DO PSYCHIATRIC DISORDERS INCREASE THE RISK OF DEVELOPING TYPE 2 DIABETES MELLITUS? - A PROTOCOL OF A MATCHED REGISTER-BASED COHORT STUDY

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Background and aim
In the last decades, associations between psychiatric disorders and type 2 diabetes mellitus have been established and a bidirectional relationship have in some occasions been found.

It has been documented that patients with type 2 diabetes mellitus often experiences symptoms of psychiatric disorders such as depressive symptoms. In contrary, psychiatric disorders may also increase the risk of developing type 2 diabetes mellitus.

The present study
The aim of the present observational matched register-based cohort study is to investigate whether psychiatric disorders increase the risk of development type 2 diabetes mellitus in a longitudinal perspective.

Furthermore, differences in psychiatric disorders as risk factors are assessed.

Expected results
We expect to find an association between psychiatric disorders at baseline and later development of type 2 diabetes mellitus.

Furthermore, we also expect that the included psychiatric disorders will differ as risk factor.

The large sample size and the good quality of data will rise the quality of the results.

Conclusions and future studies
The present study will significantly contribute to the existing research area and can guide future national, clinical practice.

More knowledge on the association between psychiatric disorders and type 2 diabetes mellitus is needed to optimize future treatment and prevention initiatives.

The present study is limited by the lack of potential mediating mechanisms. Furthermore, diagnoses made by a general practitioner are not included in the study.

Future studies should investigate potential mechanisms mediating the association between psychiatric disorders and type 2 diabetes mellitus.

Materials and methods
The present observational matched register-based cohort study is based on data from the Danish registries, and the sample is created by the population of Danish citizens from 1995-2018.

The case group will be individuals with a psychiatric disorder and/or prescription of medication for psychiatric diseases in the period from 2000-2010 and with no history of diabetes mellitus in the period of 5 years before index date. I contrary, the healthy control group will be a matched control group with no history of psychiatric disorder and/or prescription of medication for psychiatric diseases nor any history of diabetes mellitus in a period of 5 years before matched index date.

The study is scheduled to be completed in 2019-2020.

Further information:

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