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COGNITIVE IMPAIRMENT AND ALTERED EMOTIONAL STATUS RELATED TO TYPE II DIABETES MELLITUS

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The aim of the study was to reveal the cognitive and emotional status of diabetic inpatients with no formal neurological and psychiatric complains (N=68, consecutively admitted in a 6 week period, February-March 2009 in our hospital). We collected and interpreted: demographic data, cognitive (MMSE, clock drawing test) and emotional state (MADRS, GDS, HADS, PANI) assessments, the HoNos scale for general functioning of patients, items related to diabetes treatment and complications. Demographics showed in average (years): age 63,5; education 8,7; diabetes evolution 10,4. We found undiagnosed: mild cognitive decline (average MMSE = 25), subsyndromal depression ( 31%) and clinical depression ( 33%), high levels of anxiety (63%) and sleep complains (81%). 54% of subjects reported significant life events in the past year, more often the newly diagnosed ones. The multivariate analysis showed that depression and cognitive impairment have a differentiated clinical pattern depending on the duration of the diabetes, age and education, while anxiety and sleep complains seem to be constant symptoms in diabetic patients. Surprisingly, cognitive and emotional states are linked more with education than with the complications and treatment of diabetes. The results do not clarify the dilemma of the etiopatogeny of psychiatric findings in type II diabetes patients but do confirm the high incidence of undiagnosed and untreated depression and cognitive decline. In order to promote a qualitative and efficient management for diabetic patients, regular neuropsychiatric evaluation has to become a standard of care for this population.