

PSYCHOSOCIAL ASPECTS OF INFLAMMATORY BOWEL DISEASE

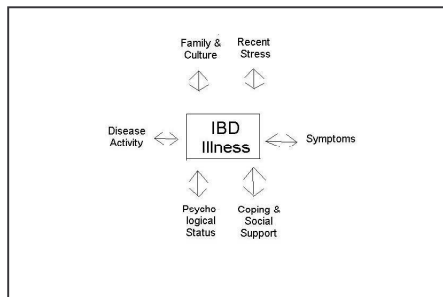
Outline

- Illness vs Disease
- Influence of Stress
- Effect of Personality on IBD
- Psychiatric Diagnoses and Psychological Disturbances
- Psychosocial Impact of IBD
- Psychosocial Factors in Diagnosis and Treatment
- Effect on Post-Op Quality of Life

Illness vs. Disease

- Disease: abnormality in structure and function of organs and tissues
- Illness: experience of ill health or bodily dysfunction
 - Broader concept determined by disease activity and psychosocial influences

IBD Illness



Influence of Stress

- Produces changes in GI function
- Leads to abdominal discomfort/pain
- Animal studies:
 - Rats: acute gastric ulcers
 - Rhesus monkeys: chronic gastroduodenitis
 - cotton-topped Tamarins: ulcerative colitis and colon CA

Influence of Stress

- Human Studies
 - Bedouin Arabs: IBD first occurred after move from nomadic life to government housing
 - North et al (1991): association between depressive symptoms & disease severity at same point in time
 - Duffy et al (1991): relationship between major life events & symptom exacerbation

Influence of Stress

- Human Studies (cont.)
 - Symptoms studied (diarrhea and pain) may be physiologic responses to acute stress rather than increased disease activity

Influence of Stress: Summary

- Strong correlation between psychosocial stressors and illness exacerbation
- Life events and daily stressors linked to physiologic effects (pain & diarrhea)
- Future studies:
 - Include psychosocial modulators
 - Differentiate physiologic stress response from disease activation

Personality

- Psychosomatic Specificity
 - Specific psychologic features associated with development of a particular disease
 - Intrapyschic Conflict: proper environmental stimuli activate psychological conflict; biologically predisposed develops or suffers exacerbation of disease

Personality

- Psychosomatic Specificity
 - Interpersonal relationships: (Weiner 1977) UC patients-dependent on parents and overly sensitive to rejection
 - Gravitate toward certain types of life situations
 - Onset or relapse: loss of key relationship, disruption of comfortable life situation

Personality

- Psychosomatic Specificity
 - Theory too simplistic
 - Proposes emotional factors are causative
 - Reported results likely due to:
 - effect of psychological distress on illness
 - psychosocial effects of chronic disease

Personality

- Alexithymia
 - Chronic difficulty recognizing and verbalizing emotions
 - Concrete thinking
 - Limited ability to regulate emotions or use coping strategies
 - Poricelli et al (1995): 35% of patients with IBD have alexithymia vs 4.5% of control subjects

Personality

- Alexithymia
 - Patients express strong emotions, but know little about their psychological basis
 - Patients re-route their stress responses to behavior and somatic complaints rather than communication
 - Increased reporting of physical sensations
 - Increased health care seeking behavior

Psychiatric Diagnoses and Psychologic Disturbances

- 13-100% lifetime prevalence of psychiatric diagnoses in IBD
- Ringel et al (2001): 35% current prevalence; 65% lifetime prevalence for psychiatric disorders

Psychiatric Diagnoses and Psychologic Disturbances

- Engstrom et al (1991): 60% of pediatric patients showed some form of psychiatric illness; mostly anxiety and depression
- Addolorato et al (1997): state anxiety
 - Crohn's disease: 62.8%
 - Ulcerative colitis: 63.9%
 - Control subjects: 22.2%

Psychiatric Diagnoses and Psychologic Disturbances

- Psychiatric diagnoses non-specific; mostly relate to anxiety and depression
- Degree of psychological disturbance correlates with severity of the disease
- Psychological disturbances are a component of the illness that modulates its clinical expression, not etiologic or specific to IBD

Psychosocial Impact of IBD

- Daily functional status in patients with IBD correlates better with scores of well-being and health care utilization than disease activity

Psychosocial Impact of IBD

- Health Related Quality of Life
 - Incorporates perceptions, illness experience, and functional status
 - Influenced by social, cultural, psychological, and disease related factors
 - Sickness Impact Profile (SIP)
 - IBD higher than an HMO population
 - IBD less than some other chronic illnesses (RA, chronic back pain, ALS)

