the hypothalamic-pituitary-adrenal axis, sympathoadrenal system, and pro-inflammatory cytokines, which can induce insulin resistance and contribute to diabetes risk.

Diabetes may increase risk of depression because of the sense of threat and loss associated with receiving this diagnosis and because of the sense of threat and loss associated with receiving this diagnosis and the substantial lifestyle changes necessary to avoid developing debilitating complications. Also, studies suggest that late-life depression is associated with a history of vascular disease, including diabetes evidence suggests that the exposure/outcome relationship between these conditions is bi-directional and may change over the life course

One of the most serious mental health problems comorbidities Associate with diabetes major depressive disorder affects 6...7% adults in Sri Lanka with 18 years or older.it was more likely to dragonise in adults with diabetes. Overall rates of depression among individuals with type1 or type 2 diabetes across the little span are 2 times greater than in general population. Young adults with type 1 diabetes are especially at risk with poor physical and mental health outcomes and premature or falsity. Here is a strong body of evidence for multiple adverse interactions between diabetes and depression.

Overall, the comorbidity of depression and diabetes is associated with adverse diabetes outcomes, especially higher hemoglobin A1C (HbA1c) levels, micro- and macrovascular complications, mortality greater diabetes-related symptom burden, increased functional impairment, and poorer adherence to the diet, exercise, and diabetes self-management. In addition, coexisting depression in people with diabetes is associated with poorer mental and physical quality of life and markedly increased health care costs.

While both depression and diabetes are more common among certain demographic groups (i.e., women and African Americans, respectively), it is unclear whether this relationship varies across such groups. We, therefore, undertook a new review to synthesize the current evidence of the prospective relationships between depression and type 2 diabetes and provide a more reliable risk estimate and comprehensive picture of these relationships over the lifespan. A review article found that people with both type 1 and type 2

V. Schizophrenia Spectrum Disorders

Schizophrenia and other psychotic disorders very much concerned with diabetes. Those who diagnosed with psychotic disorders were reported to have insulin resistance or glucose in a prior period as medication. The clinical- Anti psychotic trails for effectiveness. Diabetes and schizophrenia will lead to more complications because of mortality compared to people with diabetes. The

increasing prevalence of diabetes will affect more for those who effected with schizophrenia people. Anita- psychiatric medications and other factors should have to implement to prevalence schizophrenia disorders.

Suicide

Diabetes had increased rates of suicidal ideation, suicide attempts another study found that people with newly diagnosed type 2 diabetes. completed suicide compared to the general population Another study found that people with newly diagnosed type 2 diabetes had a rate of past suicide attempts of almost 10%, which is diabetes was reported at over 20%.

VI. Effects of diabetes on Relationship

The mood swings and emotional demands of diabetes can affect relationships .having a chronic disease can both increase the need for emotional support and increase the potential for frustration and tensing understanding how diabetes can impact and individual lifestyle and the emotions can help loved on support the person with diabetes and strengthen the relationships also high blood sugar levels can lead to bladder and sexual problems that might reduce a person’s enjoyment sex.

Box 1: Interaction between diabetes and psychiatric disorders

- Present as cooccurring independent conditions with no apparent direct connection
- Diabetes as a risk factor for development of psychiatric disorders
- Psychiatric disorders as risk factors for emergence of diabetes
- Overlapping clinical presentation of diabetes and psychiatric disorders
- Interaction of medications
- Impaired treatment adherence

(American diabetic association)

VII. Bipolar disorders

Researcher’s study demonstrated that over half of the people with bipolar disorders were found to have impaired glucose metabolism which was found to worsen key aspects of the mood disorders. Glucose tolerant was decimal to be an etiological factor in the development of bipolar disorders.people with bipolar have been found presence rates estimated to be double that general population for metabolic syndrome and trouble for diabetes.

VIII. Guilt

It is a natural emotion to a wrong work and often analysis after being diagnosed with diseases. Feeling guilt be manged by answering questions such as “why am feeling guilty” what should I do when I feel guilty? These questions will examine a person's humanity.

2. Literature review

➤ **Theories related to diabetes and mental health**

1) Self-regulation theory

Diabetic and mental health illnesses or diseases have compared links with self-regulation theory because theory mainly focuses on an individual's illness representations or personal model of diabetic as key determinations of their behavioral and emotional response participation to illness. They have identified five core elements across cultures from our illness representations.

