



The Relationship between Depression Symptoms, Physical Self-Concept, and Self-Care in Diabetic Patients

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Abstract

Diabetes is one of the most common diseases in society and is closely related to living. Physical self-concept and self-care play significant roles in diabetes management. This study aimed to investigate the relationship between depressive symptoms, physical self-concept, and self-care in diabetic patients. This cross-sectional study was conducted in 2014. The sample consisted of 90 patients referred to diabetes clinics in Mashhad health centers, selected through cluster sampling. The research instruments included the Beck Depression Inventory, Diabetes Self-Care questionnaire, and Marsh physical self-description questionnaire. The validity of the instruments was assessed using face and content validity. The reliability of the instruments was calculated using Cronbach's alpha coefficient. Data were analyzed using SPSS software (version 18), Pearson correlation tests and multivariate regression analysis. The mean age was 51.82 ± 11.378 . The results showed that the prevalence of depression was 52.2%. There was a significant negative correlation between depression and physical self-concept ($r = -0.420$, $p \leq 0.001$), and depression and self-care ($r = -0.402$, $p \leq 0.001$). Additionally, there was a significant direct relationship between physical self-concept and self-care ($r = 0.365$, $p \leq 0.001$). This study demonstrated that both physical self-concept and self-care were related to depression in diabetic patients.

Keywords: Diabetes, Physical self-concept, Self-care, Depression

Introduction

Type 2 diabetes is a disorder of glucose metabolism characterized by reduced insulin production [1] and impaired insulin utilization by tissues, leading to elevated blood sugar levels and making it a significant global health issue [2, 3]. Psychological factors play a crucial role in the development of diabetes. Negative emotions, particularly depression and anxiety, can act as risk factors for diabetes, while diabetes itself can trigger these emotional responses [4].

Living with diabetes presents challenges, increasing the risk for depression. Diabetic patients must continuously monitor their blood sugar levels and may experience complications. Depression can negatively affect a patient's motivation for self-care and adherence to self-care behaviors, particularly glycemic control. Improving depression can result in significant improvements in blood glucose control [5].

Depression associated with diabetes can negatively affect metabolic control and dietary compliance, as well as increase health care costs, disability, mortality, insulin usage, and diabetes-related complications [6]. This disease can also affect a person's self-concept, which encompasses perceptions of appearances, values, and beliefs that shape behavior [7].

In simpler terms, a person's overall perception of their personality is called to as "self-concept" or "self-image." This perception arise from individuals' mental evaluations of their behavioral traits; hence, the self-concept may be positive or negative [8].

Research suggests that daily events can influence changes in self-concept [9]. Additionally, overall health, including psychosocial well-being and emotional distress, can affect self-esteem. Self-concept is a behavioral factors that can independently predict Glycosylated hemoglobin levels [10]. One of the most important issues of diabetes management is self-care, which involves developing awareness to care for the complex nature of the social context [11]. According to the Diabetes Self-

Care Education Association, individuals with type 2 diabetes need to develop adequate self-care skills to improve their quality of life and manage their condition more effectively [12].

Depressed moods can lead to negative thoughts and a poor physical self-image, potentially impacting others as well. Addressing both psychiatric and medical issues simultaneously in diabetic patients can help reduce complications and enhance their quality of life. Despite the increasing prevalence of chronic diseases like diabetes and the associated rise in mental health issues, particularly depression, comprehensive research on the psychological aspects of diabetes remains limited. Although global studies have highlighted the link between depression and diabetes, a significant gap remains in understanding how cultural, social, and regional factors influence this relationship. In Iran, where cultural attitudes, healthcare accessibility, and patient behaviors differ from global norms, the specific dynamics of depression among diabetic patients remain unexplored. Studies on depression in diabetic patients, especially in Iran are scarce [13, 14]. Addressing this gap is essential for developing tailored interventions that consider local needs and conditions, ultimately improving outcomes for diabetic patients with depression.

Objectives

This study aimed to investigate the relationship between depressive symptoms, physical self-concept, and self-care in individuals with diabetes.

