

Dealing with psychological aspects of physical disease

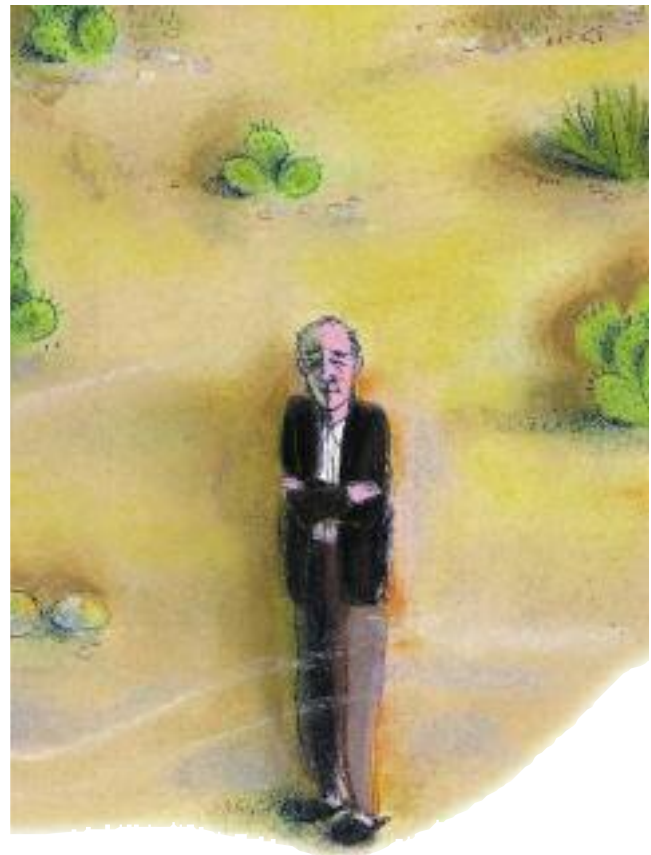
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Remember

- Psychiatric and psychological factors contribute significantly to morbidity in physical illness and should not be overlooked.
- Psychiatric morbidity, most commonly depression, anxiety or delirium, is present in 25 to 45% of general hospital patients and in many primary care patients.
- Seeing psychological factors as 'understandable' reactions rather than co-manifestations and contributory factors to illness leads to underdetection and poor management.
- Failure of functional recovery in severe and chronic illness may be due to unrecognised and treatable psychiatric and psychological factors.
- Mood and cognition are affected by organic factors related to the disease or physical and pharmacological treatments themselves. Many systemic diseases, HIV, cancer, and cardiac, neurological and endocrine disorders may directly cause depression and anxiety, as may their treatments.

Assessment

- Monitor coping in serious illness, remembering that psychological hurdles take time to surmount. Behavioural problems may reveal marked adjustment difficulties. Uncertainty about the future, loss of control, loss of function, a sense of failure and of isolation and feeling stigmatised are common experiences especially in the initial months after the diagnosis of a serious illness.
- Carefully assess any agitation, aggression, withdrawal or treatment noncompliance to identify depression or subacute confusional states, especially in the elderly.
- Pain and fatigue need close monitoring because both can contribute significantly to poor treatment outcome and disturbed doctor-patient relationships.



Management

- Simple supportive discussion of patients' concerns in the acute and preintervention phases of illness produces powerful, lasting effects on psychological adjustment.
- Be positive, practical and realistic, but avoid premature advice, false reassurance or dismissing patients' worries.
- Active listening and empathic understanding are essential, especially in chronic disorders or during periods of change in illness.
- Identify and correct any reversible elements in the disease or treatments that are producing psychiatric illness:
 - treat causes of confusion and manage symptoms of delirium
 - replace medications that are causing unwanted psychoactive side effects
 - actively treat persistent depression, including that secondary to illness
 - optimise management of pain and associated fatigue or sleep disturbance
 - rationalise sedative and analgesic use, which can worsen mood in chronic illness.
- Seek expert advice from a liaison psychiatrist when psychological factors are contributing to an adverse outcome in physical illness.

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