1. Identify
2. Cause
3. Timeline
4. Consequences
5. Treatments effectiveness

Adults and doctors with a diabetic have consistently demonstrated that individuals hold a diverse set of illness beliefs that do not fill that fill the medical view of the diabetic and that beliefs proximal determinates of patients' emotional well-being and self-care behaviour . Often heard relations known people who have seen media of people with diabetes and some of the complications of diabetes .there for individuals already having a personal model of diabetes .however these beliefs accurate to updated complications.

2) Self-determination theory

Self-determination theory theoretical framework used in reaction and health care management. Several types of research have demonstrated that when Diabetic patient motivation behaviour is changed is primarily autonomously directed they are more likely to engage in healthy behaviours (William, 2002).

A feeling of competence results which a person takes on and in his or her view meets optimal challenges Autonomy returns to perceived again of organ of source one of the own motivation. Diabetic patients are needed for individuals to take ownership of their behaviour to provide choice perspective-taking and rationale giving selection for their behavior.

Physicians, counselors, and educators are offer perspective taking through a paradigm shift

3) Diabetes and self-management

In common with other long term conditions, a crucial part of diabetes can involve the person changing their behavior and adjusting to the consequences of living with the disease. There is widespread acknowledgment about management of long- term achievements requires a particular focus on the support and facilitation of self-management appears within collaborative patients – clinical relationship .consider importance of lifestyle in management of type 2 diabetes it is essential that patients possess necessary skills to manage the conditions. In addition, the N.H.S report for the commission of mental health goes diabetic services in the U.K Cleary says that the people with SMI who developed diabetes should have

access to appropriate diabetes care. Diabetes self-management progress has a positive impact on clinical, lifestyle, psychological, outcomes in the general population.

Physical health may be low priority motivation to change may be limited, and the instability of psychiatric symptoms may present additional challenges for successful diabetes management.

4) Self – Learning Theory

Focuses on Diabetic patient's perceptions of their ability to enact behaviors and follow through on action plans in psychological terms, this is referred to as self – efficacy but it is a very similar concept of self-confidence. Because diabetic patients who need more self efficacy they must use this theory for a long time relief pain from mental illness. Self-efficacy is one of the most consisted predictors of successful self-care behaviour and has been incorporated into most health psychological models.

There is a strong collection of diabetes and mental illness. State that diabetes mellitus is more common among individuals with schizophrenia disorders than in the general population.

“ higher overall frequently of diabetes mellitus hospitalized patients diagnosed with bipolar disorders
(1999) (Cassidy)

“individuals with diabetes were twice as likely to have depression when compared to individuals in the same settings without diabetes”.
(2001) (Anderson et al)

Reported rates of depression were approximately two to three times higher in studies that used self-reported measures compared with studies using diagnostic interviews.

Looked that relationships between diabetes and depression are an overview of the literature they found there was a support of depression as a precursor to diabetes and suggest the relationships may be bidirectional.

(2009) (Riley et al)

There is evidence of the lower quality of diabetic care for those with serious mental health illnesses individuals with mental illness received fewer services and less education regarding diabetes from health providers than those without mental illness patients with comorbid psychiatric which influence some aspects of their self-reports

Goldberg (2007)

There is consensus that where diabetes treatment of mental illness should be a priority for patient.

(El-malla 2006, golden 2004)

Suggest that promote treatment of depression may prevent the progression of mood to suicidality and may reduce the burden of long term diabetes-related complications.in a retrospective study that 31% of patients with diabetes and depression received adequate treatment of depression

(Kaon) (2008)

3. Objective of Research

This research attempts to understand the connection between diabetic and mental health. Identifying the mental effects of diabetes and impact of the diabetic.

This study especially focuses on the prevention methods of diabetic and mental health

4. Research questions

1. How we can diagnose psychiatric disorders among diabetic patients?
2. What are psychiatric disorders we could identify from diabetes patients?
3. How we can prevent these disorders among our society?
4. How we generate Ideas for diabetes patients to get relief from psychiatric disorders?

5) Research Design

a) Methodology

Relationship with research participations

This study was conducted as qualitative research .as a methodology we used a focus group of discussion methods and interview to collect data to develop the research progress. 12 individuals 40-55 years who had been diagnosed with type 2 diabetes were recruit selected for this study. Participants randomly selected from long term illness with diabetes from Endocrinologist unit in Colombo south teaching hospital kalubowela.

