



Cognitive Behavioral Therapy Outcomes in Older Adults with Comorbid Depression and Diabetes

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DESCRIPTION

Older adults living with both type two diabetes and clinical depression represent a high-risk group facing compounded medical and psychological challenges. The co-occurrence of these conditions has been linked to poorer disease outcomes, reduced quality of life and increased healthcare utilization. Depression in this demographic is not only common but can interfere with diabetes self-care behaviors, leading to suboptimal glycaemic control. Addressing both the psychological and physiological aspects of illness in an integrated fashion has thus emerged as a critical priority in managing this population. The present study sought to investigate whether a structured Cognitive Behavioural Therapy (CBT) intervention could lead to improvements in depressive symptoms and glycaemic control among older adults managing type two diabetes. CBT is a well-established, evidence-based psychological treatment for depression but its potential metabolic benefits especially in older populations with comorbid physical illness remain less clearly defined. This research aimed to contribute to this gap by evaluating both emotional and physiological outcomes following CBT intervention.

A total of 80 participants aged between 60 and 75 years, all diagnosed with both type two diabetes and clinical depression were recruited for the study. Participants were randomly assigned to one of two groups. The intervention group received ten weekly sessions of CBT delivered by trained therapists, in addition to their routine diabetes care. The control group matched on key demographic and clinical variables continued to receive standard diabetes care alone, without any structured psychological intervention. Depressive symptoms were measured using a validated clinical depression inventory, while glycaemic control was assessed *via* levels and a standard biomarker reflecting average blood glucose over the previous two to three months. At the twelve-week follow-up, the CBT group demonstrated significantly greater reductions in depressive symptom scores compared to the control group. Participants who received CBT reported marked improvements in mood, motivation and cognitive outlook. These results are consistent

with the well-documented effectiveness of CBT in alleviating depressive symptoms by helping individuals identify and reframe negative thought patterns develop adaptive coping strategies and re-engage in meaningful activities.

Beyond psychological outcomes, the study also found a modest yet statistically meaningful improvement in glycaemic control in the CBT group as indicated by lower HbA1c values compared to the control group. While the magnitude of this improvement was not dramatic it is clinically relevant, particularly given the short duration of the intervention. These findings suggest that treating depression through CBT may indirectly support better diabetes self-management, possibly by enhancing motivation, increasing adherence to medication regimens or encouraging healthier lifestyle choices such as regular exercise and balanced nutrition. The study's results underscore the interconnectedness of mental and physical health, particularly in older adults managing chronic illnesses. Depression and diabetes do not operate in isolation rather they influence and exacerbate one another through behavioral, physiological and emotional pathways. For example, depressive symptoms can reduce a person's ability to maintain consistent glucose monitoring, follow dietary guidelines or attend medical appointments. Conversely, the daily demands of managing a chronic illness like diabetes can contribute to psychological distress, feelings of helplessness and social isolation.

Given this bidirectional relationship, the findings support a more integrated model of care, wherein mental health services and endocrinology teams collaborate to deliver holistic treatment. Embedding psychological interventions such as CBT within routine diabetes care could be a valuable step toward improving both emotional well-being and physical health outcomes in older adults. Mental health practitioners working with this population may also benefit from a deeper understanding of the specific challenges associated with chronic disease management allowing for more tailored and relevant therapeutic approaches. However, the study also has several limitations that warrant consideration. The sample size while

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Received: 01-Jul-2025, Manuscript No. JOP-25-30174; **Editor assigned:** 03-Jul-2025, PreQC No. JOP-25-30174; **Reviewed:** 17-Jul-2025, QC No. JOP-25-30174; **Revised:** 23-Jul-2025, Manuscript No JOP-25-30174; **Published:** 31-Jul-2025, DOI: 10.35248/2378-5756.25.28.755

Citation: Giulia R (2025). Cognitive Behavioural Therapy Outcomes in Older Adults with Comorbid Depression and Diabetes. 28:755.

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adequate for detecting short-term effects was relatively small and the follow-up period of twelve weeks may not fully capture the long-term sustainability of treatment benefits. It remains unclear whether the observed improvements in mood and glycaemic control would persist over time or whether ongoing psychological support might be necessary to maintain gains. Additionally, because the study focused specifically on older adults, its findings may not generalize to younger populations with comorbid depression and diabetes.

Future research should therefore aim to replicate these results in larger and more diverse cohorts, with extended follow-up periods to assess the durability of therapeutic effects. Studies

could also explore variations of CBT tailored to individuals with chronic medical conditions or examine the efficacy of digital or group-based delivery models to increase accessibility, particularly for older adults with mobility limitations or geographic barriers to care. In conclusion, this study provides promising evidence that integrating cognitive behavioral therapy into diabetes management for older adults can yield dual benefits alleviating depressive symptoms and improving metabolic outcomes. As the healthcare system increasingly shifts toward integrated, person-centered models of care such interdisciplinary approaches may prove essential in addressing the complex needs of ageing populations with multiple chronic conditions.