

ECHO Idaho: Behavioral Health in Primary Care

Chronic Medical Conditions and Mental
Illness

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The speaker has no significant financial conflicts of interest to disclose.

Learning Objectives

- Identify connections between mental illness and chronic disease
- Encourage communication among the medical and mental health teams
- Discuss specific strategies that can help promote physical and mental health when they coexist

Chronic Diseases and Mental Health

- Chronic diseases: generally non-communicable, prolonged in duration, do not resolve spontaneously and are rarely cured completely
- Include illnesses such as diabetes, cancer, COPD, arthritis and heart disease

Chronic disease is common

Six in ten adults in the US have a chronic disease and **four in ten adults** have two or more.



HEART
DISEASE



CANCER



CHRONIC LUNG
DISEASE



STROKE



ALZHEIMER'S
DISEASE



DIABETES

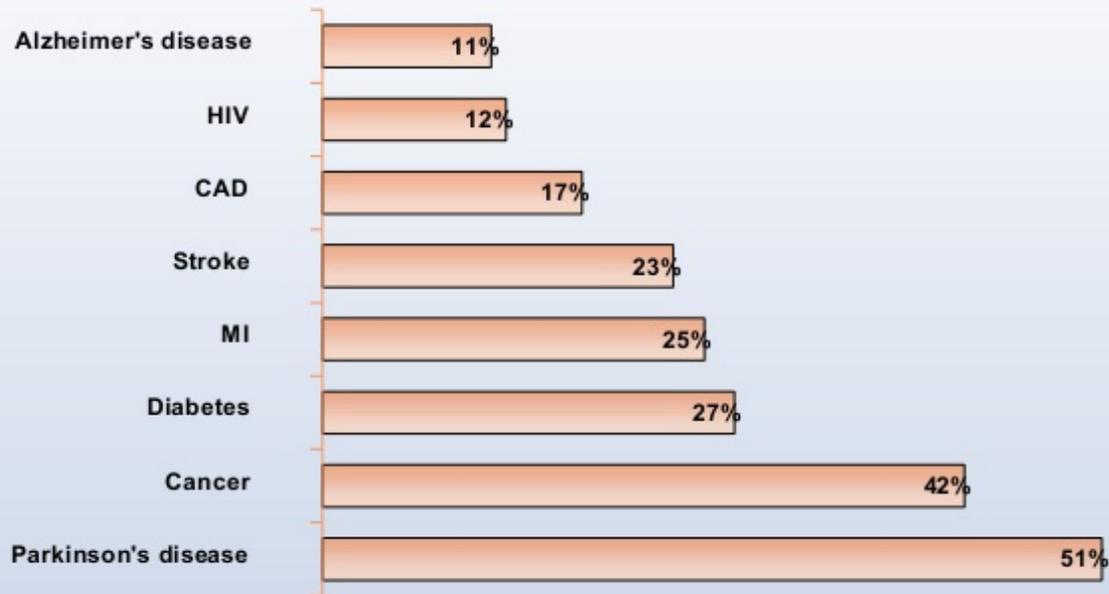


CHRONIC
KIDNEY DISEASE

Depression and chronic disease

- Commonly coexist
- Unclear if depression causes chronic disease or chronic disease causes depression
- Multiple associations
 - Risk of tobacco use is about 2 times as high for those with mental illness
 - Injuries, both intentional and unintentional, are 2-6 times higher for persons with a history of mental illness than those without the history

Prevalence of major depression in chronic medical illness



NHDS, NAMCS, NHAMCS. Sutor et al. Mayo Clin Proc 1998; 73 (4): 329-337; Jiang et al. CNS Drugs 2002; 16 (2):111-127

Anxiety and depression in COPD

- GAD is 3 times more prevalent in COPD than the general population, up to 55%
- MDD affects approximately 40% of COPD patients
- COPD patients report heightened edginess, anxiousness, tiredness, distractibility and irritability—Likely all at least partially related to breathlessness

Anxiety and depression in COPD, Cont

- 2 way street:
 - COPD increases the risk of major depression
 - Major depression is associated with
 - tobacco consumption
 - poor adherence to medications
 - decreased physical activity
 - Volume reductions in anterior cingulate cortex correlate with persistent fear of performing physical activity

Treat mental illness early in COPD

- Don't overlook somatic symptoms of anxiety (or attribute symptoms only to anxiety)
- Harder to differentiate processes in younger patients (less than 60)
- Treat early in disease course!

Treatment options

- OK to treat with pharmacotherapy, but try to avoid benzodiazepines (opt for buspirone, TCAs, SNRIs, SSRIs)—all have been shown to reduce MDD, GAD, and shortness of breath
- Motivational interviewing to promote engagement in care and promotion of self-management of symptoms
 - Progressive muscle relaxation
 - Pulmonary rehab
 - Physiotherapy
 - CBT

Depression after Acute Coronary Syndrome (heart attacks)

- AAFP guideline 2019:
 - Patients should be routinely screened for depression after heart attack (Beck, PHQ, Geriatric Depression Scale)
 - Combination of antidepressants and CBT seem to be effective
 - Women have higher rates of depression after acute coronary syndrome than men

Prescription medication contribution to depression

- Prevalence of use of medications with depression as an adverse effect: 37.2%
- Prevalence of depression was 15% for those who reported use of 3 or more medications with depression as an adverse effect vs 4.7% for those not using such medications
- Patients may not have insight into cumulative, long-term effect

Medications and depression, cont.

