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The Association of a Mental Health Diagnosis with Metabolic Control in Diabetes Patients

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Background: The purpose of this study was to determine the differences in LDL, SBP, or A1c values in diabetes patients who have been diagnosed with various mental health (MH) conditions vs. diabetes patients without mental health diagnoses.

Methods: A study of 1,611 adult patients with diabetes was sampled from 19 Minnesota medical groups. All patients were insured through HealthPartners, but were treated at 80 different clinics within the 19 medical groups. Clinical values (A1c, LDL and SBP) were identified as the last measures within a 12 month interval. Mental health diagnosis categories and ICD-9 codes underwent both psychiatric and primary care review. The presence of a mental health diagnosis code was ascertained during this same 12 month interval. Age and gender were collected at the end of the study interval. For analysis purposes age was centered at 65.

Results: The results show that there are no significant differences in the overall metabolic control for diabetes patients with most MH diagnoses. There is however, a difference in the metabolic control for persons diagnosed with anxiety. The most significant difference was that LDL values for patients diagnosed with anxiety were lower than patients with no mental health diagnosis ($p=0.0401$).

Similarly, SBP was lower in patients diagnosed with anxiety compared with no anxiety ($p=0.0004$), or depression compared with no depression ($p=0.0349$). In regards to glucose, the only significant difference in A1c values was for patients diagnosed with personality disorder (A1c 7.5 vs. 7.3 for patients with no MH diagnosis). However, the number of personality disorder cases was low.

Conclusions: Contrary to expectation, MH conditions did not have significant negative effects on metabolic control. In fact, the majority trend for patients with mental health conditions was towards better LDL, A1c, and SBP values. This is particularly true for LDL and SBP values in patients with anxiety or depression diagnoses. These results are interesting and warrant further investigation to explore potential contributions of medication effects, utilization patterns, and intensification of medical monitoring and other factors.