Psychosocial Impact of IBD

- Illness Behavior
 - Mechanic et al (1986): Society, family, prior experiences with illness, and psychological status shapes individual attitudes, expectations, and behavior related to an illness

Psychosocial Impact of IBD

- Illness Behavior
 - Society/Culture: expectations of gender or illness effect manifestation of disease
 - Family: if chronic disease develops while young, patient may never develop self-reliance due to imposed dependence on family and physicians; often seen in IBD

Psychosocial Impact of IBD

- Illness Behavior
 - Psychologic status:
 - Axis I (depression and anxiety)
 - Axis II (alexithymia)
 - Current mood states
 - All affect the illness experience and response to treatment

Psychosocial Impact of IBD

- Social Support
 - Patients with strong social support systems:
 - Sense of control over illness
 - Lower stress levels than those who do not

Psychosocial Impact of IBD

- Coping
 - Catastrophizing
 - Health status viewed with pessimism
 - Loss of control over disease
 - Poor health outcome
 - Problem solving/Social support seeking
 - Improved health status and daily function
 - Behavioral treatment methods can improve coping style in IBD patients

Psychosocial Impact of IBD

- Differences in psychosocial factors explain variation in illness condition and clinical outcome
 - Patients with little evidence of active disease but poor health status/function
 - Others with severe disease report well-controlled illness and are able to function well

Psychosocial Factors in Diagnosis and Treatment

- Establish an effective therapeutic relationship
 - Actively listen and appraise patient's thoughts and concerns
 - Provide information consistent with patient's interests and needs
 - Serve as knowledgeable advisor to decide with the patient on plan of care

Psychosocial Factors in Diagnosis and Treatment

- Elicit the medical and social history together
 - Understand symptoms in context of psychosocial events surrounding illness
- Explore patients perceptions and fears about disease; elicit treatment expectations

Psychosocial Factors in Diagnosis and Treatment

- Patient Education
 - Elicit patient's understanding
 - Address any misunderstanding
 - Provide information consistent with patient's knowledge base
 - Confirm patient's understanding of what was discussed

Psychosocial Factors in Diagnosis and Treatment

- Reassurance
 - Identify patient's worries and concerns
 - Acknowledge and validate them
 - Respond to specific concerns
 - Avoid false reassurance

Psychosocial Factors in Diagnosis and Treatment

- Help patient to appraise and adapt to stressors (better coping strategies)
- Help pt to take responsibility for health care
- Involve family
 - Increase social support
 - Important to maintain patient autonomy

Psychosocial Factors in Diagnosis and Treatment

- Avoid reinforcing maladaptive illness behavior
 - Encourage patients to take responsibility and to learn to cope with chronic illness
 - Limit discussion about or workup of symptoms beyond what is necessary

Psychosocial Factors in Diagnosis and Treatment

- Medications
 - Antidepressants
 - Pain control (central analgesic)
 - Vegetative signs of depression
 - Narcotics
 - Only for acute pain/not for chronic
 - Should address patient's pain concerns
 - Explain side-effects of long-term use

Psychosocial Factors in Diagnosis and Treatment

- Psychiatric Consultation
 - Patient has psychiatric illness
 - Daily functioning or family relationships seriously impaired

Effect on Post-Op Quality of Life

- Weinryb et al (1997): Poor post-op outcome predicted by:
 - Lack of alexithymia
 - Patients can benefit from some emotional denial if possibility of a favorable outcome
 - Poor frustration tolerance
 - Anxiety proneness
 - Poor socialization

Effect on Post-Op Quality of Life

- Nordin et al (2002): ileostomy – less anxiety than with Ileoanal anastomosis
 - Only one operation (pouch may require two)
 - Complications after pouch surgery (incontinence, pouchitis) may cause anxiety

Effect on Post-Op Quality of Life

- Lazarus et al (1973):
 - Vigilant copers
 - Excessively alert to risks of surgery
 - Seek a lot of information about surgery
 - Manifest a slower mode of recovery than do avoidant copers

Summary

- Psychosocial factors contribute to onset, severity, clinical expression, and outcome of IBD
 - Precise role requires further study
- Psychiatric diagnoses, personality, life stress, coping, and social support correlate with overall severity of condition

Summary

- Physician must identify those psychosocial factors unique to each individual and address them in treatment strategy
- Effective physician-patient relationship

Additional Reference

- Drossman DA: *Psychosocial factors in ulcerative colitis and Crohn's disease*. In Kirsner JB (ed): *Inflammatory Bowel Disease, ed 5*. Philadelphia, WB Saunders, 2000, p 342

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