- Look at the med list!
 - Narcotic pain meds
 - Beta-blockers (metoprolol, atenolol)
 - Hormone therapy (estradiol)
 - Ibuprofen
 - Anxiolytics, hypnotics (benzos, zolpidem)
 - Antacids (PPIs and H2 blockers)
 - Antihistamines (cetirizine, etc.)
 - Anticonvulsants (gabapentin, benzos)
 - Corticosteroids (prednisone, etc.)
 - Antidepressants (look to depression as a side effect as well!)

Resource Plug

- RESOURCE PLUG: deprescribing.org—evidence based guidelines for deprescribing appropriately



Grief or depression?

- Differentiation in seriously ill patients is important
- Seriously ill patients commonly struggle with grief, but can have comorbid depression
- Approximately 1 in 5 patients who are seriously ill are depressed
- Early detection and treatment with medications and therapeutic strategies is essential
- RELIEVER mnemonic for facilitating grief in seriously ill patients



Table 1. RELIEVER Mnemonic for Facilitating Grief in Seriously Ill Patients

<i>Task</i>	<i>How to</i>
Reflect	Reflect on or mirror the patient's feelings by naming and summarizing the underlying emotion. Example: If the patient asks, "Why did I get this horrible disease?" respond with, "I can see that you are angry."
Empathize	Example: "It must be really hard for an independent person like you to accept help. I really admire how gracious you are being about this."
Lead	Guided questions can help facilitate the grief process. Examples: A. "As you are planning for the time ahead, what are you looking for?" B. "Thinking about the time ahead, what worries you the most?"
Improvise	A grieving patient's mood often fluctuates over time. Patients may suddenly change coping strategies, which requires flexibility on the part of the physician to be able to respond appropriately. It is important to first gauge the patient's current mood and offer support congruent to the patient's current emotional state. Some patients may want to process their grief by recounting past or recent experiences. Others may want a quiet and supportive presence, and prefer to remain in companionable silence.
Educate	Explain to the patient that grief ebbs and flows. Ensure that the patient and the patient's family understand that persons grieve in different ways, and that feelings of anger, yearning, and sadness are all common manifestations of grief. Similarly, family members may manifest their anticipatory grief as anxiety or anger towards the patient. Identifying, validating, and channeling constructive outlets for anger help decrease conflicts between patients and their families.
Validate the experience	Validate the normalcy of the "emotional rollercoaster" experience and support your patient through the process. Example: "It seems to me that you are responding normally to a very difficult situation," or "These mood swings are very common when coping with a serious illness."
Recall	Many patients who are seriously ill often do a life review and reflect on their accomplishments and disappointments. Ask about personal accomplishments, special stories, or legacies that patients may wish to hand down to future generations.

Information from reference 5.

From: Periyakoil, VS. Differentiating Grief and Depression in Patients Who Are Seriously Ill. *Am Fam Physician*. 2012 Aug 1;86(3):232-234.





From: Widera, et al.
 Managing grief and
 Depression at the End
 of Life. *Am Fam
 Physician.* 2012 Aug
 1;86(3):259-264

Table 1. Distinguishing Characteristics of Grief and Depression in Terminally Ill Patients

<i>Characteristic</i>	<i>Normal grief</i>	<i>Depression</i>
Nature of response	Adaptive	Maladaptive
Focus of distress	Distress is in response to a particular loss and does not affect all aspects of life	Distress is pervasive and affects all aspects of life
Symptom fluctuations	Comes in waves but generally improves with time	Constant
Mood	Sadness and dysphoria	Protracted and constant depression or flat affect
Interests/ capacity for pleasure	Interests and capacity for pleasure intact, although engagement in activities may be diminished because of functional decline	Anhedonia with markedly diminished interest or pleasure in all activities
Hope	Episodic and focal loss of hope; hopes may change over time, giving persons positive orientation toward the future	Hopelessness is persistent and pervasive
Self-worth	Maintained self-worth, although feelings of helplessness are common	Worthlessness with feeling that one's life has no value
Guilt	Regrets and guilt over specific events	Excessive feelings of guilt
Suicidal ideation	Passive and fleeting desire for hastened death	Preoccupation with a desire to die

Information from references 17 and 28.

Key Points

- Chronic medical diseases and mental illness often coexist and exacerbate each other
- All members of the healthcare team have a role in helping identify and treat comorbid conditions
- Deprescribe when possible
- Identify and work to support patients in grief associated with serious medical illness

References

- Frost, J. et al. Depression Following Acute Coronary Syndrome Events: Screening and treatment guidelines from the AAFP. *American Family Physician*. Vol 99, Number 12. June 15, 2019.
- Marsh, S. et al. Anxiety and Depression: Easing the burden in COPD patients. *The Journal of Family Practice*. Vol 65, No 4. April 2016.
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- Mental Health and Chronic Disease. Issue Brief No. 2, October 2012. CDC.gov
- Chronic Illness and Mental Health. National Institute of Mental Health. www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml
- Additional resources upon request