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Xiaohong Chen M.D., Lin Lu PhD.



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Review Article

Depression in diabetic retinopathy: A review and recommendation for psychiatric management

Xiaohong Chen, M.D., Lin Lu, PhD.

From Department of Fundus Diseases Center, State Key Laboratory of Ophthalmology, Zhongshan Ophthalmic Center, Sun Yat-sen University, Guangzhou, People's Republic of China. Send correspondence and reprint requests to Lin Lu, PhD., No.54 Xianlie South Road, Guangzhou 510060, PR China; e-mail: Lulin888@126.com.

Background: Diabetic retinopathy (DR) is the most common microvascular complication of diabetes and one of the main causes of irreversible vision impairment in working-age population. Multiple studies have demonstrated the significantly high prevalence of depression in DR patients in recent years. The progression of DR could lead to depression, while depressive symptoms often worsen the condition of DR. Therefore, DR is one of the causes of psychosomatic diseases, the treatment for which should combine traditional DR therapy with depression interventions. **Methods:** We reviewed existing articles that investigated the association between DR and depression in the context of prevalence, risk factors, biological mechanisms, and treatment indications. **Results:** The literature review in this paper includes a brief introduction to current studies of depression and DR, followed by a focus on the epidemiology of depression in DR that help doctors better identify potential or existing depression patients upon first diagnosis. The underlying biological mechanisms between the two diseases are briefly reviewed, and potential treatments are addressed. **Conclusions:** Depression in DR patients is not uncommon and has a negative effect on the condition of DR. To achieve optimal prognosis in DR patients with depression, more attention to combined psychiatric therapies for depression is recommended.

Key words: depression, diabetes, epidemiology, antidepressants

INTRODUCTION

In recent years, diabetic retinopathy (DR), one of the chronic microvascular complications of diabetes, has been found to be significantly associated with depression.^{1,2} The overall prevalence of depressive symptoms (DSs) in DR patients ranges from 35.7% to 50%^{1,3,4} between studies. Comorbid depression in DR patients aggravates the condition of retinopathy and causes increased financial burden.⁵ Although the relationship between depression and DR was first reported nearly two decades ago,^{6,7} little attention has been paid to mental illness in DR patients upon diagnosis.^{3,8} Therefore, proper treatment for depression in DR patients has not been widely carried out.³ In light of the statistically close relationship between DR and

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