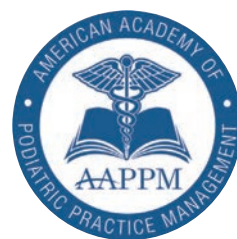




Mental Health in Diabetics

It's important to recognize and refer these patients.



BY LUKE J. HUNTER, DPM AND AMANDA MILLER, LPC

Practice Management Pearls is a regular feature that focuses on practice management issues presented by successful DPMs who are members of the American Academy of Podiatric Practice Management.

Depression as a Co-Morbidity

Diabetics comprise a significant portion of podiatrists' patient population. They come with a number of problems that complicate their ability to be treated. Almost 75% of diabetics may have at least one co-morbidity with their diabetes diagnosis, and almost 44% have at least two. Co-morbidities can be hypertension (~2/3rds of diabetics), heart disease (up to 30%), and kidney disease (Type 2 DM being the number one cause of kidney disease).

We treat a variety of conditions when seeing these patients, from

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routine foot care, to evaluating the need for diabetic shoes, to treating neuropathy, to wound care, but there is one element of our evaluation of a patient that is often overlooked, and that is the diabetic patient's mental health. Per the CDC, people with diabetes are two to three times more likely to have depression than people without diabetes, and only 25% to 50% of people with diabetes who have depression get diagnosed and treated.

Since depression can affect a patient's compliance and treatment success rates, it's something every podiatrist should be aware of and know how to help our patients access the care they need. Patients who suffer with diabetes often experience a myriad of emotions, many stemming from resentments and impairments. This disease has acutely affected their abilities in life, their overall perception of satisfaction, fulfillment,

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the ability to give and receive equally in their communities, professions, homes, families, and their interpersonal relationships.

When people are simply no longer able to do things that they once could, this can cause a mood disturbance. Diabetics also often harbor guilty feelings that they may have passed this disease onto their children and grandchildren, the people that they love and care for most.

Recognizing Mental Health Issues

What do symptoms of unwell mental health look like in patients? We are all familiar with rapid mood changes, fatigue, muddled thoughts or trailing narratives, verbalized anxiety, and forgetfulness. How do these behaviors actually look in the physician's office? Many times these

support is within the scope of anyone's practice.

Referring Providers and Counselors

Asking your staff to have a list of providers who accept groups of insurance panels would be helpful

abetes fail to achieve adequate glycemic control (A1c < 7%), and rates of non-adherence with anti-diabetic therapies are up to 31%. It's only natural to think our patients will achieve better outcomes regarding their overall health and compliance with our

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behaviors are seen initially in the front office. Frequent phone calls confirming or moving appointment times, forgetfulness about the last call that was just a few hours ago, being very early or chronically late, getting frustrated over intake papers, or offering the same explanation multiple times.

Patients may use a false voice tone or fake smile and laugh trying to cover up their non-compliance with the prescribed treatment regime. Physicians may notice that the patient is not bathing, using deodorant, or brushing their teeth. Oral hygiene is one of the first daily self-care tasks that is given up due to depression and/or anxiety.

More than anything, a patient's narrative, or lack of a narrative, may be the primary indicator that they are experiencing symptoms of mental illness that are preventing them from doing their best. Asking a patient if they need some additional

in referring clients to mental health practitioners in your area who are licensed and clinically trained to assist patients with the care they need to become more motivated to better engage in their own treatment. Better-engaged patients will require less time, facilitating the ability to see the next patient more quickly.

treatment plans if we address their mental health as well.

Lists of certified counselors may be accessed at the licensed professional counseling board for your state of residency. An easy way to help patients is to suggest that they call their insurance plans and ask for a list of counselors that are in-network, and offer to send a referral if the patient is interested.

Recognizing the signs of depression or other mental issues, and getting your patient to the right professional, could make a significant change in their overall health and even life expectancy. **PM**

Referring the client for mental health services to a licensed LPC or LCSW can be life-changing for the patient. Statistics show that other fields of medicine that work congruently with licensed mental health practitioners show lower rates of recidivism and increased perceptions of health as reported by their patients.

If you are interested in addressing these issues even further, learning simple self-scoring assessments like the PHQ-9 and GAD-7 Beck's Depression Inventory, PHQ-2 and the DASS-21 are all easily accessed on the internet or at the SAMHSA website. If you have a patient who needs a referral to a counselor, you can request them to complete these screenings to determine if they merit the referral. The referral is then able to be sent over with the screenings attached as a measure of collaborative care.

At least 45% of patients with di-



Dr. Hunter is a podiatrist in North Louisiana, serving a rural population of patients. With a large Medicaid population, he has often found himself taking a holistic approach to healthcare, coordinating with patients' PCPs for non-podiatric

health issues, or screening non-compliant patients for depression and referring them to counselors for evaluations.



Amanda Miller is a licensed professional counselor and board-approved supervisor in Louisiana. She has been actively working in underprivileged, underserved, and financially depressed communities of Louisiana since 2008. In addition

to serving as the clinical director and compliance officer for treatment centers across the state of Louisiana, she does consultations with clinics, medical professionals, and counseling agencies to assist in developing collaborative care treatment interventions.