Health promotion for chronic illness and depression

By Claire Antrobus

Learning objectives
After reading this article you should be able to:

- Discuss the relationship between chronic illness and depression
- Identify individuals with a chronic illness who may be at risk of depression
- Describe strategies for health promotion related to chronic illness and depression.

Competency standards (2010) addressed:
1.3.1, 1.3.2, 6.3.1, 6.3.2, 6.3.3, 7.1.4, 7.3.3.

Accreditation number:
CAP110909b

Case study
Mary comes into your pharmacy to collect her prescriptions for Lipitor, Tritace, Diabex, Norvasc and Plavix. She is a regular in the pharmacy and you have been noticing lately that she does not seem herself. She has previously been a very social person and would always stop in for a chat, but over the past few weeks she has seemed quite withdrawn.

Mary’s dose of Diabex has been increased. When you go to talk to her about it she tells you that her ‘sugar hasn’t been very well controlled lately and the Dr wants me to take insulin.’

You are quite concerned that the worsening of Mary’s diabetes may lead to her developing depression.

Chronic illness and depression
It is well known that chronic illness and depression often occur together. Approximately one in five Australians have a common mental disorder (depression, substance misuse or anxiety disorder), and 43% of people who have a mental disorder will also have a co-morbid chronic illness. Depression can be a risk factor for chronic illness and people with chronic illness often suffer from depression.¹ Research suggests that people who have chronic illnesses have double the risk for major depression than people who don’t have any chronic illnesses.²

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Some of the chronic illnesses which have been associated with a higher prevalence of depression include heart disease, stroke, diabetes mellitus, asthma, cancer, arthritis and osteoporosis. Not all people who have one or more chronic illnesses will develop depression. It appears that people who have greater functional impairment from their illness are most at risk of depression. Some of the factors of chronic illnesses which may increase the risk of depression are described in Box 1.

Box 1. Risk factors for depression related to chronic illness

- worsening condition
- pain
- difficulty swallowing
- social isolation
- past history of psychological problems
- treatment regimens
- functional impairment.

Sleep disturbances, reduced appetite and lack of energy could be indicative of both depression and chronic illness and may make identifying depression more difficult in people who have a chronic illness. Diagnosis of depression in people with a chronic illness relies more on the severity and type of mood disturbance, particularly the ability to experience pleasure, feelings of guilt, hopelessness and worthlessness.

People who have depression may be at higher risk of developing or worsening chronic illness such as stroke, heart disease and diabetes and depression may make treatment for chronic illness more difficult as patients may feel less motivated to exercise, eat well and adhere to a treatment regimen. Biological changes associated with depression including increases in pro-inflammatory cytokines and autonomic function changes may increase cardiac mortality risk. The location of lesions due to cerebral ischaemia following a stroke may be related to post-stroke depression. People with co-morbid depression and diabetes have been shown to have poorer glycaemic control and earlier onset of the complications of diabetes than those without the co-morbidity.

Pharmacist’s role in health promotion

Many people who have chronic illnesses and/or depression will visit a pharmacy regularly so pharmacists are in a good position to provide health information on these subjects. Under the Fifth Community Pharmacy Agreement, pharmacists are being asked to play a more active role in health promotion to be eligible for the Pharmacy Practice Incentive payments for Primary Health Care.

By maintaining awareness of the signs and symptoms of depression and the risk factors for depression in people with chronic illnesses, pharmacists may identify those people who have chronic illnesses and are at risk of depression and refer them to their GP for further assessment. Pharmacists can also provide support and education to people with co-morbid chronic illness and depression.

Identifying ‘at risk’ individuals

People with a chronic illness who exhibit any of the risk factors for depression identified in Box 1 would be appropriate targets for health promotion or education interventions in the pharmacy. Pharmacists are in a good position to raise awareness in the local community about the risks of co-existing depression and chronic disease. Health promotion in the pharmacy will usually be in the form of health education programs which target individuals.

There may be signs to watch out for which may indicate that someone is experiencing depression. Some of these signs may include purchasing St John’s Wort or seeking medicines to treat insomnia, presenting with unexplained aches and pains and appearing withdrawn and agitated. People presenting with these behaviours may benefit from additional education and support.

Education and support

Research indicates that physical activity can reduce the risk of people developing depression and is a well known method for reducing the risks associated with many chronic illnesses such as diabetes, stroke and heart disease. Evidence also suggests that healthy eating can be effective in maintaining mental health. Pharmacists can actively encourage people identified as being at risk of depression to engage in physical activity and maintain a healthy diet. This intervention will not only reduce the risk of depression but also the risks associated with many chronic illnesses.

