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Depression

***Information for people with diabetes
and their support network***

**Diabetes Centre
JJR Macleod Centre for Diabetes,
Endocrinology and Metabolism,
Foresterhill**

Why have I been given this leaflet?

We've given you this leaflet because the results from the questionnaire that you completed show that you may have clinical depression. You may already know this and may be currently receiving treatment. If this is the case, please speak to the person delivering your treatment before following any advice in this leaflet.

What is depression?

It's natural to feel sad and down at times during our lives. Depression is more than feeling sad, and we've listed some of the common signs below.

- Not doing things you used to enjoy
- Less interest in socialising
- Significant change in eating patterns
- Feeling sad and low
- Feeling hopeless
- Feeling guilty
- Feeling helpless
- Having little energy
- Feeling unmotivated
- Having thoughts about not being good enough
- Disturbed sleep (such as waking early)
- Having the same negative thoughts going round and round.

We know that many people with diabetes have episodes of depression during their lives. Up to one in every five (20%) people with diabetes has significant levels of depression at any one time.

Depression often occurs at difficult times, which can be related to life in general, to diabetes, or to both.

Depression is often associated with significant changes in life such as bereavement, job loss, relationship breakdown, following diagnosis and at the onset or progression of complications. However, this isn't always the case and some people can't identify specific reasons why they feel depressed.

How does depression affect diabetes?

Research shows that people with significant levels of depression have higher levels of blood glucose than those who do not. The characteristics of depression (listed on page 1) make it even harder to manage a condition that's naturally demanding anyway. The good news is that diabetes control usually improves when depression lifts.

What should I do?

There are now a range of effective treatments for depression. You may think it's pointless seeking help and perhaps you feel that you don't deserve help anyway. This type of thinking is actually part of depression and will change when your mood starts to get better. If your depression is treated successfully, you will be much happier generally and you will be in a much better position to manage your diabetes.

We recommend that you speak to your GP about how you have been feeling over recent times. We'll write to your GP and let them know about the questionnaire results. Our letter may not get there before you get an appointment, so your GP will probably find it useful if you explain why we recommended you visit the practice.

In the meantime, there are a few things that you can do that can help. These involve trying to get your life to be more the way you would like it to be. There's a good chance that you won't feel much like doing these – try to have a go anyway. We know from research that when depressed people do the types of things listed below they enjoy them as much as people who are not depressed.

- Make time to do things you used to enjoy. Pace yourself by spending a little time doing them and then build up.
- Arrange to meet people or at least talk to people on the phone. Again, pace yourself by slowly increasing the amount of time you socialise.
- Begin exercising. If it's been a long time since you exercised, you may wish to speak to your healthcare professional before you start. If you plan doing intense exercise, speak to someone involved in your diabetes care because if you're on insulin, this might need to be adjusted. The diabetes team can support you to increase your activity with structured exercise plans.

An everyday alternative would be to go walking and to build up your speed and the amount of time you spend doing this. Using a step counter, such as a pedometer or wearable tracker (such as a Fitbit) can be a helpful tool to record your activity levels.

Useful contacts

The Diabetes Psychology Service offers individual therapy as well as Mindfulness Based Cognitive Therapy courses to help adults with diabetes who have significant levels of depression or anxiety. We also have facilities to have appointments with you using Near Me. Near Me is an online platform that you can use on any camera device with access to the internet (so you can have appointments remotely and don't need to come to a clinic for them).

There are leaflets and posters with more information about our services in the waiting areas or you can make a time to meet the psychology team by calling:

Shona Robertson

Secretary

 **01224 558075** 

Pamela Souter

Secretary

 **01224 558121** 

You can also email the psychology team at:

gram.psychologydiabetes@nhs.scot

Other useful contacts

Breathing Space

Telephone Cognitive Behavioural Therapy

☎ 0800 83 85 87 (freephone number)

The helpline is open 24 hours a day at weekends (from Friday 6pm to Monday 6am). All calls are confidential.

🌐 www.breathingspace.scot/living-life

Headspace

Online meditation and mindfulness courses to help alleviate emotional distress.

🌐 www.headspace.com

Be Mindful

An online mind-body approach that helps people to manage their thoughts and feelings.

🌐 www.bemindful.co.uk

Finding Peace in a Frantic World

Online mindfulness courses, app and book to help alleviate emotional distress.

🌐 www.franticworld.com

Moodjuice

Support for people struggling with a range of emotional distress.

 [**www.moodjuice.scot.nhs.uk**](http://www.moodjuice.scot.nhs.uk)

Living Life to the Full

Online life skills course.

 [**www.lltff.com**](http://www.lltff.com)

Woebot

App using cognitive behavioural therapy strategies to monitor and improve your mood.

 [**www.woebot.io**](http://www.woebot.io)

Beating the Blues

Online programme that you can access through your GP.

 [**www.beatingtheblues.co.uk**](http://www.beatingtheblues.co.uk)

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