INTRODUCTION

The current prevalence of diabetes among Hispanics is approximately 10%, and the Centers for Disease Control and Prevention has estimated that one in two Hispanics born after the year 2000 will be diagnosed with diabetes in their lifetime. This alarming increase in diabetes among Hispanics is of great concern in any context, and is especially important given that they are the fastest growing minority group within the United States and are projected to be 25% of the US population by 2050. Hispanic patients with diabetes have higher rates of certain diabetes-related complications, including higher glycemic levels and nephropathy, as well as increased mortality. Moreover, Hispanic patients with diabetes have a high incidence of depression that often goes undiagnosed and untreated, which may be related to difficulties in accessing care or cultural and normative influences that affect recognition and help-seeking behaviors.

Clinical depression, depressive symptoms, and diabetes-specific emotional distress are common comorbidities found among patients with diabetes. When compared to the general population, depression is two to three times more common among diabetes patients. Depression in persons with diabetes is associated with worse glycemic control and increased mortality. Because of these implications, early recognition and treatment of depression is a high priority in patients with diabetes. However, successful treatments of clinical depression among patients with diabetes have had little or no effect in reducing HbA1c, improving self-care behaviors, or managing diabetes.

Diabetes-specific emotional distress, defined as a patient’s concerns about disease management, support, emotional burden, and access to care, is an important condition distinct from clinical depression. Patients who display high levels of depressive symptoms may not necessarily have clinical depression, but may instead be experiencing high levels of emotional distress. Fisher et al assessed 506 patients with type 2 diabetes and showed that diabetes-specific emotional distress, but not clinical depression or depressive symptoms, was significantly associated with HbA1c in both cross-sectional and longitudinal analyses. In another study, van Bastelaar et al examined 627 patients with diabetes and showed that depressed patients without elevated diabetes distress did not show a significantly increased risk of elevated HbA1c. Thus, the association between depression and glycemic control may be mediated by diabetes-specific emotional distress.

Despite the fact that Hispanic patients have higher rates of diabetes...