



Coping With Chronic Medical Illness

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Chronic medical illnesses also have “silent”, often unrecognized, psychological effects. In fact, the research evidence is clear that psychological factors are not only associated with most chronic medical illnesses, but psychological factors, such as prolonged emotional stress, may also contribute to the development and initiation of many chronic medical ailments. For example, it has been shown that psychological factors are often found in patients with cancer, coronary heart disease, diabetes, chronic pain and bariatric surgery candidates. If you have any type of chronic medical illness, chances are that you have experienced some level of psychological distress.

Psychological distress may be evidenced by insomnia, restlessness, recurrent thoughts or preoccupations, sadness, feelings of loss, irritability, interpersonal conflict, loss of appetite, feelings of worthlessness, loneliness, loss of interest in previously pleasurable activities, guilt and difficulties making decisions, to name just a few.

There are a number of factors that contribute to the development of psychological distress when living with a chronic medical illness. For example, if the illness is potentially life threatening, as with cancer, fear can become over whelming or debilitating. Questions such as “How soon?”, “Is anyone working on a cure”, “What can be done to delay”, etc. are likely to ensue. Chronic illnesses that are not life threatening, but progressive, such as diabetes, can also produce fear,

sadness, and anger, especially as the disease becomes increasingly disabling. The extent to which the course of the illness is predictable or unpredictable, can also affect one’s adjustment to the disease process. Similarly, clarity about the cause of the illness can impact one’s adjustment to it. Fatigue caused by chemotherapy can be more easily accepted than chronic fatigue syndrome, which has an unknown cause. Similarly, others may be more accepting of illnesses with clear etiologies, but less accepting of unknown etiologies, which can create interpersonal problems and stigmatization (e.g., not believing the patient, thinking they are seeking attention, etc.). Disease processes that are understood, predictable and manageable, are more easily tolerated than those whose etiologies are unknown, that have unpredictable courses and are unmanageable.

Role changes also often occur as a result of chronic medical illnesses. The most common of these is when patients are no longer able to work. Other role shifts can occur in the family, for example, when illnesses are so debilitating that one is no longer able to discipline children, cook, or be intimate. Leisure activities and outlets, such as athletics, hunting, fishing and other forms of exercise may no longer be possible, contributing to a loss of activities to take a break or get away from the stresses and hassles of daily living. Similarly, community roles, such as volunteer, church leader, coach, homeroom mom, etc. may be lost. In the midst of these role changes, a new role emerges: the sick role. The sick role requires that every patient respect the limits of their illness, often while adopting new behaviors (such as exercise, maintaining medication regimens, etc.) and to depend on others to help them with activities that they were previously able to do independently. These role changes affect not only the patient, but

also those most closely related to him / her, especially the family and primary caretaker. It is well documented that caregivers are subject to role fatigue and “caregiver burnout” and often require additional support during the course of their loved ones chronic illness. The loss of roles, as well as taking on new roles (sick role, caregiver role) can become a source of stress due to the chronic nature of the disease process. With the passage of time, and increasing demands, this stress takes it toll and can produce an array of psychological symptoms related to fear, sadness and anger. Some strategies to cope with chronic medical illnesses are touched on below:

Accept the Reality of Your Illness:

Many patients respond to their illness by taking an active stance and confronting the full reality of it. They ask pointed and brave questions about the seriousness of their condition, exploring treatment options, and learning as much as they can about their illness. Other patients react as if the illness is too much to deal with and they retreat into a state of denial. A patient in denial is saying, in effect, “I can’t cope with all this.” Denial is a way of coping. It protects the person from being overwhelmed. But if the denial goes on too long, it can also prevent a person from coming to terms with their illness and getting on with other constructive ways of coping. Denial that continues or interferes with the patient’s adjustment to the illness may be a warning sign that the person is having trouble coping with their illness.

Maintain Hope and Optimism:

Patients who are hopeful and optimistic show a better adjustment to their illness than patients who are pessimistic. It is important, however, that optimism be realistic; otherwise it could represent denial or wishful thinking. In most cases, there is a solid and realistic basis for a certain degree of hope and optimism.

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Express Your Emotions: Many studies have shown that patients who express their emotions enjoy a better psychological adjustment than people who tend to suppress their feelings or keep quiet about them. Research shows that experiencing and expressing emotions is psychologically and immunologically healthy. However, you must be careful to pick the right time, place and person with whom to share your feelings. It will benefit you most to express your emotions with the right people and when their support is available to you.

Reach Out for Support: Patients who have at least a few loved ones available for close emotional support and who call upon their support, tend to show a better psychological adjustment to chronic illness than patients who are largely alone or tend to "go it alone". Reaching out for support often means just expressing your feelings and concerns to others. On a more concrete level, reaching out might consist of asking others to accompany you during a medical appointment, pick up the kids after school, or joining a support group.

