



Food addiction and psycho-physiological condition in patients with type 2 diabetes

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Dear editor,

I have read the research article “Associations of food addiction with metabolic control, medical complications and depression among patients with type 2 diabetes” by Nicolau et al. [1]. The authors analyzed the relationship between food addiction (FA) and clinical or psychological variables among patients with type 2 diabetes (T2DM). A total of 29.3% of patients was positive for FA, and the prevalence of subjects with diabetic retinopathy, neuropathy, nephropathy and depressive symptoms was greater among patients with criteria for FA compared with patients without this condition, presenting 25% versus 13.2%, 29.5% versus 21.8%, 32% versus 22.3% and 36.4% versus 18.5%, respectively. These results presented that T2DM patients with FA had worse glycemic controls, increased risks of microvascular complications and depressive symptoms. I have some concerns about the study.

First, Yang et al. [2] explore the prevalence of FA in individuals with newly diagnosed T2DM and analyzed risk factors of FA in China. A total of 8.6% (27/312) met the FA diagnostic criteria, which was higher than the control group, presenting 1.3% (4/312). In addition, FA in patients with T2DM was positively related to BMI and uric acid, and negatively related to age. I suppose that FA prevalence might differ in different ethnic and socioeconomic groups. As FA was closely related to mental health status and diabetic complications, comprehensive studies are needed regarding FA and T2DM.

Second, Bradley and Delaffon [3] conducted a literature review regarding diabetic retinopathy screening (DRS) in people with severe mental illness (SMI). People with SMI have reduced attendance at DRS, because of poorer compliance with general diabetic care. The authors verified that anxiety and depression were barriers in attending DRS. DRS in combination with evaluation of FA should be conducted in patients with T2DM and SMI.

Regarding the second query, Chen and Lu [4] summarized that depression in patients with diabetic retinopathy (DR) had a negative effect on the condition of DR and recommended psychiatric therapies for depression to achieve optimal prognosis in patients with DR and depression. Khoo et al. [5] also specified that severity of DR, diabetic macular edema (DME) and vision loss were significantly associated with poor psychosocial outcomes. Bi-directional associations might be existed on the relationship, and T2DM and its complication management have some difficulties even in patients without mental problems. As there is a limitation in personal effort for keeping good lifestyles including nutrition, exercise, resting and stress management, improvement of accessibility to medical/healthcare system is needed in patients with T2DM and mental illness.

Compliance with ethical standards

Conflict of interest The author declares that he/she has no conflict of interest.

Human and animal rights This article does not contain any studies with human or animal subjects performed by the any of the authors.

Informed consent For this type of study, formal consent is not required.

Managed by Massimo Porta.

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