SUMMARY

Psychiatric co-morbidity among type 2 diabetics has considerable impact on treatment outcomes and it is reportedly common, yet it is mostly undetected and untreated. Mental disorders, particularly mood disorders and anxiety disorders occur more among diabetics including patients with type 2 diabetes compared to the general population.

This study set out to determine the prevalence and pattern of psychiatric co-morbidities as well as the level of glycaemic control among type 2 diabetic patients attending the diabetic clinic of university of Port Harcourt teaching hospital.

Three hundred and twenty eight eligible type 2 diabetic patients attending the diabetic clinic were recruited by simple random sampling. A single use 28-item General Health Questionnaire (GHQ-28) was used to measure their psychological distress, and their venous glycosylated hemoglobin (HbA1C) levels were estimated. Majority (86.3%) of the type 2 diabetic patients studied had psychiatric co-morbidity.

A total of 115 patients, constituting the majority (35.1%) of patients with psychiatric co-morbidity had social dysfunction, 87 (26.5%) had somatic symptoms, 75 (22.9%) had anxiety/insomnia and 16 (4.9%) had severe depression.

The mean glycosylated hemoglobin was 8.26% with a standard deviation of 2.50%. The proportion of type 2 diabetic patients with poor glycaemic control was 61.9% which was accounted for by 203 patients while 125 (38.1%) patients had good glycaemic control.

The presence of this co-morbidity was significantly associated with gender, religion, BMI, educational level, and glycaemic level (HbA1C). It was also significantly associated with family history of diabetes, average family monthly income, and current family history of Illness/marital difficulties/sexual dysfunction. There was no significant association between psychiatric co-morbidity and age groups, marital status or access to medical care.

Also, psychiatric disorders among the patients positively correlated with BMI, occupation, family history of diabetes mellitus, and ease of access to medical care. However, there was negative correlations with gender, age, religion, educational level, and marital status. Routine screening of all type 2 diabetic patients for psychiatric co-morbidities is advocated.