

Aliyah Shari

## **Shoulder and Hand Pain in Middle-Aged Man with Uncontrolled Diabetes and Depression**

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### **Abstract**

We evaluate a 57 y/o male complaining of shoulder and left hand pain that comes and goes. The patient has a history of depression and Type II diabetes. Typically wrist pain associated with excessive typing and desk work can be attributed to carpal tunnel syndrome. The patient exhibits concerns about the shoulder pain that occurs when he walks his dog, however there is a correlation between shoulder/rotator cuff pain and hypertension, as well as uncontrolled diabetes- it should be noted that the patient resists treatment for his Type II diabetes. The patient also has “somewhat controlled” depression but his social habits could contribute to this as he does not engage in many social activities. The patients complaints may all be correlated and this case can allow one to practice shared decision making to encourage the patient and treat their conditions simultaneously. Lifestyle changes and recommendations may help to solve multiple issues.

### **Introduction**

One of the patients chief complaints is shoulder pain that begins when he walks his dog, and subsides with time. He mentions that he is worried it may indicate a heart attack, however the patient has pre-existing risk factors that can cause shoulder pain. Another complaint is left hand pain that worsens at work when he is typing. Additionally the patient has uncontrolled diabetes, and is somewhat controlled depression which he is currently treating with medication. The patient has not made many lifestyle changes to treat any diagnoses and has resisted treatment for diabetes. The shoulder and hand pain are not constant but are impacting his daily activities and quality of life.

### **Case Presentation**

57 y/o male complains of aching shoulder pain when walking dog, and left hand pain when working accompanied by numbness and tingling in 1st and 2nd digits. Patient is also being treated for Type II diabetes and moderate to severe depression. Family history of Type II diabetes, prostate cancer (father), hypertension and stroke (mother), and a brother who has macular degeneration. The patient is currently taking Metformin (500mg BID), Glyburide (5mg BID), Paroxetine (20mg BID), and Enalapril (5mg BID). He is also taking Ibuprofen 400mg as needed for left hand pain at night. Blood pressure measured at 142/86 on physical exam, fasting glucose level 190, and Hgb A1C 9.0.

Patient mentioned eating sweets regularly despite Type II diabetic status, advise to limit sugar intake, especially if he continues to refuse Insulin. Avoid additional sweets at work, and cut butter and chips from breakfast and lunch; recommend he try to incorporate more home cooked meals into breakfast or lunch to better control intake of sugar, butter, and salt.

He does not seem to get regular exercise aside from walking his dog. Recommend starting light exercise by taking the stairs at work or at his apartment building instead of taking the elevator. Patients' depression is somewhat controlled on current regimen, he mentions that he is home most weekends and does not have much of a social life. Discuss joining his wife at mosque and other possible low effort social engagements that may interest him.

Address left hand pain with night time splinting for likely Carpal Tunnel Syndrome, if not resolved consider glucocorticoid steroid injections for pain relief (3). Discuss with the patient the possibility that his shoulder pain may be a result of his preexisting conditions (2) and consider changing dosage for hypertension medications. Revisit starting Insulin to treat diabetes, emphasize that this may be related to his pain. Discuss lifestyle changes to improve depression, and consider changing dosage for medications.

### **Discussion**

The patient's hand pain can be improved through wearing a hand splint, and further medical intervention if needed. In regards to his shoulder pain, the patient mentions that he is worried it may indicate a heart attack, however this pain can also be due to his uncontrolled diabetes or hypertension. Shoulder pain and limited mobility is a common complaint in diabetics (1). Similarly the shoulder pain could be a result of other risk factors such as high blood pressure which he is monitoring and working to control (2). This case is one that would require discussion and shared decision making. The patient is concerned about his conditions, enough so to monitor his blood pressure, and take medications, but hesitant to make lifestyle changes that can improve his quality of life. Explaining how treating certain conditions can improve multiple issues may make the patient more inclined to take action.

### **Conclusion**

Cases like this emphasize patient education, and are an opportunity for healthcare providers to practice effective communication. Having an informed discussion with the patient to explain how his risk factors are contributing to the pain that is now impacting his daily life could make the patient more open to implementing such changes, and possibly starting medication to treat diabetes.

### **References:**

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