

Comment on Vimalananda et al. Depressive symptoms, antidepressant use, and the incidence of diabetes in the Black Women's Health Study. Diabetes Care 2014;37:2211-2217.

Mika Kivimäki, Archana Singh-Manoux

► **To cite this version:**

Mika Kivimäki, Archana Singh-Manoux. Comment on Vimalananda et al. Depressive symptoms, antidepressant use, and the incidence of diabetes in the Black Women's Health Study. Diabetes Care 2014;37:2211-2217.. Diabetes Care, American Diabetes Association, 2015, 38 (2), pp.e22-3. <10.2337/dc14-1867>. <inserm-01153580>

HAL Id: inserm-01153580

<http://www.hal.inserm.fr/inserm-01153580>

Submitted on 20 May 2015

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Diabetes Care - Comment letter

The association between antidepressant use and diabetes may not be causal:

Comment on Vimalananda et al. Depressive Symptoms, Antidepressant Use, and the

Incidence of Diabetes in the Black Women's Health Study. *Diabetes Care* 2014 37:2211-2217

Mika Kivimäki, PhD¹ and Archana Singh-Manoux, PhD^{1,2}

Affiliations:

¹ Department of Epidemiology and Public Health, University College London, London, UK

² Centre for Research in Epidemiology and Population Health, INSERM, U1018, Villejuif Cedex, France

Corresponding author: Mika Kivimaki, m.kivimaki@ucl.ac.uk

Guarantor statement: Prof. Kivimäki is the guarantor of this work and, as such, takes responsibility for the review of previous studies in this commentary.

Manuscript statistics: 484 words in text, 5 references, no tables or figures.

Vimalananda and colleagues report antidepressant use, regardless of severity of depressive symptoms, to be associated with an increased risk of diabetes (1). The authors note that “this may represent a direct effect of the medication”. We would like to suggest a different interpretation of their results because in light of previous studies the antidepressants use-diabetes association might not be causal (3-5).

Type 2 diabetes is characterised by impaired beta-cell function and insulin resistance leading to high levels of circulating glucose. The disease develops gradually such that elevated fasting glucose and impaired glucose tolerance are typically seen years before the onset of manifest disease. This is known as the prediabetic phase. After the onset of disease, many patients are not aware of their condition as the initial symptoms in manifest diabetes can be fairly mild. It has been estimated that as many as one third of diabetes is undiagnosed.

If antidepressant use “causes” diabetes, an association would be apparent with prediabetes, and undiagnosed in addition to diagnosed diabetes. Vimalananda and colleagues used a questionnaire survey to ascertain diabetes and therefore were only able to examine the association between antidepressants and self-reported physician-diagnosed diabetes (1). In the Whitehall II study of 5978 UK adults, prediabetes and undiagnosed diabetes were assessed repeatedly by clinical examinations to supplement data on self-reported diagnosed diabetes (2). In agreement with Vimalananda, antidepressant use was associated with an increased incidence of self-reported physician-diagnosed diabetes, odds ratio 3.1 (2). However, antidepressant use was not associated with undiagnosed diabetes at any follow-up examination, nor was it associated with higher fasting or 2-hour glucose levels or increasing glucose levels over time. The mean difference in glucose changes over ten years between participants reporting antidepressant use compared with those not on antidepressant treatment was 0.0 (95%CI -1.1 to 1.1) mmol/L (p=0.98).

These are not chance findings because they were subsequently replicated in another cohort, the US National Health and Nutrition Examination Study (NHANES, N=3183). In that study,

antidepressant use was associated with 1.8-fold greater odds of diagnosed diabetes but not with undiagnosed diabetes (3). Furthermore, in treatment trials and studies measuring metabolic traits before and after drug therapy, use of antidepressants has not been shown to increase the risk of type 2 diabetes (4,5).

If antidepressant use is unlikely to cause diabetes, what explains the observed association between its use and diagnosed diabetes? Detection bias is one possible explanation. Antidepressant use may be associated with an increased likelihood of being diagnosed with diabetes because patients treated for one disorder are also more likely to be screened and diagnosed with another disorder due to their more frequent contact with healthcare givers.

More research is needed on the off-target effects of antidepressants. However, at this stage we urge caution in suggesting a causal link between antidepressant use and diabetes because the available evidence does not show antidepressant use to be associated with pathophysiological changes characterising prediabetes or diabetes.

Author Contributions. M.K. and A.S-M. wrote the manuscript. M.K. is guarantor of the paper.

Acknowledgements

Funding: M.K. is supported by the Medical Research Council, U.K. (K013351), the U.S. National Institutes of Health (R01-HL-036310 and R01-AG-034454), and a professorial fellowship from the Economic and Social Research Council, U.K. A.S-M. is supported by the US National Institutes of Health (R01-AG-013196 and R01-AG-034454).

Duality of Interest. None declared.

References

1. Vimalananda VG, Palmer JR, Gerlovin H, et al. Depressive symptoms, antidepressant use, and the incidence of diabetes in the Black Women's Health Study. *Diabetes Care* 2014;37: 2211-2217
2. Kivimäki M, Batty GD, Jokela M, et al. Antidepressant medication use and risk of hyperglycaemia and diabetes mellitus — A non-causal association? *Biol Psychiatry* 2011;70:978-984
3. Mezuk B, Johnson-Lawrence V, Lee H, et al. Is ignorance bliss? Depression, antidepressants, and the diagnosis of prediabetes and type 2 diabetes. *Health Psychol* 2013;32: 254-263
4. Kopf D, Westphal S, Luley CW, et al. Lipid metabolism and insulin resistance in depressed patients: significance of weight, hypercortisolism, and antidepressant treatment. *J Clin Psychopharmacol* 2004;24: 527-531
5. Weber-Hamann B, Gilles M, Lederbogen F, Heuser I, Deuschle M. Improved insulin sensitivity in 80 nondiabetic patients with MDD after clinical remission in a double-blind, randomized trial of amitriptyline and paroxetine. *J Clin Psychiatry* 2006;67: 1856-1861