Methods

This cross-sectional study was conducted on 90 patients referred to diabetes clinics of Mashhad health centers between April 2014 and May 2015. Cluster sampling was used, and the sample was randomly selected from individuals attending diabetes clinics at health centers affiliated with the Health Department. Two clusters were selected from each of the five

health centers in Mashhad and the Cochran formula was used to estimate the sample size.

The research instruments included questionnaires covering demographic information such as age, marital status, duration of illness (in month), education, address, phone number, fasting blood sugar (FBS) in mg/dl, glycosylated hemoglobin percentage, the Beck Depression Inventory, diabetes self-care, and self-concept questionnaire. The Beck Depression Inventory consisted of 21 items rated on a three-point Likert scale. Depression severity was classified based on the total score: 0-13 indicating no or minimal depression, according to the of depression, 20-28 moderate depression, and 29-63 indicating severe depression [15].

The 40-item short form of the Body Self-Concept Questionnaire by Marsh et al. [16] was used to assess body self-concept. It consists of nine specific components: health, coordination, physical activity, body fat, athletic fitness, appearance, authority, flexibility, and endurance. Additionally, it measures two general components and self-esteem. To measure self-care behavior, the Summary of Diabetes Self-care Activities (SDSCA) Questionnaire, developed by Toobert DJ et al. [17], was used. This 15-item scale assesses patients' self-care practices over the past seven days, encompassing various aspects of diabetes treatment. These aspects include diet (5 items), physical activity (2 items), FBS control (2 items), regular medication use (1 item), foot care (4 items), and smoking (1 item). Each question is scored on a scale from 0 to 7 using a Likert rating, resulting in a total score ranging from 0 to 99. A score below 25 indicates poor self-care, a score between 26 and 75 represents moderate self-care, and a score above 75 indicates good self-care. Higher scores suggest better self-care practices in the last seven days [18].

The validity of the instrument was determined through face and content validity. The average content validity ratio (CVR) and content validity index (CVI) scores for the questionnaire as follows: depression (CVI=0.81, CVR=0.79), body self-concept (CVI=0.80,

CVR=0.80), and self-care behavior (CVI=0.78, CVR=0.82). The reliability of the questionnaire was confirmed using Cronbach's alpha coefficient, with the following reliability scores: depression ($\alpha=0.78$), body self-concept ($\alpha=0.88$), and self-care behavior ($\alpha=0.80$).

The inclusion criteria for participation were: (1) a definitive diagnosis of diabetes, characterized by a FBS level of 126 mg/dl or higher after at least 8 hours of fasting and an HbA1c level exceeding 6%. (2) literacy and ability to complete the questionnaire; (3) age over 18 years; (4) Iranian nationality; (5) residing in Mashhad, Razavi Khorasan Province; (6) absence of other diseases; and (7) no severe psychological stress in the past six months. The exclusion criterion was withdrawal from the study after completing the questionnaire. The questionnaire was completed through self-reporting and patient interviews.

The individuals in this study had a documented history of diabetes at the health center's diabetes clinic. The data were analyzed using SPSS software version 20, applying independent t-test, analysis of variance (ANOVA), Pearson correlation, and multiple regression analysis.

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Results

The mean age of the subjects was 51.82 ± 11.3 years. The other results are presented in Table 1. The mean FBS level was 154.26 ± 6.61 mg/dL.

The independent t-test revealed no statistically significant difference between gender and self-care, depressive symptoms, and physical self-concept (P-value > 0.05). The t-test showed no statistically significant difference between marital status and self-care, depressive symptoms, and physical self-concept (P-value > 0.05). Similarly, the one-way ANOVA test

showed no statistically significant difference between educational level and self-care, depressive symptoms (P-value > 0.05). However, the one-way ANOVA test showed a statistically significant difference between educational level and physical self-concept (P-value = 0.01) (Table 2).

In this study, the prevalence of depression among diabetic patients was estimated at 52.2% (Table3).

