Luckily, drugs are not the only option for treating depression in people with type 2 diabetes. A study called Program ACTIVE II has shown that regular exercise with a personal trainer is another promising avenue for treatment, and one that has the added benefit of helping manage diabetes symptoms in the process. In ketamine clinics, a 2017 consensus statement issued by the American Psychiatric Association recommended that the screening process at such clinics include an in-depth look at each patient's medical and psychiatric records, along with a thorough explanation of both the risks and limitations of ketamine treatment.

But no matter what type of depression treatment you recommend, the important thing is that your patient is able to discuss whatever struggles they may be having during their office visit. It is important to stay up to date on your patient’s state of mind, because depression can wreck the best diabetes management plan.

Recognizing this need, the American Diabetes Association now encourages doctors to refer patients with depression symptoms to mental health professionals who are specially trained in the special challenges faced by people with type 2 diabetes. The ADA has even partnered with the American Psychological Association to create special training opportunities for mental health professionals.

“As more collaborative efforts like these take place, the psychosocial side of diabetes can be more adequately and appropriately addressed,” said Korey Hood, a member of the development team behind the ADA’s Mental Health Provider Diabetes Education Program.

“We have to start thinking of people with diabetes as chronic disease patients, not just as numbers on a scale,” said Hood. “People with diabetes need compassionate care, and it is critical for all healthcare providers to be knowledgeable about the impacts of depression on diabetes management.”

Antidepressants developed. They’re effective, but have more side effects than newer drugs.

Selective serotonin reuptake inhibitors (SSRIs)

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluoxetine (Prozac)
- Paroxetine (Paxil, Pexeva)
- Sertraline (Zoloft)
- Vilazodone (Viibryd)

SSRIs, the most commonly prescribed antidepressants, are relatively safe and typically cause fewer side effects than other types of antidepressants do.

Non-classified antidepressants

- Bupropion (Wellbutrin, Forvix XL, Aplenzin)
- Mirtazapine (Remeron)
- Nefazodone
- Trazodone, which is also used to treat insomnia
- Vortioxetine (Trintellix)

These drugs don’t fit into other classes of antidepressants. They are each unique medications that work in different ways from one another.

Drug interactions. Some antidepressants can cause dangerous reactions when combined with certain medications or herbal supplements.

Serotonin syndrome. Rarely, an antidepressant can cause high levels of serotonin to accumulate in your body. Symptoms of serotonin syndrome include anxiety, agitation, sweating, confusion, tremors, restlessness, lack of coordination and a rapid heart rate. Seek immediate medical attention if you have any of these symptoms.

Suicide risk. Most antidepressants are generally safe, but the FDA requires that all antidepressants carry black box warnings, the strictest warnings for prescriptions. In some cases, children, teenagers and young adults under 25 may have an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed.