

# How to recognize different psychological profiles of the diabetic patient?

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# Psychological profile

- Made of genetics (temperament), education, family environment, but also culture, anthropological environment
- No « type A » personality in diabetes like in cardiology
- Food intake is essential in this « profiling »

# Psychophysiology of taste

- Foetus smells the food of the mother in the amnios
- Newborn accepts a sweet liquid and rejects the acid one
- Food of the baby is an essential psychological link with the mother/caring person and builds its socialization

# Psycho-social perception of the past

- Sociological importance of food in community ties (« breaking the bread », drinking together, ...)
- « Fat is healthy », survival strategy is becoming a killing strategy
- No feast without fat and sugar (pastries, dessert, Shrove Tuesday, ...)

# Change in perception of food

- “Mc Donald’s effect” worldwide
- But also fashionable low calories food and beverages (Zero Coca-Cola and James Bond), slim is healthy; eat less strategy
- Food more available than ever, including LAMIC; more and more abused; addiction to sugar

# Categories of eaters

- The compulsive eater: usually anxious; more, more often, more calories (atypical depression, GAD, but also fear of diabetes and complications...)
- The anorexic: depressed, anorexia nervosa

# Categories of eaters-2

- The chaotic eater: adolescent, psychotic patients
- The ambivalent eater: eats a lot and feels guilty afterwards, self-vomiting (binge eating, bulimia nervosa)
- The phobic eater: all food is poisoned (bacteria, parasites, salt, sugar, pesticides...)