Focus group discussion held on 20 th of February 2020. (In diabetes clinic)

b) Research Area

Endocrinologist unit in Colombo south teaching hospital , srilanka.



c) Sampling

- This study reported experiences of 12 Members.
- There were interviewed method through the purposive sampling
- Data collected on 20 Feb 2020 on diabetic clinic day

d) Method of data collection

- The empirical study was carried out by using qualitative methods and techniques from data collection.
- As a primary data collection method of this study examining a real.
- The primary data collection method of this study examine the real situation, the best methodology is the focus group discussion approach
- The secondary data for the study was obtained from existing literature as

Well, as recorded available in the offices of the selected area.

- I. Books- mental comb arties of diabetic
- II. Websites- <http://www.diabetes.org/living-with-diabetes/treatment-and-care/women/eating-disorders.html>

6.Results and Analysis

The following results represent a summary of the three focus groups of people with type 2 diabetes aged 35-50 years in Colombo south teaching hospital Kalubowila. The focus group aimed to provide an understanding of there social psychological issues and problems in a total of 12 individuals.

- **How they diagnosed with diabetes**

Individuals were first diagnosed as having diabetes through either receiving test or treatment for other conditions or from presenting symptoms to the doctor that may have been directly

“I had pain in my back. I went to the doctor and she said u need to take a blood sample check the glucose level. When I checked my level of glucose was too high than the normal level. Then only I recognize as I am a dilatation”.

“I was drinking lots of water I drank a drum or 2 dreams of water I think in two days it has increased more.....

“I got too difficult because I can’t control my urine outcomes. It annoyed me. Then only I follow the blood sample and the results show as diabetes.

The set of type 2 diabetes is gradual with minimum or they have symptoms. Early diagnosis is very important as complications may be preventable through the management and the treatment. It does the paper that these individuals were diagnosis early as it was only by chance or when key symptoms were present that disjointed was made. All are reported being dragonised as a part of a regular check-up with their doctors. The method of diagnosis also indicates that there may be a significant number of individuals with diabetes.

- **Social compact of diabetes**

Most of the participations were extremely worried about diabetes may be reported feeling sand shock and worry at the diagnosis and other were concerned about not being able to cope or the possibility passing relatives .however some people require the support of the who have an insight into the condition as well as counseling skills.

“I got shocked of my life”

“I got excited I feel sad”

Most come to the terms with having diabetes involved acknowledged that it was a lifetime disease and something that they have to live with it. Typical comment included know it is a lifetime disease. If this thing that when you get up in the morning you think to yourself "I will start again today"

I just had to get into my head that I was going to live with "be diabetic for the rest of my life I try to forget about it"

It also involved acknowledging that it is possible to live relatively normal life providing that they followed their self-management regimen to keep their diabetes under control and stop worrying about the possibility of premature death or heart and circulatory problems were not discussed. Many of the participants held the belief that diabetic was less serious than other conditions.

Although most participants indicated they had come to terms with their diabetes, they had come to terms with their diabetes the majority were worried about certain aspects of their diabetes. The main worries elicited were not being able to cope passing the disease into relatives, and developing complications.

"My daughter she likes sweets, my children's also..... Because that's what be afraid of. Is it here dietary. could you answer me"?

"And you know when you went to the clinic they would show television video and what can happen to you and everything else... we were far from it".

One patient said when after he diagnoses as a patient of diabetes he fears eating all foods in their office canteen sometimes he feel more worried about that. Early he had more different food with variety dishes. Now he only takes less amount of sugar for tea and Nutrition's foods.

Diabetes can cause anger, depression also if glucose amount increase in the body automatically blood pressure increases. Most of the patients have identified as a bop patient and diabetes. Half of the patients of focus group there accepted they felt more angry after diabetes. One patient agreed.....

"When coming home after leaving the office I will get angry with my family members. Especially I always scold for my wife.....and she says go and check your sugar maybe it will increase... that why you all shout for us....."

Some participants indicated they feel fear to take foods because of diabetes. they were controlling their food routine. avoid fast foods, junk street foods. They have a border to their behavior.

While one patient said.

Oh, I always take red rice and green leaves. I always take care of my food after having diabetic

Every Saturday my wife prepares green leaves polite (kolakantha)...I take 2 or 3 glasses. But my sugar level was the same.....

I always eat marina leaves .because one of my neighbors always take murunga leaves for her meals now her sugar level was normal. That why I also following that.....

From this study, we understood patients they feel very bad about their appearance after the diabetic.

Lady she said before I wear series to functions. But now I don't like to wear them. I lose my body shape and earlier beauties.

