A guest in our home is guaranteed to witness a number of things: first and foremost, a general lack of organization; second, that the home owner is a preferred customer at The Oak Tree (141 S. Interocean, Holyoke. Ask for Jodi) and third; residents of the home are either serious IV drug users or are living with diabetes.

Around the kitchen, living room, dining room table, often the bathroom vanities and especially on the bedroom nightstands is evidence of daily multiple finger pokes via those annoying little test strips that refuse to succumb to the vacuum, syringes waiting for disposal, trash from the insulin pump supplies of the most recent sight change, and vials of Novolog. Half of the residents in the Osborne household are Type 1 diabetic.

Diabetes is a complicated disease, not only in its treatment, but in its co-occurring illnesses as well. Being insulin dependent means that a significant portion of the day will be centered around checking blood glucose, thinking about checking blood glucose, feeling guilty for not checking blood glucose, conversing with insurance companies about paying for supplies to check blood glucose and computing insulin needs after glucose readings. None of those, of course, include the time spent on doctor visits, checking feet for infection, monitoring urine ketones, adjusting pump settings or researching the carbohydrate total in a given dish. Being diabetic, quite frankly, is a lot of work.

Roughly ten percent of the population over 20 is diabetic. For people over 60, this number increases to 23 percent. Those who are lucky enough to be diagnosed with diabetes, but not lucky enough to win the lottery, face the following truths about the disease:

- —Adults with diabetes have heart disease death rates about two to four times higher than adults without diabetes.
- —The risk for stroke is two to four times higher among people with diabetes.
- —Diabetes is the leading cause of new cases of blindness among adults aged 20–74 years.

## **Psychobabble**

well.

Written by Rhonda Osborne, LPC, CAC III

—Diabetes is the leading cause of kidney failure, accounting for 44 percent of new cases in 2005.
—About 60 percent to 70 percent of people with diabetes have mild to severe forms of nervous system damage. The results of such damage include impaired sensation or pain in the feet or hands, slowed digestion of food in the stomach, carpal tunnel syndrome, erectile dysfunction or other nerve problems.
—More than 60 percent of non traumatic lower limb amputations occur in people with diabetes.
—Almost one third of people with diabetes have severe periodontal disease with loss of attachment of the gums to the teeth measuring 5 millimeters or more.
—Poorly controlled diabetes before conception and during the first trimester of pregnancy among women with type 1 diabetes can cause major birth defects in five percent to 10 percent of pregnancies and spontaneous abortions in 15 percent to 20 percent of pregnancies
—People with diabetes are more susceptible to many other illnesses. Once they acquire these illnesses, they often have worse prognoses. For example, they are more likely to die with pneumonia or influenza than people who do not have diabetes (U.S. Centers for Disease Control and Prevention).
Given the consequences of being diabetic, is it any wonder that 10 to 30 percent of people with diabetes meet criteria for major depression (American Diabetic Association). Depressed mood, low energy, feelings of hopelessness and worthlessness, thoughts of death, impairments in concentration or attention, disruption to sleep, weight and appetite changes and excessive feelings of guilt are all symptoms of depression.
Regardless of which comes first, depression or diabetes, the fact remains that depressive symptoms significantly interfere with one's ability to manage their diabetes. As said before, diabetes management is hard work; hard work is something depressed people do not manage

## **Psychobabble**

Written by Rhonda Osborne, LPC, CAC III

Improving diabetic control by reducing hemoglobin A1c significantly improves depressive symptoms. Improving depressive symptoms with medication and/or therapy can contribute to significantly improved hemoglobin A1c. It's the chicken and the egg scenario revisited.

For those with diabetes, or for those who have a family member with diabetes, pay attention to symptoms that are indicative of depression. Speak with your doctor about antidepressants, support groups or therapy options. Even though diabetes is chronic, depression doesn't have to be.