

## S56-03

### IPT IN PHYSICAL DISEASES. THE DIABETES MELLITUS CASE

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**Introduction:** Prevalence of Major Depression in populations with physical diseases as Diabetes Mellitus is twice or more than in general population. As IPT framework concerns relationships, communication skills and problem solving, all significant in adjustment to chronic disease, it is a potential treatment indication in such a clinical situation. Some IPT work has been done in HIV populations.

**Objectives:** Treatment results with IPT or antidepressants in Major Depression in Diabetes Mellitus Type 2. Secondary outcomes are differences in attachment, diabetes psychological adjustment and metabolic control.

**Method:** 20 adult outpatients with type 2 Diabetes and Major Depression with no other comorbidity (except chronic diabetes complications) randomized to usual treatment (SSRI and consultation or IPT. Combined treatment added if patient wasn't 25% better from basal MADRS score at 6<sup>th</sup> week. Metabolic control obtained with HbA1c.

**Results:** Patients distribution: IPT-7; Usual-7; Combo-2; Dropouts: Usual-3; Combo-1. Patients characteristics: 54,55±6,75 years aged, 85% female gender, 6,25±2,99 years education, HbA1c 8,94%±2,31. Paired samples test comparing basal values and at 6 months: usual treatment and IPT both efficacious in reducing MADRS scores by 50% ( $p < .01$ ); usual treatment patients with better diabetes psychological adjustment and anxious attachment lowering (both  $p < .05$ ); metabolic control better with IPT, but not significant ( $p = 0,1$ ).

**Conclusion:** These are preliminary results with a small sample, but pointing towards the usefulness of IPT in depressive type 2 diabetic patients. Discussion will pay particular attention on benefits of psychological change related to Diabetes and to personal life with aid from clinical examples.