DIABETES AND COMORBID DEPRESSION IN SUB-SAHARAN AFRICA: What do we know?

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Comorbidity of Diabetes and Depression – what it is

- The coexistence of depressive disorders/symptoms among individuals living and or diagnosed with diabetes, or vice versa.
- The co-morbidity significantly worsens prognosis of both diseases and increases their mortality[1,2].

- Global DD prevalence range of 10% to 15% (approx. twice as high as the prevalence of depression in nondiabetics) [3-6].
- 50-75% undiagnosed depression among diabetes cases[7].
Sub-Saharan Africa (SSA)

• 48 Countries [19]
Depression occurring in a state of pre-existing diabetes
Picturing the burden in SSA

- Africa is 3\textsuperscript{rd} highest in rate of increase in diabetes prevalence among the six WHO regions[18]; 69.2\% of diabetes cases in Africa are still undiagnosed, the highest in the world [16]
- Majority of those affected will therefore present late with overt diabetes complications at diagnosis, which complicates care and prognosis [17]
- Depression setting in further complicates management and worsens management outcomes [1,2].
The co-morbidity burden in SSA

Sub-Saharan Africa: (17% - 39.7%)

- Ethiopia – 39.73% (95% CI (28.02%, 51.45%)) [8]
- Kenya – 17%; 32.3% (urban), 20.9% (rural) [9-11]
- Tanzania – not ascertained
- Uganda – 34.8% [12]
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Finding solutions to addressing the co-morbidity in SSA

Challenge:
Lack of availability of population-specific studies and guidelines, funding for NCDs[14,16]

Action
• Research ➔ to evidence, to informing policy (formulation/revision), to guidelines, to practice [15]

*Intervention programmes: The Diabetes and Depression African Nursing Training Programme* [13]
Conclusion

The co-morbidity of diabetes and depression is very common in SSA and expected to increase with the increasing burden of diabetes. This comorbidity poses a very big challenge in prognosis and management of either disorders, and therefore worsens outcomes. Responses geared towards addressing the co-morbidity within SSA have been rather slow - limited by research, commitment of governments. There is thus critical need for comprehensive efforts in addressing the co-morbidity within sub-Saharan Africa driven through improved and quality population-specific research [interventional, longitudinal].
Reference

18. http://apps.who.int/iris/bitstream/handle/10665/204871/9789241565257_eng.pdf?sequence=1