COMMENT ON HERMANNS ET AL.

The Effect of a Diabetes-Specific Cognitive Behavioral Treatment Program (DIAMOS) for Patients With Diabetes and Subclinical Depression: Results of a Randomized Controlled Trial. Diabetes Care 2015;38:551–560

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We have read the article by Hermanns et al. (1) with great interest. Use of such a diabetes-specific cognitive behavioral treatment program in common practice will be beneficial to lessen the disease burden. In light of these positive findings, we investigated the diabetes distress rate of our patient group.

In an analysis of 116 patients with type 2 diabetes (mean ± SD age 55.7 ± 9.8, female 56.9%) with the Diabetes Distress Scale (DDS) (2), the mean ± SD DDS score was 2.6 ± 1 and the emotional burden subscale of DDS had the highest score with 3.2 ± 1.4. Lowest score was 1.8 ± 1.2 as observed in the physician-related distress subscale. Among 116 patients, 43 (37%) had a DDS score ≥3, which indicates distress worthy of clinical attention.

These results indicate the necessity of such an approach in our population and also possibly in other populations. Publication of this study is greatly appreciated.

Duality of Interest. No potential conflicts of interest relevant to this article were reported.

References

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