Find Positive Meaning: In response to their illness, many patients step back and take stock of who they are and how they have been living. They reflect on their ultimate values and priorities, and often identify changes that are warranted (and perhaps overdue) in their lifestyle and personal relationships. This is often called the "enlightenment", "gift", or "wake up call" that comes with chronic medical illnesses. To what degree does your lifestyle demonstrate your core goals and values? For many, illness inspires them to pay more attention to what matters most. Patients who embrace this aspect of their disease have been found to be better able to deal with the many trials and disruptions caused by their illness

Coping with any chronic medical illness is a process that goes on over a period of months or years, and patients use different coping strategies at different times, depending on the stage of their illness. If you find the threats imposed by the disease overwhelming, the progression or course of the illness unmanageable, or the role changes too difficult to accept, consider talking to a mental health professional who is familiar with the problems of coping with chronic medical illnesses. Similarly, if the tasks of acceptance, maintaining hope, expressing emotions, reaching out for support, or creating meaning are too difficult, help is available to assist you through the obstacles to complete these tasks.

Finally, if you are stuck in sadness, despair, fear, worry or anger, there are numerous psychological treatments with proven

effectiveness that can help. 

About the Author

Dr. Wise has published over 20 scientific articles in peer reviewed journals, received the American Psychological Association Award for Distinguished Contributions to Independent Practice (2005) and the University of Wyoming Outstanding Alumnus Award (2006). He is the President of Mental Health Resources, PLLC. Mental Health Resources' Intensive Outpatient Program has been extensively researched and shown that on average 84% of their patients who complete treatment improve. Approximately one-third of these patients suffered from chronic medical conditions. Visit www.MHRMemphis.com for additional information about our treatment program.

American Cancer Society Cancer Resource Network addresses patient, survivor and caregiver needs

In 2007, an estimated 28,440 men and women in Tennessee are expected to be diagnosed with cancer, a diagnosis that often brings with it questions about the disease, financial concerns, healthcare demands, and emotional stress.

The American Cancer Society addresses these issues by providing guidance to cancer patients and their caregivers with the American Cancer Society Cancer Resource Network. This free resource offers 24-hour access to up-to-date, easy-to-understand cancer information; Society patient support programs and referrals to other community resources offering day-to-day guidance; and caring emotional support.

The Society understands that a critical step in understanding one's diagnosis is having all of the facts. The American Cancer Society Cancer Resource Network provides newly diagnosed cancer patients and caregivers with the latest information -- including treatment options, the Society's Clinical Trials Matching Service and questions to ask one's doctor -- to enable those affected by cancer to make informed decisions about their health care. For more information anytime, call toll free 1-800-ACS-2345 or visit www.cancer.org.



November is Pulmonary Hypertension Awareness Month

The general population is not aware of pulmonary arterial hypertension & its symptoms -- excessive fatigue, shortness of breath, swelling of ankles, dizziness, chest heaviness, fainting. PAH affects the blood vessels of the lungs, thus high **lung** pressure. A simple, non-invasive echocardiogram can alert your physician that you have an elevated pulmonary arterial pressure so treatment can be started. Although it is classified as a rare disease, many medical professionals believe that it is underdiagnosed thus the need to alert the public to the existence and symptoms of PAH & will possibly save lives. Raising awareness is so important. The theme of awareness month is: **Pulmonary Hypertension: The Other High Blood Pressure.**

For all PHers, their family and/or caregiver, the Mid-South Area Pulmonary Hypertension Support Group will kick-off PH Awareness Month with Bryan Solter from Inogen, the maker of the portable oxygen concentrator that is approved for airlines use followed by a dinner provided by our good friends and supporters from Accredo Therapeutics. The kick-off dinner will be held at Coletta's Italian Restaurant, 2840 Appling Rd. on Wednesday, November 7, 2007, beginning at 6:00 p.m. Please be sure you RSVP to Barbara before November 1, 2007. For more information, contact Barbara Thompson at (901) 266-0507 or email her at BarbaraInMemphis@aol.com.



Memory Walk and Film Screening

Memory Walk to benefit the Alzheimer's Association. 5K walk through downtown Memphis, Saturday, November 3, Festivities and events start at 9 am. Walk begins at 10. Go to www.alz.org/memorywalk or call 901-565-0011 to register.

YOU ARE HERE film screening
A gripping drama focusing on a woman dealing with early-onset Alzheimer's disease. YOU ARE HERE has been called the "most realistic and honest portrayal of its kind" by a renowned authority on the subject matter of the film -- Alzheimer's disease. The film will be shown on Sunday, October 21st, 4 pm at Malco's Ridgeway Four. After the screening, a panel of experts and the filmmaker Tim Jeffrey will participate in a Q and A. Tickets are \$10 each and can be purchased by contacting the Alzheimer's Association at 901-565-0011

