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Surprisingly high prevalence of depression and anxiety in diabetic patients with lower extremity pains

Udovichenko O. Diabetic foot outpatient clinic of the South-Western district; Moscow, Russia.

Background: Previously we reported 33% prevalence of depressive disorders in patients with diabetic foot ulcers. As depression can be caused by chronic pain and can itself exacerbate any pain, we conducted a study to assess its prevalence in diabetic patients with chronic feet/leg pain. Our secondary aim was to analyze variety of pain causes in patients of diabetic foot clinic (DFC). **Object and methods**: 57 consecutive patients referred to our DFC due to pain in lower extremities were screened for depression (using CES-D questionnaire) and anxiety (using HADS). We did not include patients: with foot ulcers; without pain but with other foot symptoms (paresthesia, numbness, etc.) and those who couldn't complete questionnaires due to visual or mental problems. Severity of pain was assessed with visual analog scale (VAS), probable cause(s) of pain – according to pain pattern (location, conditions of exacerbation, etc.) and physical examination. 68% of patients were female, 100% had type 2 DM. Patients' age (Me(min-max)) was 66 (45-84) yrs, DM duration – 9 (1-52) yrs. DM was treated by insulin (alone or in combination with oral agents) in 41%, by oral medications in 57% and by diet only in 2%. The study is ongoing because according to sample size calculation we have to include 95 patients. **Results**: Depression was revealed in 47% of patients, anxiety disorders – in 58% (including subclinical in 26%). Anxiety without depression took place in 19%, anxiety+depression in 39%. 54% expressed fear of amputation concerned with lower extremity pain. Although distal diabetic neuropathy was detected (clinically) in 69%, only 32% had typical neuropathic pain. 7% had intermittent claudication and 5% - painful callus. All other patients had pain not caused by diabetic complications (osteoarthritis, radiculopathy, tunnel syndrome, etc.). VAS score was 4.5 (1.5-8.5). We couldn't find correlation between VAS and CES-D (r=0.15) and HADS-anxiety score (r=0.16). There were not significant difference between subgroups with and without depression in terms of age, gender, DM duration, VAS score, history of myocardial infarction and stroke. **Conclusion**: (1) Pain in more than 55% of studied DM2 patients was not caused by diabetic complications. It may need change of DFC referral policy in primary care setting. (2) Depression and anxiety prevalence in our study was higher than previously reported for other groups of DM patients. (3) Although we couldn't demonstrate a link between depression / anxiety and pain intensity, depression and anxiety should be actively screened in this subgroup as it severely affects quality of life in DM patients.