

Pharmacist Strategies for Managing Comorbid Depression and Diabetes

Key Takeaways

- Diabetes and depression have a bidirectional relationship, complicating diagnosis and treatment due to overlapping symptoms and medication side effects.
- Pharmacists are well-positioned to manage the complexities of treating both conditions, offering integrated, patient-centered care.
- Collaborative efforts across healthcare specialties are crucial for optimizing treatment outcomes and improving patient quality of life.
- Antidepressants and antipsychotics can exacerbate diabetes conditions, highlighting the need for careful medication management and monitoring.

Pharmacists can enhance patient care through integrated treatment strategies.

Diabetes affects just under 12% of the population of the United States, and depression affects a little under 9%, but beneath these underwhelming statistics are some overwhelming correlations. Diagnosis with either of these conditions increases the likelihood of developing the other. Treatment of either condition may compound presenting characteristics of the other, and providers are not always aware of the overlap.

Pharmacists have the expertise and are well-positioned to understand the complications between these 2 conditions and their treatments, and to help both patients and providers navigate this tricky landscape. In a presentation at ASHP Midyear 2025, Kathleen M. Vest, PharmD, BCACP, CDCES, FCCP, and Sarah E. Grady, PharmD, BCPP, BCPS, argued that integrated, patient-centered care can break the compounding cycle of poor health represented by depression and diabetes.

Navigating the Bidirectional Relationship Between Diabetes and Depression

People with any chronic disease are at heightened risk for developing depression, triggered by the anxiety or stress of managing chronic illness or from the medications that treat chronic illness.² Vest, who is a certified diabetes care and education specialist, said, "People with diabetes are twice as likely to develop depression compared to those without diabetes."

Vest also outlined how the diagnosis of depression can overlap with diabetes symptoms. "You've probably heard of the mnemonic M SIG E CAPS to help illustrate the signs and symptoms [of depression]," Vest said. The symptoms illustrated by the mnemonic according to the presentation are:

- Mood-depressed
- Sleep changes
- Interest (as in lack thereof, eg, anhedonia)
- Guilt or feelings of worthlessness
- Energy decreased

- Concentration decreased
- Appetite and/or weight changes
- Psychomotor agitation or retardation
- Suicidal ideation

A diagnosis of depression requires at least 5 of these symptoms, and 1 of those symptoms must be either depressed mood or anhedonia. "Many patients with diabetes experience some of these as a part of their diabetes," Vest said, including sleep changes, weight or appetite changes, and/or decreased energy. "I often see patients with elevated blood sugars, and that in itself can affect their energy levels [and] concentration."

Vest also outlined the complications that can come with the treatment of diabetes, particularly with glucagon-like peptide-1 (GLP-1) medications. "When you think about some of the pharmacotherapy now for diabetes...they cause weight loss, [but] some patients with depression experience weight loss." This can complicate both the diagnosis and the treatment of either condition.

Vest also outlined the impact depression can have on diabetes. "If somebody has depression and they have a lack of energy or they're not sleeping, [that] makes it very difficult to exercise or work on goal setting. Or if they have anhedonia and they lose interest in going to the gym,...that can really affect their ability to take care of themselves." Depression, she said, may impact a patient's motivation to monitor glucose or administer insulin.

Comorbidity Treatment Challenges

For patients with depression, antidepressants come with potential side effects that may exacerbate diabetes conditions or contributing factors, Vest and Grady said. Antidepressants come with a hierarchy of weight gain risks, and they may stimulate appetite and caloric consumption, especially carbohydrate consumption that directly impacts glucose levels. Grady also cited research that shows the long-term use of antidepressants is linked with the development of diabetes, but also reduces mortality in patients with type 2 diabetes (T2D).

Grady said most of the patients she sees at her behavioral health clinic have a history of substance use disorder, which further complicates treatment for both conditions. For example, antipsychotics have a well-documented propensity to detrimentally impact glucose levels. "We all check glucose when our patients are on antipsychotics," she said. "[Selective serotonin reuptake inhibitors (SSRIs) can also] have pancreatic cell dysfunction, inhibiting insulin release," she said. "We know that hypoglycemia has been reported with SSRIs, especially when administered with sulfonylureas."

The Pharmacist's Role in Treating Depression and Diabetes

Grady and Vest stressed the importance of a patient-centric treatment plan for any patient with diabetes or depression or both. Where a patient presents only one of these conditions, they encouraged pharmacists to screen regularly for the other and to carefully monitor the impact of medications on both the patient's condition and quality of life. "I see patients in my practice often that have tried GLP-1 agonists, and they actually felt really lousy on them," Vest said. "[S]ome patients ... really enjoy food, and sometimes food helps their mood symptoms."

Grady said her clinic prescribes GLP-1 agonists whenever they prescribe an antipsychotic because of the weight gain associated. "We get the patient involved, and I explain the risks," she said. "We're definitely going to have a full risk-benefit discussion."

The 2 also described the importance of collaborating as prescribers across indication specialties. "We think there's a lot of silos in practice, and so our goal is to really combine these topics so that we can adequately treat both concurrently for the best outcomes," Grady said.

REFERENCES

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2. National Institute of Mental Health. Chronic Illness and Mental health: Recognizing and Treating Depression. National Institute of Mental Health. Published 2024. <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health>

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