DIABETES AND DEPRESSION IN EAST AFRICA - PILOT STUDIES

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Study sites

- Makueni
- Sheema
- Dar es Salaam
Data collection

**Qualitative**

**Age range**
- Kenya: 23-83 [M] 47 years
- Tanzania: 21-68 [M] 47 years
- Uganda: 19-80 [M] 58 years

Discussions (33 to 35 participants)
Overview of Findings

1. Diagnosis of depression comorbid with diabetes
2. Treatment, management and care for comorbid diabetes and depression
3. Competing priorities and access to care challenges

Emerging Themes & Issues
1. Diagnosis of depression comorbid with diabetes

- **Health workers**: no standard protocol; no reference/awareness to any modern medicine diagnostic guidelines.

  *A caregiver in Tanzania states;*  
  Doctors don’t ask us [patients] about stress and we don’t tell them. My mother just takes sugar measurements and I can’t keep telling the doctors that she has overwhelming thoughts…

- **Patients**: Urgent care model or normalising attributional styles that see depression as a normal consequence of ill health

- **Caregivers and Community**: use self-developed skills to suspect; they base on symptoms
The community detect diabetes through the common symptoms such as frequent urinations, excessive thirst and sweating, dizziness, fatigue, a wound that originates from scratching a small pimple, enlarged stomach but these people are always referred to the hospital for a blood sugar test.

One common symptom verbalized among participants was the assembling of small insects labeled as “sugar insects” around fresh urine.

“Sugar insects” being attracted by urine
2. Treatment, management and care for comorbid depression and diabetes

a. **Health workers**: No standardised management procedures. Limited number of psychiatrists. “A 33-year old female Sub-County policy maker in Kenya stated;

  “We do not have a psychiatrist in the County and so you have to refer people with mental illness to another County and when you do that and there is a cost implication. Often times they never go to where you referred them and maybe they will never get back to you again so you end up losing such clients or they get complications.”

b. **Patients**: confiding in trusted individuals; try home remedies; traditional healers such as herbalists use radio stations to advertise their products.

c. **Caregivers**: home remedy counselling, with self-developed skills [Use favourite songs, provide audience, prayers]

d. **Policy makers**: Experience, counseling - A village elder stated;

  “Mental disorders in this community affect people so much because of thinking too much and especially for people with diabetes. Some say that they feel depressed and are thinking too much and so instead of waiting to die from diabetes, they would rather commit suicide. We therefore counsel them and tell them that diabetes is a sickness like any other e.g. ‘malaria.”
A 60-year old male psychiatric nurse stated:

“Stigma exists in our community. Sometimes you find relatives of mentally ill patients saying that these patients have malaria, they don’t believe it’s actually mental illness. Some also get neglected as you will see some running around, sleeping on the verandas or shops, ending up in abuse. You find some are sexually abused because of sleeping outside.”
Prognosis challenges

- The community affirms a better prognosis for communicable diseases e.g. HIV than people with diabetes. People with comorbid diabetes and depression state:

**Tanzania:** "What I have first and foremost discovered is that there is no cure, so people compare it so much to HIV and then others say that those with HIV are healthy because those with HIV can eat whatever they want compared to patients with diabetes so they see that diabetes kills faster, so they lose hope because they think the person can die at any given moment. Because there is no cure"


**Uganda:** "Diabetes is a disaster, when you get it, it is like it opens your body for all other illnesses to enter...sometimes you wish you rather had HIV. It would have been better.”


Most people with diabetes imagine of going into a coma at anytime.

**Kenya:** "When I was diagnosed with diabetes, I had no hope as I could not see myself recovering. I knew that as time goes by, I will be getting weaker and the disease will “overtake me” and I go into a coma.”
Diabetes is locally called “the sugar disease” and for some, it mostly affects the older persons.

Symptoms related to mental illness are only considered as disturbing if they are overt e.g. cases of schizophrenia.

Informal detection for diabetes in the community is mostly made if someone has frequent urination, excessive sweating and a wound that originates from scratching a small pimple.

Health care professionals focus on physical conditions and miss out on the mental health needs.

There are no recommendations for identification and care of diabetes and depression.
Future recommendations

- Routine screening
- Research to understand the effects of collaborative care interventions
- Strengthening networks across disciplines
- Leadership and governance
- Collaborative task-sharing
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