ABSTRACT:

Diabetes mellitus has been described as the most complex and demanding of any chronic disease to manage. WHO estimates about 350 million people to be affected by diabetes mellitus world wide by the year 2030, which is more than double from year 2000. Among various co-morbidities associated with diabetes, psychiatric manifestations form a major subset. Evidences of depression and anxiety among other psychiatric disorders being common in patients with diabetes mellitus. Such co-morbidities being undetected or undertreated has shown impact on general well being as a result of poorer quality of life.

AIM:

To estimate the prevalence of psychiatric co-morbidities in patients with diabetes mellitus and to assess their quality of life.
METHODOLOGY:

Patients attending diabetology out patient department with a diagnosis of diabetes mellitus were evaluated for psychiatric disorders using Mini International Neuropsychiatric Interview (M.I.N.I) and was also assessed for quality of life with world Health Organization Quality Of Life- BREF scale (WHOQOL-BREF).

RESULTS:

Out of the study sample comprising of 50 diabetic individuals, 8% (n=4) had psychiatric co morbidities based on M.I.N.I. of which 4% (n=2) were found to have Major Depressive episode with melancholia, 2% (n=1) had only Major depressive episode and another 2% (n=1) had dysthymia. In terms of quality of life as assessed by WHOQOL-BREF the physical and psychological health domains showed a significant association with post prandial blood sugar levels (P=0.004) and (P=0.017) respectively. In addition co-existing dyslipidemia showed a significant association (P=0.018) with quality of life in the environmental domain.
CONCLUSION:

This study with a smaller sample size reveals the presence of psychiatric co-morbidities among individuals with long standing diabetes mellitus and a negative impact on the health related quality of life. However future researches on a larger sample might yield a better prevalence which would help to assess the burden of psychiatric co-morbidities due to long standing diabetes mellitus and the ensuing negative impact on quality of life. Such assessments could help improve mental well being and the overall quality of life.

**Keywords**: Diabetes Mellitus, Psychiatric co-morbidities, Quality of life, Adherence