Tell me what you eat and  
the way you eat, I will tell  
you who you are

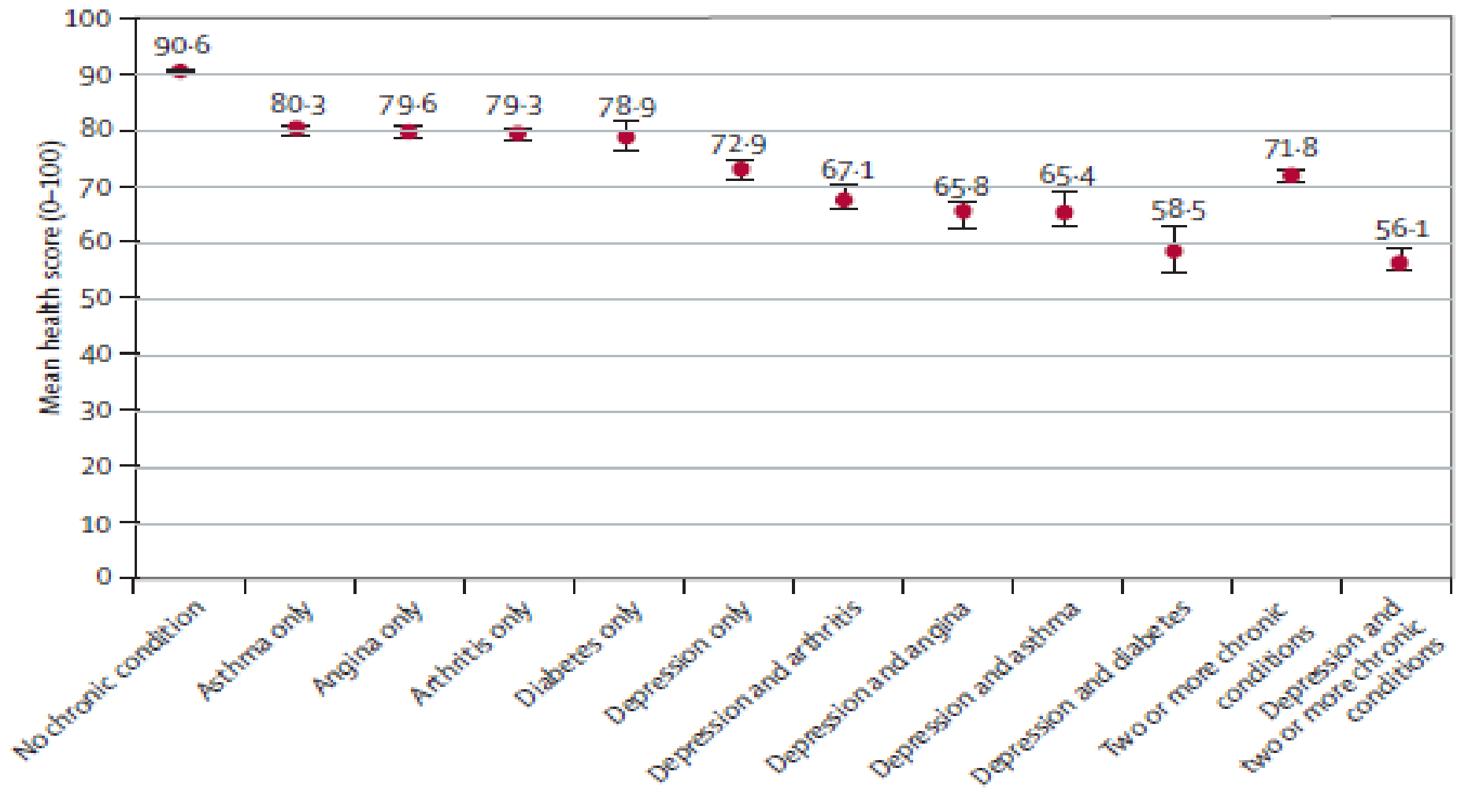


# Sugar and diabetes

- Salt, sugar and spices were the wealth of the past and the poisons of today
- Hypertension and diabetes are linked to consumption of salt and sugar in vulnerable people
- Diabetes is a growing epidemics in the world

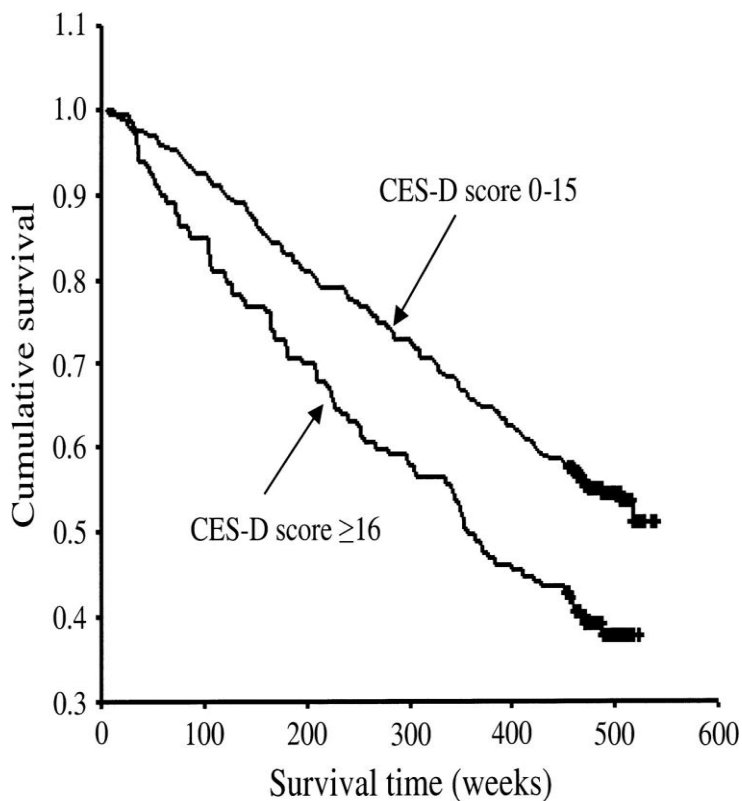
# Diabetes and depression

- Depression is more frequent in diabetic persons, and vice-versa: bi-directional nature
- More complications and higher mortality
- Treatment of diabetes must take care of depression when diagnosed