Table 4 indicates a significant negative correlation between age and physical self-concept (r = -0.230, p=0.030), suggesting that as

individuals age, their physical self-concept tends to be decline. No significant relationships were found between other demographic variables and self-care, self-concept, and depression.

Table 5 presents the Pearson's correlation coefficient for the relationship between self-care, physical self-concept, and depression. The findings revealed a positive correlation between physical self-concept and self-care (r= 0.365, p≤0.001). There was a significant and negative correlation between depression and self-care (r= -0.402, p≤0.001), and between depression and physical self-concept (r= -0.420, p≤0.001).

Table 1 - Descriptive characteristics of the participants (n=90)

| Variable | | N | (%) |
|--------------------------|------------------|----|------|
| Gender | Female | 70 | 77.8 |
| | Male | 20 | 22.2 |
| Marital status | Married | 84 | 93.3 |
| | Single | 6 | 6.7 |
| Educational level | Elementary | 48 | 53.3 |
| | Secondary school | 35 | 38.8 |
| | Graduate | 7 | 7.8 |
| Self-care | Poor | 22 | 24.4 |
| | Moderate | 64 | 71.1 |
| | Strong | 4 | 4.4 |
| Depression | No depression | 7 | 7.7 |
| | Mild | 31 | 34.4 |
| | Moderate | 37 | 41.1 |
| | Severe | 15 | 16.7 |

Table 2. Comparison of mean self-care scores, depression symptoms, and physical self-concept, and demographic variables

| Variable | Mean±SD self-care | Mean±SD depression symptoms | Mean±SD physical self-concept |
|--------------------------|----------------------|--------------------------------|----------------------------------|
| Gender | | | |
| Female | 42.29±14.41 | 22.81±6.87 | 125.86±4.86 |
| Male | 48.50±16.78 | 21.15±6.92 | 129.75±2.76 |
| t-test | 1.64 | 0.95 | 0.450 |
| p-value | 0.105 | 0.34 | 0.650 |
| Marital status | | | |
| Married | 44.05±15.03 | 22.50±6.87 | 129.49±2.70 |
| Single | 47.33±9.709 | 18.66±4.92 | 129.75±5.83 |
| t-test | 0.525 | 1.33 | 1.40 |
| p-value | 0.600 | 0.184 | 0.164 |
| Educational level | | | |
| Elementary | 42.77±12.95 | 22.03±4.68 | 121.75±4.96 |
| Secondary school | 43.57±17.06 | 30.01±6.73 | 121.01±3.76 |
| Graduate | 44.29±17.65 | 22.29±7.11 | 142.71±2.76 |
| One-Way ANOVAs | 0.512 | 2.19 | 3.174 |
| p-value | 0.72 | 0.07 | 0.01 |

Table 3. Descriptive statistics of study variable (n = 90)

| Variable | N | Mean±SD |
|--------------------------------------|----|--------------|
| Age | 89 | 51.82±11.3 |
| Fasting blood sugar level (FBS) | 90 | 154.26±61.64 |
| The duration of the disease | 87 | 69.82±73.45 |
| Glycosylated hemoglobin levels(HA1C) | 70 | 7.3±1.9 |

Table 4 . Correlation between self-care and physical self-concept with other variables

| Test Variable | Pearson correlation coefficient | | Spearman correlation coefficient | |
|-------------------------------|---------------------------------|---------|----------------------------------|-------|
| | Physical self-concept | | Self-care | |
| | r | p | r | p |
| Age | -0.23 | 0.030** | – | – |
| Duration of diabetes | – | – | 0.103 | 0.342 |
| Fasting blood sugar level | – | – | 0.092 | 0.389 |
| Glycosylated hemoglobin level | -0.023 | 0.852 | – | – |

**p<0.05

Table 5. Correlation matrix between self-care and physical self-concept with other variables

| Variable. No | Variable name | Self-care | Physical self-concept | Depression |
|--------------|------------------------------|---------------------|-----------------------|------------|
| 1 | Self-care | 1 | - | |
| 2 | Physical self-concept | 0.365** p≤0.001 | 1 | 1 |
| 3 | Depression | -0.402** p≤0.001 | -0.420** p≤0.001 | 1 |

**Correlation is significant at the 0.05 level (2-tailed).

Discussion

The aim of this study was to investigate the relationship between depressive symptoms, physical self-concept, and self-care behaviors in patients with diabetes. The study sample had a higher participation rate of women compared to men.

