
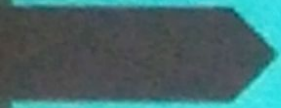


INTRODUCTION

- ▶ Patients with chronic conditions often have to adjust their aspirations, lifestyle, and employment.
- ▶ Many grieve about their predicament before adjusting to it.
- ▶ But others have protracted distress and may develop psychiatric disorders, most commonly depression or anxiety.


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- It is common to feel sad or discouraged after a patient is often ill or diagnosed with conditions that take a long time to heal or one has to live with the condition, eg pain
 - You may be facing new limits on what you can do and feel anxious about treatment outcomes and the future.
 - It may be hard to adapt to a new reality and to cope with the changes and ongoing treatment that come with the diagnosis.

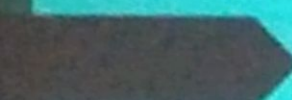
- The emotional dimensions of chronic conditions are often overlooked when medical care is considered
- It can be difficult to diagnose eg depression in the medically ill but diagnosis and treatment are essential
- Doctors may be well equipped for the biomedical aspects of care but not for the challenges of understanding the psychological, social, and cultural dimensions of illness and health
- Clinicians can play an important part in helping their patients to maintain healthy coping skills
- Clinicians should reflect on the emotional dimensions of their patients




Chronic Medical Conditions

- The Relationship between Mental Health, Mental Illness and Chronic Physical Conditions
- Which are examples of chronic illnesses
- And how do they affect mental health of the individual?

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- Mental health and physical health are fundamentally linked.
 - People living with a serious mental illness are at higher risk of experiencing a wide range of chronic physical conditions.

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- Conversely, people living with chronic physical health conditions experience depression and anxiety at twice the rate of the general population.
 - This co-existence diminishes the quality of life of the individual.
 - This situation also generates economic costs to society due to lost work productivity and increased health service use.

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- Studies have shown that the proportion of patients with conditions such as diabetes or rheumatoid arthritis who have an affective disorder (depression) is between 20% and 25%.
 - Among patients admitted to the hospital for acute care and among patients with cancer, rates can exceed 30% compared with a prevalence of depression in the community of about 4%-8%

- It can be difficult to diagnose depression in the medically ill.
- Physical symptoms such as disturbed sleep, impaired appetite, and lack of energy may already exist as a result of the disease.
- Sometimes treatment for a medical condition (for example, the use of steroids) may affect the patient's mood, as may the disease process itself (for example hypoxia and infection in a patient with chronic respiratory disease may have a direct cerebral impact on mood).
- The functional limitations imposed by the disease may result in "understandable" distress, and some clinicians find it difficult to conceptualize such distress as a depressive disorder

- Recognize the signs and symptoms
 - Mood, somatic symptoms, cognitive symptoms,
 - Anhedonia
 - Relationships
 - Activities
 - Meaning and purpose in life
 - Seek responsible treatment
 - Partner with your medical providers
 - Think about therapy rather than medications