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INITIAL DEPRESSION SEVERITY: IMPACT OF OBESITY AND DIAGNOSIS OF DIABETES OF DEPRESSED PRIMARY CARE PATIENTS

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Introduction:

Prior studies have demonstrated an inter-relationship between the diagnosis of diabetes, obesity and depression. Our data has demonstrated that baseline body mass index (BMI) was not predictive for clinical outcomes (remission at six months). Does either obesity or diabetes impact initial depression severity?

Objectives/Aims:

Our hypothesis was that obesity and the diagnosis of diabetes in depressed primary patients would have no effect on initial depression severity at the time of diagnosis of depression.

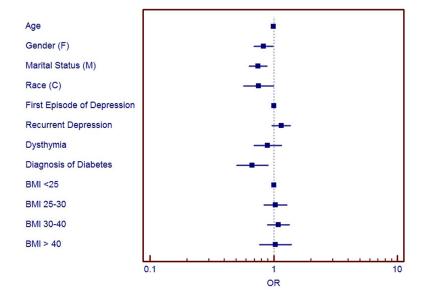
Methods

This study was retrospective analysis of 4,310 primary care patients diagnosed with Major Depressive Disorder or Dysthymia with a PHQ-9 score of 10 or greater.

- · Outcome variable was initial depression severity at the time of diagnosis (as measured by PHQ-9).
- · Logistic regression modeling included the demographic variables of age, gender, marital status, the clinical variables of BMI, diagnosis of diabetes (yes/no) and clinical diagnosis (recurrent or first episode of depression, or dysthymia).

Results

Figure 1: Odds ratio for severe depression (PHQ-9≥20) at diagnosis in depressed primary care patients, by variable (N=4,310).



Conclusions:

- · Baseline obesity was not an independent predictor for severe depression.
- · Diagnosis of diabetes was an independent predictor for as protective for severe depression at diagnosis.

This data suggests that obesity was not associated with worsening depression severity; diabetes may be seen as protective if patients were being seen sooner and diagnosed earlier in their disease course.