CHAPTER 7

SUMMARY
AND
CONCLUSION
This study was undertaken with the aim of determining, if there existed any association between Diabetes mellitus and subsequent development of psychiatric illness and correlation of these with socio-demographic variables (i.e. age; sex; marital status; education; income; occupation) type and treatment of diabetes duration of illness. The results have revealed a high incidence of psychiatric morbidity. This association of diabetes and psychiatric manifestations could not be a chance factor. The results showed the following:

1. The occurrence of psychiatric illness among the poor controlled group (A) in the present study was 80%.

2. Presence of psychiatric diagnosis did not correlate statistically with above mentioned socio-demographic variables.

3. It was seen that those patients who were suffering from insulin dependent diabetes had more psychiatric illness (78.6%).

4. Chronic stressful events in their life (in Group A) were financial stress (varying in degree; mild to moderate 37.14%, severe 14.2%), occupational stress mild to moderate 14.28%, severe 8.5%) and marital stress (mild to moderate 5.7%, severe 8.5%). This itself can lead to psychiatric manifestations.

5. The occurrence of psychiatric illness was more in Group A, who had lesser duration of Diabetes mellitus i.e. lesser than two years (73.68%).

6. The patients did not (both poorly controlled and good controlled) fit in good number, to label them as a particular type of personality. However, only two types were distinct, dependent and unclassified, which constituted 34.28% and 25.7% respectively.

7. Depressive episode severity in group A was mild (16.6%), moderate (55.5%) and severe (27.7%).

8. Only 40% of patients reported their own psychological symptoms whereas 60% was detected by relatives and by mental status examination.
All these suggest that the number of psychiatrically ill patients among Diabetes mellitus is quite high. Conscious emotion like anger, fear, grief, and anxiety alters carbohydrate metabolism. These may be transient, mild or chronic. The long standing emotions repressed the carbohydrate metabolism resulting in hyperglycaemia, which is clinically diagnosed as Diabetes mellitus. So it depends on the blood glucose level, personality type of the sufferer, coping with stressful events and associated diseases like neuropathy and hypertension. In many cases it is seen that depression masquerades as diabetic neuropathy and had been successfully treated with anti-depressant medicines. Cognitive impairment is the result of viscosity and abnormal cerebral vessel reactivity which interfere with the regulation of cerebral and peripheral blood flow.

The present study was an exploratory one to assess psychiatric manifestations in diabetes mellitus to enhance current knowledge about the disease. Since the number of sample is small, the exact figure of psychiatrically ill patients among Diabetes mellitus was tough to assess. It needs further research on a large of Diabetes mellitus population and in different culture causing threat to the life style of Human Development.