CLINICAL AND PSYCHOPATHOLOGICAL CHARACTERISTICS OF DEPRESSIVE DISORDERS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AND DIABETIC POLYNEUROPATHY

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Background. The coexistence of type 2 diabetes mellitus and diabetic polyneuropathy may be accompanied by clinically relevant depressive and anxiety symptoms, neuropathic pain, poorer glycemic control and reduced quality of life. The study assessed the clinical structure and severity of depressive disorders together with associated clinical and psychometric indicators.

Aim. To investigate the clinical structure and clinical-dynamic characteristics of depressive disorders in patients with type 2 diabetes mellitus and diabetic polyneuropathy and to determine their associations with glycemic control, treatment adherence and quality of life.

Materials and Methods. A total of 184 patients aged 40–59 years with type 2 diabetes mellitus and diabetic polyneuropathy were evaluated. Clinical-anamnestic, general clinical, physical and anthropometric, somatoneurological, psychometric and statistical methods were used. Depressive symptoms were assessed with BDI-II, anxiety with HAM-A, quality of life with SF-12, neuropathic pain with VAS, and glycemic control with HbA1c and glucose measurements.

Results. The purposively formed analytical sample included 101 patients with clinically significant depressive symptomatology and 83 patients without such symptoms. In the main group, mild depression was identified in 58 (57.4%), moderate

depression in 32 (31.7%) and severe depression in 11 (10.9%) patients. Astheno-depressive and anxiety-depressive variants predominated, occurring in 35 (34.7%) and 32 (31.7%) patients, respectively. With increasing depression severity, mean HAM-A increased from 11.1±3.8 to 35.0±3.3, while SF-12 PCS decreased from 47.1±4.6 to 28.7±4.9 and MCS from 50.6±6.3 to 18.3±6.0 ($p<0.001$). BDI-II showed positive correlations with HAM-A ($r_s=0.814$), HbA1c ($r_s=0.707$) and VAS pain ($r_s=0.673$), and inverse correlations with SF-12 MCS ($r_s=-0.775$) and PCS ($r_s=-0.648$). These associations do not establish causality or independent prognostic effects.

Conclusions. Depressive disorders in patients with type 2 diabetes mellitus and diabetic polyneuropathy were characterized by a graded relationship with anxiety symptoms and lower physical and mental quality-of-life scores. Their assessment should be integrated with neurological, pain and metabolic evaluation rather than interpreted in isolation.