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Depression in Those with Diabetes

Jaidyn Probst*

Darin Prescott, DNP, MBA, RN[†]

Stacy Hammer, RDN, LD[‡]

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[†]University of Phoenix, Arizona, University of Nevada, Las Vegas

[‡]Minnesota State University, Mankato

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Depression in Those with Diabetes*

Jaidyn Probst; Darin Prescott, DNP, MBA, RN; and Stacy Hammer, RDN, LD

Abstract

In the United States, depression and diabetes collide with greater frequencies in American Indian/Alaskan Native communities, with 15% of those with diabetes suffering from depression. Often, providers cannot describe the emotional effects of being diagnosed with a chronic illness, such as diabetes, to the patient. Diabetes bingo is a place of information and support for those with diabetes in the Lower Sioux Indian Community (LSIC). The group was given surveys during their once-monthly bingo session held by the Lower Sioux Health Care Center Dietitian. We hypothesize that the social and emotional support from peers is what drives members of the LSIC back to bingo. At least one person had screened on the upper half on the depression scale, out of the sample group of 7. The first survey asked the sample group what drew them back to bingo, and 100% responded with support, while most added they also value the information. This is congruent with our hypothesis. The second step of the research was giving each person the patient health questionnaire (PHQ-9), to obtain a gauge of the presence of depression. Out of the sample size of 7, 1 person screened on the brink of moderately severe depression, while the other 6 had screenings at the lowest level: mild depression. These findings indicate that depression is likely present in the diabetic community of LSIC. The results can be used in future projects, to determine the effectiveness of diabetes bingo, and to provide referral of services and support.

KEYWORDS: Diabetes; American Indian; Support; Depression

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School of Public Health
University of Nevada, Las Vegas

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Jaidyn Probst

Darin Prescott, DNP, MBA, RN, University of Phoenix, Arizona, University of Nevada, Las Vegas

Stacy Hammer, RDN, LD, Minnesota State University, Mankato

Coordinating Center: University of Nevada, Las Vegas

ABSTRACT

In the United States, depression and diabetes collide with greater frequencies in American Indian/Alaskan Native communities, with 15% of those with diabetes suffering from depression. Often, providers cannot describe the emotional effects of being diagnosed with a chronic illness, such as diabetes, to the patient. Diabetes bingo is a place of information and support for those with diabetes in the Lower Sioux Indian Community (LSIC). The group was given surveys during their once-monthly bingo session held by the Lower Sioux Health Care Center Dietitian. We hypothesize that the social and emotional support from peers is what drives members of the LSIC back to bingo. At least one person had screened on the upper half on the depression scale, out of the sample group of 7. The first survey asked the sample group what drew them back to bingo, and 100% responded with support, while most added they also value the information. This is congruent with our hypothesis. The second step of the research was giving each person the patient health questionnaire (PHQ-9), to obtain a gauge of the presence of depression. Out of the sample size of 7, 1 person screened on the brink of moderately severe depression, while the other 6 had screenings at the lowest level: mild depression. These findings indicate that depression is likely present in the diabetic community of LSIC. The results can be used in future projects, to determine the effectiveness of diabetes bingo, and to provide referral of services and support.

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