This distribution may be attributed to women's greater utilization of health center clinics for their own care, as well as for their children and other services. In contrast, men are more likely to seek care at private clinics [19].

The study found no significant differences in depressive symptoms, physical self-concept, or self-care behaviors among diabetic patients based on gender, education, and duration of illness. However, the results indicated that education level was associated with physical self-concept, which, in turn, was related to depression. A study by Park et al. (2004) showed that in patients with type 2 diabetes higher depression scores were associated with weaker self-care behaviors [20]. This consistency may be attributed to the accurate collection and measurement of each variable.

Mansyur et al. (2015) investigated the effects of social factors and barriers to self-care among Hispanic men and women with diabetes. They concluded that women experienced less social support than men. The study found that a lack of adequate support was a significant barrier to self-care behaviors among women with diabetes [21]. Previous research has shown conducted an association between patients' age and depression

[22, 23]. However, the results of the present study indicated no relationship between gender and depression levels, which contradicts the findings of Meshkat et al. [24].

A previous study found a relationship between the severity of depression and factors such as gender, age and duration of diabetes[25]. However, the present study found no statistically significant relationship between depression severity and these variables in diabetic patients. Mahmoudi and Sharifi (2008) [26] that women and individuals under 40 years of age exhibited higher levels of depression in both groups. However, they found no significant association between depression and marital status, household size, residential status, age at onset, income and sources of support. The results of the present study are also inconsistent with the findings of Mahmoudi and Sharifi. This inconsistency highlights the need for more detailed research, particularly regarding sampling methods and research design. Sacco et al. conducted a study investigating the relationship between body mass index (BMI) and depression in adults with type 2 diabetes, focusing on the mediating roles of diabetes symptoms and self-efficacy. They concluded that BMI affects depression through its impact on self-efficacy and diabetes-related medical symptoms [27]. Gemeay et al.[28] found that among patients with diabetes, there was not only a significant relationship between depression and diabetes, but also a strong association between body image and

diabetes. Lee et al. [29] discovered that the likelihood of depression increased with greater pain and long-term complications. Additionally, they found that as the number of traumatic events and stressors increased, so did the risk of depression. Conversely, higher self-esteem was associated with a lower risk of depression.

Limitations

One limitation of this study was that data on depression, physical self-concept, and self-care were obtained through self-reports, which may have led individuals to report behaviors that do not accurately reflect their actual experiences. Furthermore, due to the cross-sectional nature of this study, it is recommended that quasi-experimental studies be designed and conducted to determine the precise effects of the variables under investigation. Additionally, the sampling method used in this study was simple, which may limit the generalizability to broader population of individuals with diabetes.

Conclusion

This study revealed that both physical self-concept and self-care were associated with depression in diabetic patients. It also emphasized the importance of addressing psychosocial factors in diabetes management. Previous research has shown that depression can hinder self-care efforts and blood sugar control, leading to worse health outcomes. Interventions aimed at improving self-concept, self-efficacy, and mental well-being may enhance diabetes management and overall quality of life for these patients. Despite limitations such as reliance on self-reported data, a cross-sectional design, and a simple sampling method, future research should consider longitudinal or quasi-experimental approaches to clarify the causal relationships among these variables. Expanding research to include more diverse populations and addressing social and environmental factors could provide deeper insights into the interplay between how

depression, physical self-concept, and self-care in diabetes.

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Conflict of interest

This study has no conflicts of interest.

List of abbreviations

Fasting blood sugar (FBS)
The Diabetes Summary Questionnaire (SDSCA)
Content Validity Ratio (CVR)
Content Validity Index (CVI)
Glycosylated hemoglobin levels (HA1C)

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