Suicide prevention and mental health first aid techniques may be appropriate for some people showing early signs of depression. There are a number of key clinical questions which can be asked to assess how likely it is that a person may commit suicide, such as:

- Have you had thoughts that life isn’t worth living?
- Have you thought of harming yourself?
- Are you thinking of suicide?
- Have you tried to harm yourself? (If yes, how many times and when was the most recent time?)
- How often are you having these thoughts?
- Are you planning suicide?

Some of the warning signs that someone might be thinking about suicide could include talking about wanting to die, dramatic mood changes, changes in sleeping patterns, planning ways to end their life, withdrawal from family and friends and engaging in reckless activities. Management strategies for people at risk of suicide can include regular review, advising other people about the person’s risk of committing suicide, establishing a plan of action including having someone to call for assistance and steps to take if the suicidal impulses become too overwhelming. People at high risk of suicide should not be left alone and urgent specialist help should be sought.

Mental health first aid is an emerging area for pharmacists to be trained in. This training equips people with the necessary skills to provide assistance in a mental health crisis or to provide early intervention before a mental health crisis develops. Mental health first aid techniques are not a substitute for specialist professional help but can provide the initial assistance required before professional help is sought.
The principles of mental health first aid centre around assessing and assisting with any crises (in particular suicide), listening to the person in a non-judgemental way, giving support and information especially highlighting the fact that they are not alone, encourage appropriate professional health and other supports. Having a good support network is one of the most beneficial protective factors for depression and should be encouraged whenever depression is suspected.10

Significant stigma about mental health issues exists. It is important to reassure people who may be suffering from depression that they are not alone and to seek help and support from family and friends. People who have a chronic illness may find it difficult to make the effort to spend time with family and friends, but this is an important factor in reducing social isolation and risk of depression.5

People who have co-existing depression and chronic illness find it more difficult to manage their condition than those who have either depression or a chronic illness alone.5 There may be a tendency in the health care system to focus on the treatment of the chronic illness before treating the mental illness. The aim for people with co-morbid depression and chronic illness is to treat the depression and minimise the effects of the chronic illness to improve the person’s quality of life. Both depression and the chronic illness need to be addressed together with an integrated approach to promote the best health outcomes.1

Psychological based therapies for depression such as cognitive behavioural therapy and relaxation therapy have been shown to be an effective option for people with depression and a range of co-existing chronic illnesses. They can be considered as part of an integrated management approach which may also include pharmacotherapy.1

Case study

Mary has now presented with a prescription for Zoloft. She has really been struggling to come to terms with the worsening of her diabetes. Her GP has recognised the problem and is now treating her for depression. The focus for Mary now needs to be on maintaining a holistic approach to her care, focusing not only on either her physical health or her mental health but integrating treatment of both. In order to delay the progression of either her chronic illnesses or her depression, both aspects will need to be adequately treated and considered.

The GP has also referred Mary to a clinical psychologist for cognitive behavioural therapy.

In addition, discussion with Mary about existing appropriate support networks could be helpful. Support networks for Mary could include her family and friends. Investigation into local support groups for people experiencing similar medical conditions may also an option.

Pharmacists can have an important role to play in health promotion for chronic illness and depression to identify ‘at-risk’ individuals who may benefit from education and referral to their GP and to provide support and education to those people who have co-morbid depression and chronic illness about the management of their co-morbidities.

References:

Questions

1. Which of the following symptoms of depression is MOST indicative of depression in someone with a chronic illness?
   a) Lack of exercise.
   b) Feelings of guilt.
   c) Functional improvement.
   d) Treatment regimens.

2. Factors of chronic medical conditions which may INCREASE risk of depression include:
   a) Gout.
   b) Glaucoma.
   c) Urinary Tract Infections.
   d) Diabetes.

A score of 3 out of 4 attracts 0.75 CPD credits.

4. Chronic illnesses which have been associated with an increased risk of depression include:
   a) Lack of exercise.
   b) Feelings of guilt.
   c) Functional improvement.
   d) Treatment regimens.

3. Which of the following are APPROPRIATE strategies to include in a health promotion activity on chronic medical conditions and depression?
   a) Cognitive behavioural therapy.
   b) Recommend getting more sleep.
   c) Support and education.
   d) Increasing food intake.