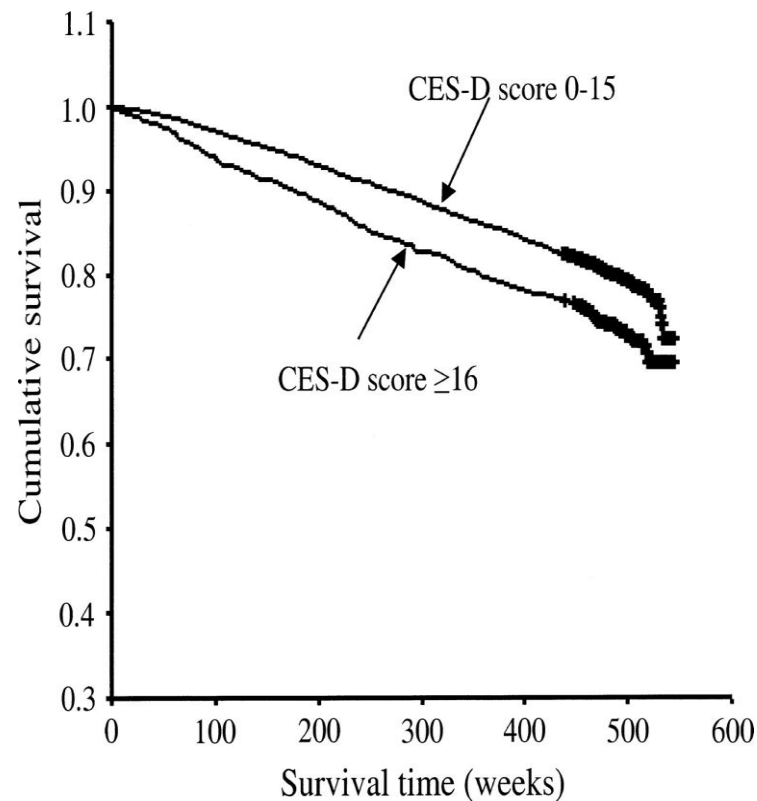


People with both depression and diabetes have a greater decrement in self-reported health than those with depression and any other chronic disease (Moussavi et al., Lancet 2007;370:851-858). *From Lloyd CE et al. The epidemiology of depression and diabetes. In: Depression and Diabetes. Katon W, Maj M, Sartorius N (eds). Chichester: Wiley, 2010.*

## Diabetic population



## Non-diabetic population



**A strong association has been found between depressive symptoms (as assessed by the Center for Epidemiological Studies - Depression Scale, CES-D) and increased mortality in people with diabetes, but not in those without diabetes, after adjusting for socio-demographic and lifestyle factors (Zhang et al., Am. J. Epidemiol. 2005;161:652-660). From Lloyd CE et al. *The epidemiology of depression and diabetes*. In: *Depression and Diabetes*. Katon W, Maj M, Sartorius N (eds). Chichester: Wiley, 2010.**

# Diabetes and anxiety disorders

- Stress, anxiety (generalized anxiety, panic disorder with and without agoraphobia, phobias...) worsen diabetes and are co-morbid with depression
- Healthy lifestyle is essential in the management of diabetic patients (no psycho-stimulants, regularity of sleep, avoidance of conflicts...)

# Diabetes and other psychiatric disorders

- Schizophrenia: metabolic syndrome worsened by new antipsychotics; decreased life expectancy by 15 years; patients with schizophrenia are neglected for their somatic diseases
- Substance abuse: cigarettes, alcohol, cannabis,...

# Concluding remarks

- The endocrinologists/diabetologists are also the doctors of food intake; anthropology is of essence
- Food intake can lead to a categorization; important for psycho-education
- Psychopathology categories (depression, anxiety disorders, substance abuse,...) can improve the care of persons with diabetes