**Type 2 Diabetes Claim Statement and Evidence Review**

The following statement and evidence review is offered to support my contention that my current type 2 diabetes is due to my overweight or obesity condition. I further contend that my weight gain in service, current weight, and weight fluctuations are due to my service-connected bilateral knee, back with radiculopathy to both legs, and mental health conditions. My knee and back problems limit my ability to exercise while my depression increases my appetite and lessens my motivation to be active; thus, causing weight gain. My medications prescribed for depression (Zoloft and nortriptyline) also contribute to my inability to maintain a healthy weight. My weight gain began in service and has continued after service. Entry service weight was 127.

**During service (1974-1995)**

Service medical records note a complaint of right knee pain dated 05/05/1976 with a recorded weight of 125 pounds. A second treatment record dated 08/08/1978 cites a complaint of a swollen right knee with a recorded weight of 132 pounds. The pain did limit my exercise intensity level somewhat and I took Tylenol as needed. Pain in both knees began to substantially impact my ability to exercise in the late 1980s. Service medical records note a complaint of back pain with left sided sciatica dated 10/18/1987 with a recorded weight of 140 pounds.

The combination of knee, back, and sciatica pain severely impacted my ability to exercise from the late 1980s forward. Service medical records dated 07/22/1990 note injuries to the left side of face, left knee, left side of ribs per a vehicle accident with a recorded weight of 162 pounds. Retirement physical exam (December 1994) notes a weight of 170. From 1974 to 1987 only 13 pounds were gain; however, after the knee symptoms increased in severity and the back injury weight increased 30 pounds between 1987-1994: exercising became increasing difficult during that timeframe and I was only able to maintain the minimum level of physical readiness by retirement. I barely passed my 1994 physical readiness test. Prior to 1987 all physical readiness tests were completed with maximum scores.

Service medical records dated 03/14/1992 note a back MRI that identified several herniated disks with nerve impingement to the left leg. Much of my last year of service I was on a no running, no sit up, and no prolonged standing profile. At the end of my service, I had the following functional limitations: lifting to less than 15 pounds, back painful range of motion (ROM), knees painful ROM, no kneeling, no standing or walking over 30 minutes, and no running.

**Current functional limitations**

I have knee pain during flexion and extension motions with and without weight bearing. I have stopped running and deep knee bend exercises (like squats and lunges) as both endeavors cause an exacerbation of symptoms. Even a brisk walk will aggravate my knee symptoms. My walking is limited to a slow pace due to knee and back pain. My knees tire quickly limiting my walks to a duration of 15-30 minutes; walking longer than 30 minutes also results in significant back pain. I am unable to perform any exercises, such as bike riding and rowing, that places repeated stress on my knees due to pain. Also repeatedly flexing my knees causes my knee problems to flare: flareups happen at least biweekly. During a knee flareup I am forced to stop all exercise activities for several days or longer. Sitting on any inadequately cushioned seat, such as a bike seat or rowing device seat, causes sciatic pain down both legs.

Even dinning and office type chairs are not tolerated. Only well cushioned couches or reclining chairs provide adequate protection from sciatic pain. My lifting is limited to an occasional 15 pounds. Repeated bending or lifting, even of light weights (3 lbs), cause my back symptoms to flare: back or sciatica flareups happen at least monthly. During a back or sciatica flareup I am forced to stop all exercise activities for several days or longer. Standing in place for more than two or three minutes is intolerable, such as standing in a checkout line after shopping. I can kneel down with tolerable pain for a second or two, but the pain becomes intolerable after just a few seconds. Typically, my knees and back are under stress from walking, standing, bending, and kneeling for 1-3 hours per day; during this time, I must have frequent rest periods due to fatigue, weakness, pain, and at times knee swelling.

Depressive symptoms are always present limiting my motivation to be active and increasing my appetite. Eating is often the only way to lessen my symptoms. I have bouts of severe depression (once or twice a year), that often last several months, where I can barely move and during these periods I rarely exercise. I have tried to limit my calorie count to 1500; however, that leads to increased depressive symptoms to include thoughts of suicide. I always watch my calory intake and limit it as much as my depressive symptoms allow. I am prescribed Zoloft and nortriptyline for depression (05/05/2018, St. Cloud VA hospital record): before I started taking these drugs my weight was 172. My current weight is 181, BMI 29.2 (VA annual physical 03/09/2021).

**Published Considerations**

I believe the following treatises and my related comments are relevant to my type 2 diabetes claim; hence, I ask they be given due consideration:

1. **Gafoor R, Booth H P, Gulliford M C. Antidepressant utilisation and incidence of weight gain during 10 years’ follow-up: population based cohort study BMJ 2018; 361 :k1951 doi:10.1136/bmj.k1951**

This study concludes “Widespread utilisation of antidepressants may be contributing to long term increased risk of weight gain at population level. The potential for weight gain should be considered when antidepressant treatment is indicated.”

1. **Berken GH, Weinstein DO, Stern WC. Weight gain. A side-effect of tricyclic antidepressants. J Affect Disord. 1984 Oct;7(2):133-8. doi: 10.1016/0165-0327(84)90031-4. PMID: 6238068**

This study concludes that “low-modest doses of tricyclic antidepressants frequently cause considerable weight gain.” Nortriptyline is a tricyclic antidepressant.

1. **Healthline article “7 Ways to Lose Weight Gain Caused by Medication”**

This article states (page 2) “All 12 of the leading antidepressants, including fluoxetine (Prozac), sertraline (Zoloft), and escitalopram (Lexapro), make gaining weight more likely.”

1. **Mayo clinic informational article “Type 2 diabetes”**

This article cites “Being overweight or obese is a main risk” for type 2 diabetes.

1. **VA MOVE! Weight Management Program “Pump Up Your Physical Activity”**

The article states “Remember you should aim for a total of at least 150 minutes of moderate-intensity physical activity per week” (page 13). Due to my physical and mental health functional limitations, I am no longer able to exercise at a moderate-intensity level.

1. **CDC Article: Physical Activity for a Healthy Weight**

The article states “To maintain your weight: Work your way up to 150 minutes of **moderate**-intensity aerobic activity, 75 minutes of **vigorous**-intensity aerobic activity, or an equivalent mix of the two each week. Strong scientific evidence shows that physical activity can help you maintain your weight over time.” Due to my physical and mental health functional limitations, vigorous-intensity aerobic activities are completely out of the question and I am no longer able to exercise at a moderate-intensity level. I strive to exercise within my known limitations; however, I cannot exercise enough or at the required intensity level to maintain my weight at recommended levels.

1. **Diagnostic and Statistical Manual of Mental Disorders (DSM–5)**

DSM-5 notes weight gain as part of the diagnostic criteria: “Significant weight loss when not dieting or **weight** **gain** (e.g., a change of more than 5% of bodyweight in a month), or decrease or **increase in** **appetite** nearly every day.” Weight gain due to increased appetite is absolutely one of the defining characteristics of my MDD. It is a constant battle to control my food cravings especially considering that eating absolutely lessens my depressive symptoms at least momentarily.

**I CERTIFY THAT the statements on this document are true and correct to the best of my knowledge and belief.**

**Sign: Date:**