

## The Co-Occurrence of Diabetes and Depression: An Example of the Worldwide Epidemic of Comorbidity of Mental and Physical Illness

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The prevalences of diabetes and of depression are increasing at an alarming rate. In nearly one fifth of all cases, both diseases will be present simultaneously in the same individual. When comorbid, the prognosis of both illnesses will be worse than when they are not both present, and complications of both are more probable. What makes the attention to this problem even more urgent is the extended life expectancy. Enhanced environmental stresses and the spread of risky life styles and other factors are increasing the probability that the prevalence of depressive disorders and of diabetes as well as their comorbidity will continue to grow.

The frequent comorbidity of depression and diabetes (and its growth) is a flagrant example of the increasing comorbidity of mental and physical disorders in recent years.<sup>1</sup> People with schizophrenia suffer from a variety of physical illnesses.<sup>2</sup> Depression is often comorbid with cancer<sup>3</sup> and with cardiovascular illness.<sup>4</sup> Substance abuse is frequently comorbid with physical illnesses<sup>5</sup> and so is intellectual disability.<sup>6</sup> Dementia occurs in people with a variety of physical illnesses prevalent in higher age groups.<sup>7</sup>

The increasing frequency of comorbidity and the projections of its epidemic growth are not matched by an appropriate response of governments, health services or educational institutions. In most instances, comorbidity remains undetected and even when recognised, it usually meets inadequate care. The fragmentation of modern medicine with highly specialised institutions and practitioners usually means that only one of the comorbid diseases will be recognised and treated, thus exposing patients to unnecessary danger and the health services to significantly higher costs of care. Inadequate education of general practitioners in many countries does not prepare them to deal with mental disorders that might be present in conjunction with physical illness; nor do mental health workers know how best to deal with somatic diseases in their patients.

Increasing awareness of the problem and greater attention to it might lead to an improvement of the recognition and

quality of treatment of comorbid disorders, thus decreasing the adverse outcomes associated with comorbidity and reducing the excess mortality which it produces. It might also lead to a better understanding of the intertwined causal pathways that chronic diseases most probably share. This in turn could open new avenues for the discovery and development of new drugs and other methods of treatment, lead to an improvement of medical education and guide the reorganisation of services to better respond to the challenge that comorbidity—seen by leading experts as the main challenge for medicine in this century—represents.

How this could be done might be learned from a new international initiative focusing on the comorbidity of depression and diabetes. The Association for the Improvement of Mental Health Programmes, a Geneva-based not-for-profit organisation, recently took on the coordination of a collaborative initiative called the Dialogue on Diabetes and Depression in which a number of professional organisations (Table 1), consumer and family organisations, institutions, research centres and individual thought leaders participated in order to raise awareness about comorbidity of diabetes and depression, to promote research in this area and to develop appropriate models of care. For more information, please visit [www.diabetesanddepression.org](http://www.diabetesanddepression.org).

It is hoped that similar initiatives will be developed focusing on other groups of diseases and that they will lead to better knowledge about comorbidity and better care for people who suffer from them.

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Table 1. Professional Associations Participating in the Dialogue on Diabetes and Depression

• American Association of Clinical Endocrinologists
• American Diabetes Association
• Association of European Psychiatrists
• Asociacion Latino americana de Diabetes (ALAD)
• Collegium Internationale Neuro-Psychopharmacologicum (CINP)
• Diabetes UK
• European Association for the Study of Diabetes / Psychosocial Aspects of Diabetes
• Global Alliance of Mental Illness Advocacy Network (GAMIAN) - Europe
• International Council of Nurses
• International Diabetes Federation
• International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
• International Society for Affective Disorders
• International Society of Behavioral Medicine
• Project Hope
• World Association of Social Psychiatry
• World Federation for Mental Health
• World Organization of Family Doctors (Wonca)
• World Psychiatric Association

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