In our focus group discussion, we met a high risk of delirium patients. Delirium occurred by a high level of a diabetic. This patient was currently working as an employer in government Authority. He said when his diabetes decreased he can recognize it through his body and the behavior. I can't speak properly when diabetic increases. I feel so bad.....most of the time I can't go alone. I need a helper. If I feel unconscious I will get fit... this is the main problem I have....

Diabetes associated with the development of a number of long term complications. Many of which were reported by participants in the discussion groups. The main difficulties experienced were poor eyesight and a range of leg complications.

"I noticed since that my sight isn't as good as it used to be, I wear glasses and I could see a fly a mile away. I can't read newspapers without glasses. Can't see the boards of vehicles....."

A few participants talked about the negative effects that they had on social life and the lack of support from family members. The relationships between social and family support were not regular from them.

Yong men affected by diabetes after his wedding. He shares his feelings to us like this.

Still, we don't have a baby... we consult many gynecologists to sort out this problem. They informed the diabetic is the reason for that

- **Treatment and prevention methods**

Colombo South Teaching Hospital Endocrinologist unit has provided services to prevent mental health issues that we occur from Diabetes. The endocrinologist unit has undertaken more implement activities to reduce mental health issues.

The following prevention methods are used by them.....

- **Therapy**

Therapy is an extremely helpful treatment, option to the people with and without mental health condition can benefit from it. Talk therapy is not only for discussing your problems is also for finding solutions. Professional endocrinologist and doctors were conducting services to minimize this condition.

Many things that may be causing by stress, delirium, understand your mental health condition, and identifying triggers that may make things to learn. Coping skills are a common type of therapy.

- **Cognitive- Behavioural Therapy (LBT)**

CBT has main two main aspects. The cognitive parts work to develop beliefs about your life. The behavior side helps you to learn. CBT often works well for depression, anxiety, and bipolar disorders. It can also use for various conditions.

- Family Therapy – Helps family members communicate handle conflicts, solve among family Relationship better forms of family therapy often are used for treating eating disorders and bipolar disorders.
- Dialectical behavioral therapy (DBT) Focuses on teaching skills in four key areas mind fullness, distress to learn emotion regulation, and interpersonal effectiveness.

➤ **Lifestyle tips**

A person with diabetes can benefit from making healthy choices that they can enjoy and maintain.

Keeping to a routine meal schedule whenever possible: Eating Regular-sized, healthful meals at fixed times can help a person manage their blood sugar levels.

Exercising Regularly: physical activities can help boost mood, reduce glucose levels and maintain a healthy weight .people with diabetes should check their blood sugar levels before, and after exercise particular, if they use insulin the activity is intense.

Enrolling in a diabetes self-management programme: A person might set a goal of eating one more serving of vegetables in a week or drinking water. Small achievable goals can promote a sense of personal accomplishment while improving a person's overall sense of well being

➤ Get enough sleep: this was much important for all Diabetic patients.

➤ **Treating Depression in Persons with Diabetes**

Depression can be successfully treated in persons with diabetes efficacy trials of depression treatment with psychotherapy and with anti-depression medication have shown moderate effects on depression .but minimal effects on glucose control. In contrast effectiveness trails like collaborative care model evaluated among persons with diabetes comorbid depression in a primary care, have demonstrated significant improvements in depression and glucose control as well as the medical cost of savings.

➤ General principles of management of mood and anxiety disorders in diabetes.

- I. Screen for the presence of mood and anxiety disorder's to every visit
- II. The emergence of depressive and anxiety features should not be ignored
- III. High-risk groups (Female, for depression, adolescents for needle phobia) should be evaluated more rigorously.
- IV. Screening instruments such as patient health symptoms checklist but physchartrisc
- V. Advice the strategies on eight control to all patients.

7. Conclusion

Colombo South Teaching Hospital involved in the care of reducing diabetic mental issues with the use of various by using various kinds of prevention methods. Sometimes shared and care can lead to failure of care unless responsibilities are clearly defined for each patient assertive community models are ideal for coordinating mental care. The main purpose of this article is to identify the mental health illness caused by diabetic. Such as anxiety, depression, distress, eating disorders, mood disorders.

Identifying and treating mental health illnesses among patients with diabetes should be in priority. Young adults are more vulnerable and the experience is multi transition. Diabetic education would benefit from additional mental health providers, including a psychologist, social workers. They are creating a multidisciplinary team to screen treatments to minimize the level of mental illness. Public health outcomes will help to decrease health care expenditure.

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