Summary

People with Diabetes Mellitus are almost twice as likely to suffer from Depression as the general population, but this often remains un-recognised and thus untreated. There is substantial evidence that comorbid depression among individuals with Diabetes Mellitus is on the increase and this has been associated with poor Diabetes Mellitus outcomes such as glycaemic control, greater risk of diabetes complications, increased odds of functional disability, high burden of medical cost and health care utilization and increased mortality rate among those with the comorbidity.

This study determined the effect of intervention with antidepressant agent (Amitriptyline) on depression and glycaemic control among the depressed type 2 Diabetes Mellitus patient attending Federal Medical Centre Ido-Ekiti with the aim of reducing the burden of the comorbidity.

It was an experimental study carried out among 51 depressed type 2 Diabetes Mellitus patients who were randomly screened out of 150 respondents using Patient Health Questionnaire-9 (PHQ-9). They were placed on Amitriptyline tablets 50mg nocte for 2 months. Then a post intervention assessment was done using the PHQ-9 at the 8th week of being on the medication.

The age of the studied subjects ranged between 44 years and 78 years with a mean age of 58 ± 8.4 years. Fifty one of the one hundred and fifty subjects (34%) were found to have mild to moderate depression. In this study the duration of Diabetes Mellitus, the presence of other
comorbidity or complications and poor glycaemic control were identified as factors associated with depression among them.

After the intervention with medication and health education, there was improvement on their depressive symptoms and 50% of them had an improvement on their glycaemic control, and there was a statistically significant effect on depression and glycaemic control as the depression was treated alongside with the Diabetes Mellitus.

Depression is highly co-morbid with Diabetes Mellitus. The care of individuals with Diabetes Mellitus should include the screening and possible treatment for depression in order to achieve and sustain treatment goals.